



# Scottish Medical Appraisers Handbook

---

Version 1

December 2015

## Foreword

---

### Purpose of this handbook

The purpose of this handbook is to act as a practical resource to support Medical Appraisers (in both Primary and Secondary Care) and to provide practical solutions for issues that arise through the appraisal process.

The scenarios and examples used are offered as ideas for adaptation and consideration, rather than a prescribed method of undertaking appraisal. This handbook is intended to complement the guidance from your Appraisal Lead and Local Administrators, who should be your first port of call for local appraisal queries.

### Medical Appraisal in Scotland

In Scotland, NHS Education for Scotland (NES) has responsibility for the development of Medical Appraisal. NES works closely with all stakeholders including the Scottish Government, the Medical Colleges, the BMA and the GMC to support and develop appraisal in Scotland.

The central appraisal team at NES (Medical Appraisal Scotland) has responsibility for training appraisers, and developing and providing resources to support appraisal. NES has undertaken and published quantitative and qualitative research into the influence of appraisal, and further research has examined appraiser training. External quality assurance of the scheme is undertaken by Healthcare Improvement Scotland (HIS) and there is a continuing and comprehensive system of internal quality assurance.

NES is responsible for the IT systems to support appraisal. The Scottish Online Appraisal Resource (SOAR) has undergone extensive development, and a programme of continuing development has been established.

### Acknowledgements

---

A big thank you to everyone who helped out and contributed to this handbook, in particular:

- Dr Niall Cameron – National Appraisal Adviser
- All our Primary and Secondary Care Appraisal Leads
- All our Local Administration Teams

## Content

---

<b>FOREWORD .....</b>	<b>2</b>
Purpose of this handbook .....	2
Medical Appraisal in Scotland .....	2
<b>ACKNOWLEDGEMENTS .....</b>	<b>2</b>
<b>CONTENT .....</b>	<b>3</b>
<b>NEW APPRAISERS .....</b>	<b>5</b>
Where do I start? .....	5
Medical Appraisal Scotland .....	5
<b>SOAR .....</b>	<b>5</b>
Training on SOAR? .....	5
<b>WHO'S WHO? .....</b>	<b>6</b>
<b>KEY POINTS TO REMEMBER .....</b>	<b>6</b>
Appraisee Allocation .....	6
Arranging the Appraisal meeting .....	6
At the beginning of the Appraisal .....	6
After the Appraisal .....	7
<b>APPRAISAL INTERVIEW .....</b>	<b>7</b>
The Purpose .....	7
The Process .....	9
The interview meeting itself .....	10
Additional Meetings .....	11
<b>AT THE END OF THE APPRAISAL MEETING .....</b>	<b>11</b>
Drafting Form 4 .....	11
Feedback Form 6 .....	11
<b>THE APPRAISAL FORMS .....</b>	<b>12</b>
Submitted Forms 1-3 .....	12
Form 4 .....	12
Form 5A – Exemption from Appraisal .....	12
Form 5B – Non-engagement .....	12
Form 5C – Clinical Governance Issues .....	12
Feedback Form 6a/b .....	12
Form 7 - Recognition of Trainer .....	12
<b>QUESTIONS APPRAISEES OFTEN ASK.....</b>	<b>14</b>
<b>DEALING WITH DIFFICULT APPRAISEES (CONCERNS RAISED) .....</b>	<b>15</b>
<b>MULTI SOURCE FEEDBACK (MSF) .....</b>	<b>16</b>
<b>PATIENT SURVEY QUESTIONNAIRE (PSQ).....</b>	<b>16</b>
<b>APPRAISER PERFORMANCE REVIEW .....</b>	<b>17</b>
<b>APPRAISER IN MORE THAN ONE HEALTH BOARD .....</b>	<b>18</b>

<b>REFRESHER APPRAISER TRAINING COURSE.....</b>	<b>19</b>
<b>REVALIDATION .....</b>	<b>20</b>
<b>USEFUL CONTACTS.....</b>	<b>20</b>

## New Appraisers

---

You have successfully completed the NES Medical Appraiser training... Congratulations! Before coming on the course you should have had a clear idea of the number of appraisals you would be expected to undertake per annum. Make sure you confirm this, as well as the allocation of individual Appraisees, with your local teams.

### Where do I start?

Start by making contact with your Local Administration team and your Appraisal Lead (contact details on website). They will notify you once appraisees have been assigned to you.

Depending on which Health Board area you work in, the Local Administration Team may also arrange the appraisal interviews. If not, then you will need to organise your own diary (check with your Appraisal Lead and Local Administration team for clarification).

