Managing the appraisal

Appraisal is a formal process for doctors at all levels, including doctors in training, which supports professional development and stimulates improvements in clinical practice. Appraisal skills are fundamental to the process of educational supervision.

This article focuses on the general principles of appraisal, highlighting how effective appraisal can help improve patient care and support continuing professional development as well as noting some of the specific tasks and activities relating to the appraisal of doctors working in the NHS. It discusses appraisal skills: the importance of preparation, how to structure and manage the appraisal meeting and the key role of self-assessment as well as the outcomes of appraisal, looking at work and personal development objectives and development planning.

What is appraisal?

Appraisal is a structured process for improving future clinical, managerial and educational performance while reviewing past performance. The main beneficiary is the person being appraised. The 'jobholder' receives constructive feedback on his/her job performance in a motivational process that results in an action plan for future performance and development also known as a personal development plan. Ineffective or poor appraisals usually stem from a lack of understanding of what they are for, what they should achieve, and who should benefit and how.

As understanding of the manager's role has changed, moving away from 'command and control' and towards 'lead and coach', so the appraisal has evolved into:

- Two-way rather than one-way communication
- A process rather than an event
- A developmental process, although rating performance is still an important element of NHS appraisal.

The formal appraisal provides an opportunity to draw together the threads of a work-based dialogue that should have been ongoing throughout the period under review. Appraisal is not a disciplinary process, nor is it a disciplinary discussion. Existing processes for addressing serious issues about conduct or capability should be used appropriately. Neither is appraisal a discussion you 'save things up for': there should be no surprises in the appraisal discussion.

Benefits of appraisal

Appraisal should bring benefits for the appraisee, the organization and the line manager (*Table 1*).

The NHS appraisal scheme for doctors

Appraisal aims to 'give doctors feedback on their past performance, to chart their continuing progress and to identify development needs' (Department of Health, 2007a). The standard NHS appraisal scheme (introduced in 2002) aims to address inconsistencies in earlier local, specialty and organizational schemes. It also embeds performance review into managerial processes following the Bristol and Shipman inquiries and accommodates the increasing complexity of doctors' working practices (Department for Education and Skills, 2001).

While supporting continuing professional development, the NHS system also aims to identify and support poorly or under-performing doctors, although appraisal should not be the main way in which poor performance is identified or addressed. Appraisal should provide early identification of individual performance issues or aspects for development, albeit with the ultimate aim of improving clinical performance and patient care.

Doctors' appraisal is closely linked to revalidation, with both frameworks based around the headings in *Good Medical Practice* (General Medical Council, 2006, 2008). The main elements of appraisal are similar for all doctors, although details differ between trainees, consultants, aca-

Table 1. Benefits of appraisal

Benefits to the organization	A consistent process for recognizing and managing staff performance
	A source of information for planning and decision making
	A way of analysing and responding to development needs
	Improved communication and staff motivation
Benefits to the line manager	A framework for sharing feedback, discussing performance and fixing problems
	A structure for reviewing and aligning the contributions of team members
	Planning future performance through the use of work-based or learning objectives
	Feedback on own management style and approach
Benefits to the appraisee	Constructive feedback including praise and 'improvement focussed' criticism
	A chance to focus on developing his/her individual performance
	Having a voice in the team's planning
	Having an opportunity to raise problems, barriers and obstacles
	Coming away with a clear set of work and personal development objectives, a better understanding of standards and requirements, and an action plan for future development

Mr Doug Parkin *is Head of Staff and Educational Development, London School of Hygiene and Tropical Medicine, University of London and* **Professor Judy McKimm** *is Visiting Professor of Healthcare Education and Leadership, University of Bedfordshire; Honorary Professor, Swansea University and Senior Lecturer in Interprofessional Education in the Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand*

Correspondence to: Professor J McKimm

demic clinicians, non-consultant career grade doctors and GPs. The schemes are continuously being revised with a view to streamlining activities.