### Medical Appraisal Scotland

The central team is responsible for the training of Appraisers in Scotland, and the provision of support for Appraisal and Revalidation for doctors working in Scotland.

Guidance and information – including login to SOAR – can be found at:

<http://www.appraisal.nes.scot.nhs.uk>

## SOAR

---

Scottish Online Appraisal Resource (SOAR) is a national administration tool, created to aid appraisers and appraisees to manage appraisal interviews and the supporting information. It is supported by local Appraisal Leads and Administration Teams, as well as the Central Appraisal Team.

User guidance and various resources are provided to aid users of SOAR. These can be found under the Resources (link) section of the web site. A separate FAQ section dedicated to the more common problems encountered whilst using SOAR is also available on the Frequently Asked Questions pages.

You should already have a log-in to SOAR as an 'appraisee' if you have been working and appraised in Scotland. However, in order to have appraisees allocated to you as an appraiser you will need to have the 'appraiser' role added to your user profile. This should have already been done for you. To check, login to the system and see whether you can choose the 'Appraiser' role at the top right hand corner of the page (click on your name). If this is not available, contact your Local Admin Team.

Once appraisees have been allocated to you, their details can be accessed through SOAR.

### Training on SOAR?

Live online demos on how to use SOAR are available – please visit the Medical Appraisal Scotland website for the full schedule. The demo will be delivered via BT WebEx, an online conferencing tool. Once you have signed up to a training event, we will send you a confirmation email, and at the

scheduled date/time, you just need to be at your computer and your landline. You will view the demo via the emailed link (you may need to install software ahead of time) and you listen in to the audio via the landline. There will also be the opportunity to ask questions during/after the demo.

It is mandatory that you become familiar with SOAR, as Scotland has adopted SOAR as the one national support system for Medical Appraisal. It is used by all NHS Scotland Health Boards and other organisations with a Responsible Officer (RO) in Scotland.

## Who's who?

---

- Your **Appraisal Lead** is responsible for overseeing your Health Board's Appraisal process (there will be one for Primary Care, and another for Secondary Care);
- The **Central Appraisal Team** provides support for all Health Boards regarding Medical Appraisal;
- The **Local Administration Team** provides support to Appraisers and Appraisal Leads, and is responsible for the administration of Appraisal at a local Health Board level, including SOAR;
- Your **Responsible Officer (RO)** is usually the Medical Director, and they are responsible for making revalidation recommendations in the Health Board, aided by the Appraisal Leads and Admin team;
- **Co-Appraiser** – if your Appraisee is a Clinical Academic, it is likely the appraisal meeting will need to be a joint appraisal with the **University Appraiser**. This person is referred to as the Co-Appraiser on SOAR and they are involved/included in the appraisal process (they have access to submitted Forms 1-3, and have to also approve/sign off the Form 4 you draft).

## Key points to remember

---

### Appraisee Allocation

This is managed locally and NES has no involvement with this process – contact your local Admin team for any further assistance necessary.

### Arranging the Appraisal meeting

Via SOAR, you should be able to see who your allocated Appraisees are and when they are due their next appraisal. If they don't contact you, you should make contact with them well in advance to give BOTH of you time to prepare for the appraisal meeting. We would suggest arranging your diary three months in advance to give adequate notice and allow some leeway for both parties. We would suggest that to avoid a possible 'log jam' of appraisals you try to spread these out over the year. Once the dates have been arranged please remember to enter the details on SOAR so that the Appraisee can submit their completed forms and documentation for sharing.

### At the beginning of the Appraisal

- Your Appraisee will have submitted their documents to you for review and we would suggest that you agree an agenda for the interview before you meet

- Remind your Appraisee about who has access to which online appraisal forms after the interview meeting
- Explain what will happen to any notes you may take during the meeting.
- Inform your Appraisee of the obligation of any doctor registered with the GMC to take action where there are serious concerns that patient safety may be compromised.

## After the Appraisal

- It is the Appraiser's (your) responsibility to draft the Form 4 summary via SOAR in a timely manner (suggest no more than two weeks)
- Inform the appraisee when the form is ready for them to review and approve using the 'Forward to Appraisee' button
- Automated email reminders will be sent via SOAR at two and four week intervals if you or your Appraisee did not action the necessary on Form 4

## Appraisal Interview

---

### The Purpose

It is helpful to be clear about the aims of appraisal at the start of each interview, particularly if the doctor is taking part in the process for the first time or if this is a new appraisee for you.