The links between NHS appraisal, performance review and revalidation have led to concerns that, despite the Department of Health's emphasis on appraisal being on the appraisee's developmental needs, somehow 'appraisal will root out poorly performing doctors' (Department of Health, 2007a). The NHS scheme's inherent tensions and contradictions relate to unrealistically trying to serve three ends through one process: performance management, an educational emphasis on development, and improvement of quality (Taylor et al, 2002). Performance review, clinical governance and audit should run parallel to the appraisal process, so that issues are identified early and remedies and support set in place. This counteracts the potential for 'dumping' issues relating to poor performance into the appraisal scheme when they should be dealt with by local procedures for under-performance or low competence (Department of Health, 2007b).

Other practical issues include:

- Providing training for appraisers
- Providing time (and funding) for preparation
- Possible overlap and conflicts between trainees' annual workplace appraisals, regular training reviews, panels and workplace-based assessments.

The importance of preparation

Successful appraisal depends on careful preparation, including selecting evidence and completing reflective tasks.

The NHS appraisal scheme requires doctors to complete standard forms and collect information from various sources (patients, colleagues and their own reflections) which provide the basis of the appraisal discussion and the personal development plan. These (and a range of guidance documents) can be found on the Department of Health appraisal site (Department of Health, 2009). The Appraisal Toolkit (Department of Health, 2005) is the official site for completing appraisal paperwork, enabling online sharing of information between appraisee and appraiser and the production of the personal development plan.

Appraisal is a two-way process, and preparation should therefore involve the appraisee as well as the appraiser. Both parties should identify specific examples of good performance and difficulties encountered, review 'on-the-job' feedback received, make time for personal reflection and consider the generic requirements within their current post. The organizational context in which the doctor works may lead to additional preparation, e.g. clinical academics are required to undertake joint academic and clinical appraisal and performance reviews often take place at the same time as appraisal, using the same evidence and process to achieve multiple goals (McKimm and Swanwick, 2009). The job description, departmental plans and competency profiles might all provide useful evidence. Appraisees might start to identify topics for the appraisal discussion by listing what they are proud of, major achievements, what (or who) has helped or hindered, and any major difficulties encountered.

The physical and interpersonal environment

An effective appraisal discussion needs to consider both the physical and the interpersonal environment. The physical environment should be:

- Private – being seen threatens privacy as much as being heard
- Quiet – background noise inhibits free-flowing discussion
- Relaxed – but not too relaxed …
- On neutral territory – being in 'your office' may reinforce status issues and make people less likely to feel at ease
- Free from distractions – divert your calls and stop interruptions. Taking, or worse still making, telephone calls during an appraisal is not acceptable. This is valuable time devoted specifically to the appraisee
- Professional but comfortable – sitting either side of a desk can psychologically suggest opposition.

The interpersonal environment has huge influence on the degree to which the jobholder feels free to contribute to discussion. You should be aiming for a 70:30 (appraisee:appraiser) ratio in terms of the conversation. Achieving this requires empathy and rapport. Rapport promotes cooperation, openness and trust and enhances communication. Empathy (being able to see a situation through the other person's eyes) helps establish rapport.

Begin the discussion with a friendly, non-threatening question that shows interest – this helps shake off early nerves and show concern for comfort by considering the layout of the room, having water available and taking a break if the discussion becomes lengthy or 'difficult'.

Structuring and managing the appraisal interview

Exploring past performance is essential, but too long spent discussing past performance may mean there is insufficient time for quality planning. This defeats the purpose of appraisal. As part of the interview preparation, an agenda of the main areas to cover should be agreed. This should allow time for aspects of strong performance to be highlighted, praised and encouraged, and areas needing improvement to be explored neutrally and productively.

The skills of effective feedback include productive praise and constructive criticism (McKimm, 2009). Productive praise is intended to support the appraisee, highlighting skills and behaviours for development. It is not simply routine encouragement or to compensate for negative comments. Constructive criticism is given to enable the appraisee to consider improvements to future performance, not to apportion blame.

Feedback needs to be related to specific examples and should be descriptive and illustrative, not judgmental, for example:

'You really need to get yourself organized, it's causing enormous problems for everyone in the team and impacting on patients…'

Such judgmental feedback invites a defensive response which can block consideration of the improvements you would like to see the appraisee achieve.

'Keeping patient records up-to-date is crucial. We recently discussed Dr Andrews' difficulties with a paediatric consultation because you had mislaid two of the test results. How have you been able to improve on this?'

The descriptive approach creates a more objective and productive basis for constructive discussion and planning.