Appraisal is a developmental process which:

- Addresses **ALL** aspects of a doctor's work - including any private or OOH work, educational / management roles, or any non-remunerated roles (e.g. volunteering at the local sports club or school as a doctor)
- Facilitates reflection on the doctor's practice and the submitted supporting information
- Offers individuals feedback on past performance
- Charts and acknowledges continuing progress
- Identifies Learning Needs
- Agrees a plan for learning needs to be addressed by creating a **Personal Development Plan**

Appraisal aims to help doctors to:

- Set out personal and professional development needs, career paths and goals
- Consider their contribution to the quality and improvement of local healthcare services
- Optimise the use of their skills and knowledge in achieving the delivery of high quality care
- Discuss and identify how to seek support for their role as a doctor

Although not its primary purpose, appraisal may assist in the early identification of doctors in potential difficulty and support them in identifying how they can access appropriate support.

Appraisal is based on the GMC's document Good Medical Practice ([http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)), 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. These are:

### **Domain 1: Knowledge, skills and performance**

- Develop and maintain your professional performance (para 7-13)
- Apply knowledge and experience to practice (para 14-18)
- Record your work clearly, accurately and legibly (para 19-21)

### **Domain 2: Safety and quality**

- Contribute to and comply with systems to protect patients (para 22-23)
- Respond to risks to safety (para 24-27)
- Protect patients and colleagues from any risk posed by your health (para 28-30)

### **Domain 3: Communication, partnership and teamwork**

- Communicate effectively (para 31-34)
- Work collaboratively with colleagues to maintain or improve patient care (para 35-38)
- Teaching, training, supporting and assessing (para 39-43)
- Continuity and coordination of care (para 44-45)
- Establish and maintain partnerships with patients (para 46-52)

### **Domain 4: Maintaining trust**

- Show respect for patients (para 53-55)
- Treat patients and colleagues fairly and without discrimination (para 56-64)
- Act with honesty and integrity (para 65-80)

The process should embody a positive and developmental approach, be fair, effective, professional and well-informed, and where possible indicate how patient care and working within NHS organisations can be improved.

Appraisal should include:

- Reliable information on clinical performance
- Continuing Professional Development
- Relationships with patients and colleagues
- Quality Improvement activities (e.g. Audit)
- Reflection on Significant Events / Critical Incidents
- Concerns raised and clinical complaints
- Teaching and research activities
- Any organisational impact that has arisen

The appraiser should have a good understanding of the work undertaken by the doctor being appraised. Whilst appraisal is a generic skill, it is good practice if a doctor has specialist aspects of performance, the appraiser should endeavour to familiarise themselves with the relevant areas.