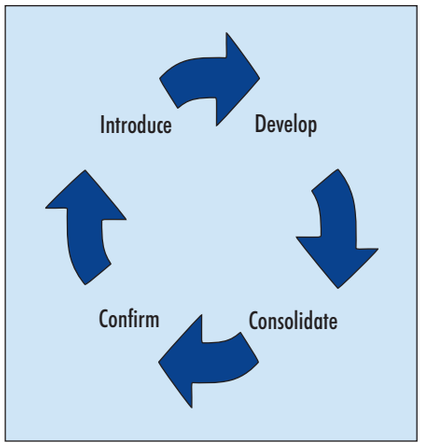


Figure 1. Communication cycle.

The appraisal discussion needs to be managed, taking each agenda item through to completion in a separate communication cycle (*Figure 1*).

For each item, you might proceed as follows:

- Introduce – with a good open question
- Develop – by listening and asking appropriate probing questions
- Consolidate – by adding observations and feedback, agreeing objectives for future performance or activities for their personal development plan
- Conclude – by briefly summarizing what has been covered and agreed.

Then move on to the next agenda item.

If the appraisee wanders off topic, you can bring the discussion back on track through the 'parking' technique: acknowledging the point, while saying something like 'let's come back to that when we look at teamwork later'. Some flexibility should be retained so that important points additional to the agreed agenda can be addressed.

The key role of self-assessment

Things the appraisee observes, says or decides for him-/herself may well have a stronger impact on positive change than your observations. Developing the 'ask-don't-tell habit' Downey (1999) uses open questions to encourage self-appraisal. Compare the following:

Evaluative statement:

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

Open question:

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

The latter requires the appraisee to respond with specific examples, e.g. '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?' This helps the appraisee identify solutions and improvements for him-/herself. Your role is to add appropriate observations and help the appraisee refine his/her suggestions.

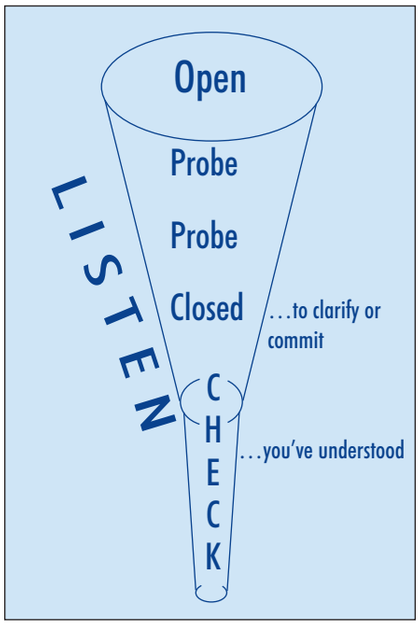
Skilful questioning

Skilful questioning is the key to successful appraisals. The funnel technique (*Figure 2*) is a useful visual reference for questioning skills.

At the mouth of the funnel, begin with an 'open' question which gives the appraisee wide scope in which to respond. You may need to repeat or rephrase this question to allow more thinking time. As the funnel narrows, probing questions draw out further specific information to complete the picture. Closed questions are used to check or confirm specific pieces of information, or to get the appraisee to commit to a point more precisely. At the bottom of the funnel, a short paraphrased summary clarifies and checks understanding of the main points.

A question sequence might be:

Figure 2. The 'funnel' technique.



- '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 6 weeks?' closed – clarifying
- 'Was it your idea or someone else's?' closed – clarifying
- 'And the patient made a full recovery?' closed – clarifying
- 'So, let me see if I've followed you…' checking – summary.

Active listening

Running along the side of the funnel is the word 'listen'. It can be challenging to stay focused and really listen, particularly in a formal discussion such as appraisal. You may be thinking ahead to what your next question is going to be, waiting to speak instead of listening. 'Active listening' helps here, responding through eye contact, nodding, small facial expressions and the occasional echoing of words.

The acronym LISTEN summarizes the features of active listening:

L = Look interested – get interested
I = Involve yourself by responding
S = Stay on target
T = Test your understanding
E = Evaluate the message
N = Neutralize your feelings.