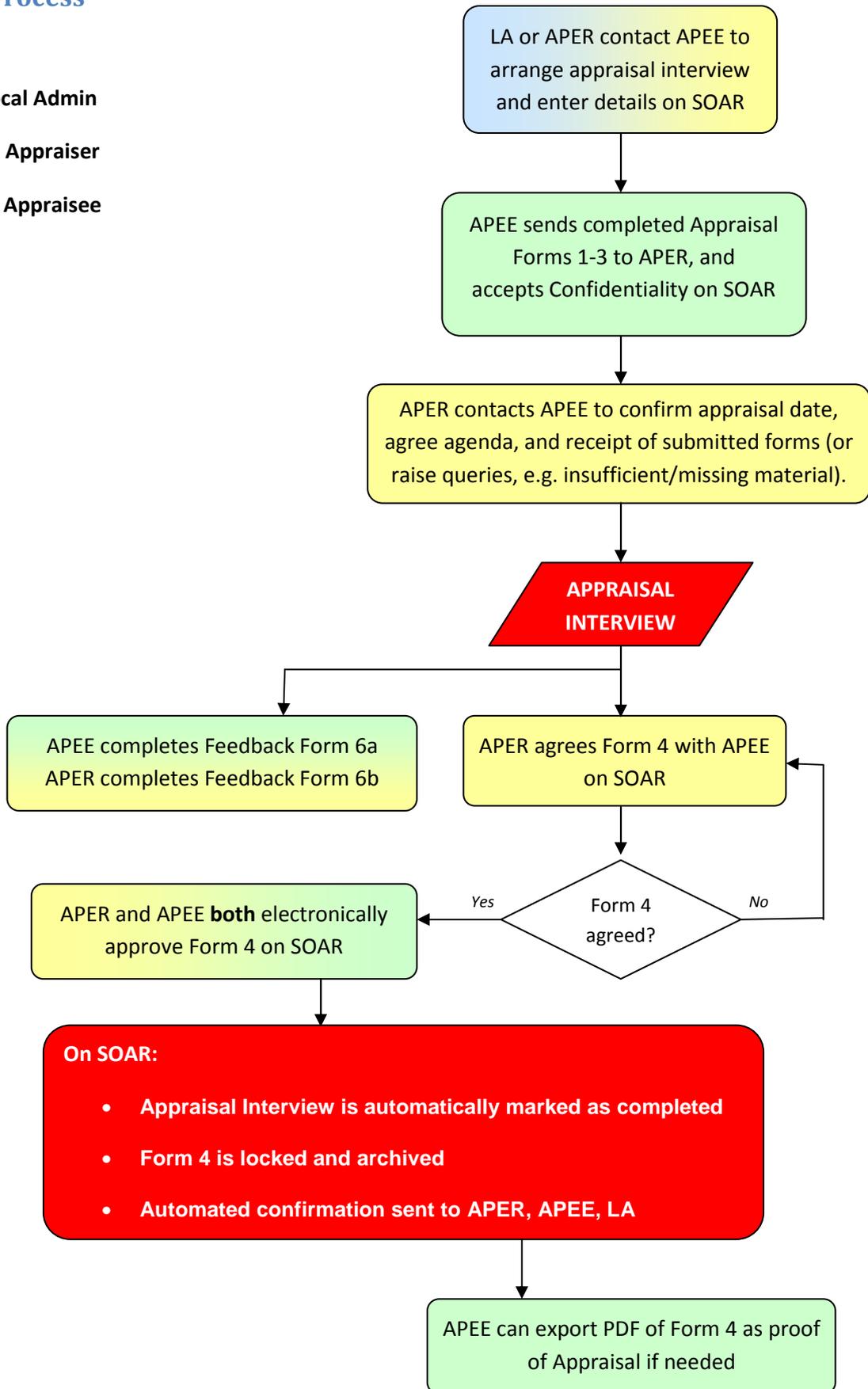
**Remember, Appraisal is designed to be a supportive and developmental process. It is not a pass / fail exercise.**

## The Process

LA = Local Admin

APER = Appraiser

APEE = Appraisee



## The interview meeting itself

Remember your Appraiser training: open questions are good for getting information, closed questions are good for checking facts, clarify, summarise, explore and try to stretch your appraisee.

Below are some example topics and questions which you may find useful.

### *Recognising Professionalism*

- What areas of your work have gone well in the last year? Rewarding? Satisfying? Highlights?
- What has contributed to this? (Your own qualities as well as external factors)
- What gave you most job satisfaction in the last year?
- Which educational or development activity did you find most effective and why?
- Which areas have you particularly enjoyed? (Identify motivating factors)
- Can you give me some examples of successes in your professional life?
- What is your most significant achievement in the last year?
- What do you see as your particular strengths?
- Do you have skills that are not being used? How can you develop this potential?

### *Professional Challenge*

- What's changed since your last appraisal?
- What areas of your role/s have not gone well or you have found difficult in the last 12 months? What has contributed to this? (Internal and external factors)
- Do you have any examples of difficult challenges / decisions?
- What about stressful events? What are your coping strategies?
- Have you any examples of experiences you have not enjoyed and why?
- What's your biggest time-waster?
- What self-developmental processes and organisational changes might improve things for you?
- How could you demonstrate (and how would you know) that you are competent in...?
- In relation to last year's PDP, have you achieved all you set out to do?
- Which of your strengths were best used in the last year?
- What resources do you need to make this coming year an effective one?
- What barriers exist to you achieving your goals?

### *Career planning*

- Describe your current role(s)
- How do you feel your career has developed so far?
- What stage of your career do you feel you are in?
- What changes in your working environment / team might help you be more effective / happier?
- What are your long term career plans? And how are you going to achieve these goals?

## Self Awareness and Growth

- How do you manage the balance between Professional and Personal life?
- Are you content with your current work/life balance?
- What motivates you?
- How would you describe yourself?
- What do you think your colleagues would say about you?
- How do you get feedback on your work as a doctor? Has this raised any issues for you or been reassuring?
- How do you identify areas of your practise you need to develop?
- How do you learn? Do you have a favourite learning method?

## Additional Meetings

It might be that more than one appraisal meeting is required (appraisee didn't have all of the supporting information available / illness / urgent patient, etc). We leave this to your discretion.

**To log the additional meeting details on SOAR, do NOT create a new interview.** Simply go to the existing appraisal, and add new meeting date(s)/times.

## At the end of the Appraisal meeting

---

### Drafting Form 4

Once the meeting is concluded, **it is your responsibility (Appraiser) to draft the summary of the discussion via Form 4 on SOAR.** Be as thorough as you can. At the end of the day, the RO is going to review your summary (and they will), and base their revalidation recommendations on it (coupled with other information that they have access to).

For guidance on writing Form 4, please download this from the Medical Appraisal Scotland website:

<http://www.appraisal.nes.scot.nhs.uk/i-want-access-to/resources-for-appraisers/form-4-guidance.aspx>

### Feedback Form 6

As part of our quality assurance process, we request that Appraisers and Appraisees complete a feedback form at the end of the appraisal to reflect on the process. For Appraisees we ask them to complete Form 6A for all their appraisals and your help in reminding the Appraisees to do this at the end of the appraisal is greatly appreciated. For Appraisers, we request that you do this (Form 6B) for the first 10 appraisals; thereafter, completion of the feedback form is optional (you will receive a different form) and is regarded as a reflective tool for experienced appraisers.

## The Appraisal Forms

---

At the end of the appraisal and when Form 4 has been signed off by both appraiser and appraisee (ensure this is done ASAP), all the submitted appraisal forms and the uploaded supporting information for the appraisal are archived on SOAR. They are:

### Submitted Forms 1-3

Form 1 is the doctor's background information, and Form 2 details the job they do. Form 3 details the supporting information according to the four GMC Domains, including review of CPD, self declarations on Health, Probity and Complaints, and proposed PDP for the year ahead.

### Form 4

As already discussed, the approved Form 4 is an essential document for revalidation. It is a summary of the appraisal meeting and is also used as proof of appraisal. If the Appraisee chooses to leave Scotland or the NHS and work elsewhere (different country, private healthcare, etc) the Form 4 will act as proof that they have completed their annual appraisals.

### Form 5A – Exemption from Appraisal

Form 5A is used in lieu of Form 4 if the Appraisee has a legitimate reason for not being appraised within that particular fiscal year (maternity leave, sabbatical, long term sick, etc). The Appraiser drafts the form 5A and the Appraisal Lead is asked to sign this off (on SOAR).

### Form 5B – Non-engagement

If for whatever reason you are unable to satisfactorily conclude or undertake the appraisal with the appraisee, or they have failed to engage with the process, a Form 5B is used in lieu of Form 4.

**You should always consult with your Appraisal Lead before drafting a Form 5B (via SOAR).**

### Form 5C – Clinical Governance Issues

This form is used per appraisal to log any Clinical Governance issues discovered. The Local Admin teams can also complete a Form 5C if requested by the Appraisal Lead, as appropriate.

**You should always consult with your Appraisal Lead before drafting a Form 5C.**

### Feedback Form 6a/b

Appraisees are asked to complete Feedback Form 6A; Appraisers are asked to complete Feedback Form 6B. Form 6A can only be accessed by the Appraisees themselves; their feedback is collated and accessed via anonymised reports on SOAR. The feedback helps us improve our training programmes, as well as making sure that any concerns you have about appraisal are addressed.

### Form 7 - Recognition of Trainer

Form 7 is a read-only COPY of the RoT information submitted by the Appraisee and your comments on Form 4. It can be accessed by DMEs and EOs **but they have no access to other appraisal forms.**

If your Appraisee holds a Trainer role, they will be asked to complete the RoT forms on SOAR as part of their Form 3. This includes doctors who oversee or are lead coordinators for undergraduate medical education, who are required to submit supporting information in this area and complete the RoT form.

### *GP Trainers*

Doctors who are approved GP Trainers or work in an accredited training practice **are not** required to do this as the practice will already be accredited by their deanery.

Doctors who supervise Foundation doctors who **do not** work in an accredited training practice also **do** have to submit supporting information in this area and complete the RoT form.

The material should be treated in the same manner as other supporting information, and the discussion summarised on Form 4 accordingly. As with Revalidation, you are NOT responsible for authorising the “recognition” of trainers, this will be done by the DMEs and EOs.

The role of the appraiser is to support the appraisee’s preparation in the recognition process; discuss, review and confirm the presented supporting information; and to identify experience, training or education needed and include in the PDP some CPD relating to the trainer role(s) as appropriate.