Work and personal development objectives

One output from appraisal is the personal development plan, comprising carefully tailored clinical, educational and personal development objectives which include 'work objectives' focusing on the appraisee's agreed and expected 'contribution' to the team goals and 'personal development objectives' based on areas of agreed 'improvement' in job performance. Objectives should incorporate three development areas:

1. Remedy – to address poor performance
2. Consolidation – to maintain and push forward an 'acceptable' level of performance

3. Growth and diversification – to encourage and 'stretch' individuals who exceed normal performance standards.

The SMART (specific, measurable, agreed/achievable, realistic and timebound) acronym provides a valuable aide-memoire for writing good, effective objectives. In appraisal, three areas are particularly important:

1. Be specific – be clear about the improvement area the objective is focused upon – ambiguity makes an objective very difficult to review at a later stage
2. Make it measurable – be clear about how the improvement will be evaluated at some future point – how will we know it has been achieved?
3. Ensure it is agreed (or at least accepted) – working from agreement that the improvement is desirable is the best way of approaching writing objectives.

The appraisal needs to include regular review of objectives in response to events and changing circumstances.

Conclusions

Done well, appraisal can be very valuable; done badly it can be superficial, discouraging and demotivating. Being clear about what appraisals are for, preparing carefully, and using a good 'coaching' style with an emphasis on self-assessment are keys to successful appraisal. The outcomes of an effective appraisal discussion are praise for work well done, with clear examples that enable the appraisee to go on doing them well or better, constructive criticism of areas requiring improvement with an agreed plan of objectives, goals and support that will provide a firm basis for development and a well-motivated, involved and committed team member who has a clear sense of support and direction. **BJHM**

Conflict of interest: Professor McKimm was commissioned by the London Deanery to lead on the development of the suite of e-learning modules from which these articles have been derived.

Department for Education and Skills (2001) *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties.* DfES, London

Department of Health (2005) The Appraisal Toolkit. www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/DH_4080426 (accessed 24 April 2009)

Department of Health (2007a) Appraisal questions and answers. www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/index.htm (accessed 24 April 2009)

Department of Health (2007b) Appraisals: sharing best practice. www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/index.htm (accessed 24 April 2009)

Department of Health (2009) Appraisals. www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/index.htm (accessed 24 April 2009)

Downey M (1999) *Effective Coaching.* Orion Business Books, London

General Medical Council (2006) *Good Medical Practice.* www.gmc-uk.org/guidance/good_medical_practice/index.asp (accessed 24 April 2009)

General Medical Council (2008) *Draft Framework for Appraisal and Assessment derived from Good Medical Practice.* www.gmc-uk.org/doctors/licensing/docs/Framework_4_3.pdf (accessed 4 May 2009)

McKimm J (2009) Feedback. *Br J Hosp Med* **70**(3): 42–5

McKimm J, Swanwick T (2009) Setting learning objectives. *Br J Hosp Med* **70**(7): 348–51

Taylor CM, Wall DW, Taylor CL (2002) Appraisal of doctors: problems with terminology and a philosophical tension. *Med Educ* **36**(7): 667–71

KEY POINTS

- The aim of appraisal is to improve future clinical, managerial and educational performance while reviewing past performance.
- Appraisal is a positive, developmental, structured process not a one-off event, disciplinary process or disciplinary discussion.
- Appraisal is a two-way process and good, early preparation by both parties is essential.
- Many of the skills underlying effective feedback and supervision are useful for the appraisal interview.
- A poor appraisal can be discouraging and demotivating.
- A wealth of information is available to support appraisees and appraisers engaging in the NHS appraisal scheme.

LondonDeanery

This series of articles for clinical teachers was originally commissioned as a suite of e-learning modules for the London Deanery. Both the series and e-learning modules were designed and edited by Judy McKimm and Tim Swanwick.

The London Deanery e-learning modules for clinical teachers are open access and available at www.londondeanery.ac.uk/facultydevelopment

Each module takes 30–60 minutes to complete and proof of completion is available in the form of a printed certificate. Forthcoming articles in this series include:

- Setting educational objectives
- Teaching clinical skills
- Improve your lecturing
- Careers support
- Interprofessional education
- Diversity, equal opportunities and human rights
- Curriculum design and development
- Facilitating learning in the workplace
- Small group teaching
- Simulation
- Involving patients in clinical teaching
- Managing poor performance
- Introduction to educational research