Further guidance is available on the Scottish Trainers Framework website:

<http://www.scottishtrainerframework.org>

## Questions Appraisees often ask

---

### *Do I have to have an appraisal?*

Appraisal is a contractual obligation, and non-participation will be referred to the Medical Director/RO in your Health Board area. Non-participation may affect your appraisee's revalidation recommendation, and subsequently their ability to continue practising.

### *Do I have a choice of appraiser?*

Appraisees are allocated to appraisers by local admin staff and /or Appraisal Leads. If for some reason you do not wish to be appraised by a particular appraiser (e.g. you used to work together, you are neighbours, etc) you can ask to be allocated to another appraiser.

### *Can I have the same appraiser next time?*

The practice is to change appraiser every 3 to 5 years, so that within a 5 year revalidation cycle, you have been appraised by at least two different appraisers.

### *What if I am going on maternity leave soon?*

Your appraisee should decide if they wish to have their appraisal before or after. It is entirely at your discretion. It would be easier to prepare before, but the educational plan may be skewed by the delivery! If you are unsure, consult with your Appraisal Lead for advice.

### *What if I am due to retire within the near future?*

Appraisal is a comprehensive developmental process that is not solely for your professional development. Discussions during an appraisal about retirement and the preparation for retirement might be a very helpful discussion. But remember revalidation!

### *Who sees my appraisal forms?*

Submitted Forms 1-3, along with the uploaded supporting information, are confidential between Appraiser and Appraisee ONLY. Access for ROs and Appraisal Leads can be requested by them, and granted by the Appraisee, but otherwise, no one else will be able to access these.

Form 4 can be accessed by the Appraisee, the Appraisee's **current** Appraiser, the RO (including the deputy ROs) and the Appraisal Lead.

Form 4 can also be accessed by those with an "Appraisal Co-ordinator" role on SOAR and linked to individual appraisees. This is designed for those with responsibility for the linked appraisees' appraisals but not involved with the process itself who need to be informed when the appraisals have taken place (e.g. line managers, clinical directors, associate medical directors etc).

### *What if I fail? What are the possible outcomes?*

You cannot fail, as appraisal is not a pass / fail test. No information about your performance as a doctor is passed to a third party, **unless there are serious and significant issues which might impact on patient safety.**

Appraisal provides an opportunity for you to have a discussion with a fellow doctor who has been trained in appraisal skills. You will be able to reflect on all aspects of your practice, your achievements, identify your development needs and formulate your own personal development plan.

### *Why did you give me a "0" scoring on my Form 4?*

The 0/1 scoring of Core Elements in Form 4 Domains: "1" means acceptable supporting information was submitted, or appropriate discussion was had over absence / lack of supporting information; if "0" was scored by the Appraiser, it is flagged for the RO's attention and will impact on the Appraisee's revalidation.

In a typical appraisal, we would expect the Appraisees to have presented supporting information in all four Domains, against each of the Core Elements - apart from MSF and PSQ (Patient Survey Questionnaire) where these are only required once in a 5-year Revalidation cycle.

## **Dealing with difficult appraisees (concerns raised)**

---

It may be a lack of engagement, poor preparation, general unhappiness about appraisal or revalidation, or even rude unprofessional conduct, but you will come across some appraisees who will cause you some difficulties.

**Ensure you take all reasonable steps to engage the appraisee in the appraisal process.** However, if after a reasonable period of time you cannot get the appraisee to engage in appraisal, contact your Appraisal Lead and Local Administration team. It may be that a Form 5B will need to be issued, but you should consult your Appraisal Lead first before filling out a Form 5B.

### *Concerns after the appraisal*

If after the appraisal you have concerns about the appraisee, be it in relation to their engagement with the process, health or conduct, or if it relates to patient safety, you should speak with your Appraisal Lead as soon as possible.

Form 5B is issued to appraisees who did not engage in appraisal. In most cases it's simply because the Appraisee failed to respond to any of the Health Board's communications regarding appraisal arrangements. In some extreme cases, it could be issued after an appraisal interview has taken place, e.g. if the appraiser and appraisee cannot agree / sign off the contents of Form 4.

**Always consult your Appraisal Lead first before you complete a Form 5B.**

## Multi Source Feedback (MSF)

---

Multi-source feedback (MSF) is a method of providing feedback to doctors about observed behaviours in the workplace. It is a good reflective tool but crucially, MSF is a requirement for revalidation.

Through Scottish Government funding, NES has been providing MSF via 3rd party software called WASP, and this is linked directly to SOAR for Appraisal and Revalidation. However, appraisees are free to choose other MSF tools such as the GMC Questionnaire or their respective Royal College tools.

### *How will multi-source feedback affect appraisal?*

Appraisal is a good environment to discuss the results of multi-source feedback. Doctors should be encouraged to reflect on the feedback, and how to maintain or develop their practice. Appraisers should be aware of the potential benefits and consequences of MSF for doctors.

### *Appraisees should consider undertaking MSF if -*

- they are interested in finding out how colleagues view their practice across a number of professional areas
- they are prepared to consider and learn from the feedback given
- they are feeling robust on a personal level and professionally secure
- they have access to a minimum of 10 colleagues who work with them regularly in a variety of different ways and are able to assess different elements of their professional practice including clinical practice (e.g. GPs, Consultants, Practice Nurses, other Health Professionals, Admin and Reception staff)

### *Appraisees should consider rescheduling MSF if -*

- they are dealing with difficult personal or professional issues
- they do not have 10 colleagues who can give them meaningful feedback. However, there may be appropriate ways to get round this which an appraiser could discuss with the appraisee (e.g. looking for feedback from colleagues outside of a practice or across several work areas)

## Patient Survey Questionnaire (PSQ)

---

Similar to MSF, PSQ is a revalidation requirement. Your appraisees are expected to do these at least once in a 5 year cycle.

Unlike MSF, PSQ has not been funded by the Scottish Government and there is no single agreed form for universal use, as each Health Board has its own protocol in place for this. Most doctors in Scotland are using the CARE questionnaire or the GMC questionnaire. Some specialities have developed their own PSQ to reflect their working context such as Palliative care and Paediatrics. It is a good idea to do a little research about the PSQ used if you are not already familiar with it. However, please note that any tools used should have been evaluated in line with GMC guidance.

NES has **no** involvement in deciding which methods should be used. There are very few doctors who cannot get meaningful patient/relative feedback. Where possible the PSQ should be distributed randomly and the results processed independently before being given to the clinician concerned.

Please contact and liaise with your local Admin team for further assistance with PSQ.

## Appraiser Performance Review

---

A Performance Review with your Appraisal Lead has several purposes:

- To allow you to reflect on and discuss progress as an appraiser
- To discuss any problems, concerns or issues you may have
- To review your own personal development needs as an appraiser

Your Appraisal Lead can also help you prepare for the review. The meeting is intended to be for the benefit of you, your Appraisal Lead and NES to ensure we continue to deliver a quality assured programme of appraisal throughout Scotland.

The aims of the Appraiser Performance Review will be to discuss the following areas:

### **What do you think of the appraisals you have done over the last year?**

- How did they go?
- What went well for you?
- What would you like to have done differently or better?
- What do you think of the year ahead?
- What are your hopes and expectations?

### **How does the Appraisal Lead think you have been doing?**

Together you can review the Form 4s of the appraisals you have done, and consider any feedback you have had from your appraisees, which will be from the SOAR collation of Feedback Form 6A. You or the Appraisal Lead may be aware of feedback from elsewhere that you should also consider.

### **What development needs do you personally have as an appraiser for the next year?**

There is a Skills and Competency sheet that will be sent to you when you have arranged your review with your Appraisal Lead. This may help you review the areas that you know you do well, and the areas that you may like to improve.

**The review will be confidential to you and the Appraisal Lead.** We expect it to be a positive affirmation of the work you do as an appraiser, a springboard for your work over the next year and of course can provide supporting information for your own appraisal.

Your Appraisal Lead may keep confidential notes of your conversation, for their personal benefit only, and together agree on a statement of your learning or developmental needs. The forms you require for the review are available from: <http://www.appraisal.nes.scot.nhs.uk/i-want-access-to/resources-for-appraisers/performance-review.aspx>

## Appraiser in more than one health board

---

If you appraise in more than one Health Board (more common in Primary Care), when you log into SOAR to organise appraisals, please ensure you are logged in as the correct Appraiser for the correct Health Board. If you are logged in as a Fife Appraiser but actually you are trying to log details for Forth Valley, you will notice that the Forth Valley details will NOT show up – you need to change the Login Role to the correct one (click on your name in the top right hand corner).

Similarly if you run into problems with an appraisee or an appraisal that requires your Appraisal Lead's advice, make sure you contact the correct person!

Please also bear in mind, different health boards will have different resources in place, so please be patient with your queries!

Other areas for consideration include your Performance Appraisal, and your attendance of the Local Appraisal Group meetings.

### *Performance Appraisal (Primary Care)*

If you are a GP Appraiser in more than one Health Board area, it is possible to arrange for your Performance Appraisal to be alternated between your Appraisal Leads, with the results / documentations shared between them for quality assurance.

For example, you do one session each in Highland, Grampian and Tayside. You could arrange to have your Performance Appraisal with the Appraisal Lead in Highland one year, with the documents shared between the three Appraisal Leads afterward to satisfy them that the performance review took place. Next year it would be with Grampian, and again the paperwork and result would be shared for quality assurance. The following year it would be the turn of Tayside's Appraisal Lead to conduct the Performance Appraisal. After that the cycle repeats itself.

### *Local Appraisal Group meetings*

Each health board will hold regular Local Appraisal Group meetings. These meetings allow you to meet up with your fellow appraisers and discuss any issues or concerns you may have, and share any particular experience. Perhaps you had to deal with a difficult appraisal, and you want to know how others would deal with the same situation etc.

Like the Performance Appraisal, you may wish to alternate which Local Appraisal Group meeting to attend if you appraise in more than one Health Board, or you may wish to attend all of them depending on circumstances. Usually they meet up twice a year. Some areas may hold more frequent meetings, depending on size and workload.

There are no rules in this area, use your best judgement about which meeting to attend, but attendance at these meetings is strongly recommended, and some may even be compulsory (check with your Appraisal Leads).

## Refresher Appraiser Training course

---

The Refresher Appraiser Training is targeted towards existing appraisers, to support and reinforce good practice on the part of appraisers and to encourage them to re-evaluate and refresh their appraisal skills. We expect all appraisers to participate in this training as part of their professional development. The course is feedback-based, following observation on their participation in 'focussed' appraisal sessions.

### *The Course*

There will be a mix of presentations, plenary discussions and small group work. Each delegate is given the opportunity to conduct a focussed / limited section of an appraisal interview with another delegate in their role as an Appraisee and to be similarly appraised. This is referred to as the "focussed appraisal", and is the reason behind some of the preparatory work delegates are required to do before the training, which is a day long.

The day itself will include a substantial experiential skills practice element in groups of 3 with a tutor (similar to the initial training format). Sessions will be videoed, and a DVD copy made for post-course review.

### *Post-course Review*

Participants are invited to review the DVD of their participation at the Refresher training, and reflect on the skills they demonstrated and the feedback they received after the event.

Should any serious concerns emerge about your performance as an appraiser, depending on the level of concern, your Appraisal Lead may be contacted to discuss the concerns with you.

Unlike the New Appraiser training courses, your performance on the Refresher training is not assessed against set criteria. The intention is for you to refresh your appraisal skills after your initial training so that your skills are refreshed and you have the opportunity of seeing how others work.

## Revalidation

---

Annual Appraisals help inform the RO's Revalidation recommendations. It is important to stress that you, as the Appraiser, are NOT making any revalidation recommendations. Your RO will review the Form 4 you drafted and if they have concerns or queries regarding your Appraisee, they may contact you (or the Appraisee directly) for further information.

SOAR will only flag an Appraisee to the RO if the following happened:

- There is a Form 5B (non engagement)
- There is a Form 5C (clinical governance issues)
- There is a "0" scored in the "Core Elements" in the Appraisee's appraisal history
  - Except for MSF or PSQ
- MSF and PSQ must have at least one "1" scored over a 5 year cycle
- There are "issues" flagged in either the Health, Probity or Complaints statement in the latest appraisal

Any further action will depend upon the RO reviewing the content of Form 4 and considering all other information available to them.

## Useful Contacts

---

For information and clarification on the appraisal process in your own Health Board, please contact your Appraisal Lead or Local Admin for further discussion.

Local Administrators provide administrative support to the appraisal process. However, depending on which Health Board you are an appraiser with, the levels of admin support will vary. To contact your local Admin team:

<http://www.appraisal.nes.scot.nhs.uk/contacts/admin-teams.aspx>

To contact your Appraisal Lead:

<http://www.appraisal.nes.scot.nhs.uk/contacts/appraisal-leads.aspx>

For general queries about SOAR or Appraisal, please contact the SOAR helpdesk – [SOAR@nes.scot.nhs.uk](mailto:SOAR@nes.scot.nhs.uk)

For more information about Appraisal and Revalidation, or guidance around the appraisal process on SOAR, please visit the Medical Appraisal Scotland website:

[www.appraisal.nes.scot.nhs.uk](http://www.appraisal.nes.scot.nhs.uk)