**Medical Appraisal Scotland**

Annual Report (2015/2016)

**Graphical version of this report can be located at:** [**http://www.appraisal.nes.scot.nhs.uk/resources/AnnualReport-15-16/index.html**](http://www.appraisal.nes.scot.nhs.uk/resources/AnnualReport-15-16/index.html)

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# Foreword

I am very pleased to introduce this year’s Annual Report for Medical Appraisal in Scotland. The last year has seen the completion of the first cycle of revalidation for all doctors in the UK across all specialties. This is clearly a significant development and represents a positive demonstration of a commitment to maintaining and enhancing medical professionalism. Participation in annual appraisal is a key element of the revalidation process. The work undertaken by NES in this area has been pivotal in reaching this stage and has received extremely positive feedback from all stakeholders involved in the delivery of appraisal and the roll out of revalidation.

Scotland has led the way in developing and providing the required educational resources and support for all those involved in the appraisal process. An objective measure of this success is provided by the very low rates for deferral of revalidation in Scotland and the very high rates of appraisals being undertaken across Scotland. The unified support for appraisal provided by NES has also been recognised as providing an exemplary benchmark for other systems across the UK.

In the last year the NES Appraisal Team have worked hard to ensure that the training and support we provide are fit for purpose. Working in collaboration with the territorial Boards, the appraisal team at NES have delivered a comprehensive programme of appraiser training, and in partnership with the Scottish Government we have extended and enhanced the IT systems that underpin the appraisal process and link with TURAS, NES’s digital interface. SOAR now supports the recognition of trainers across all medical disciplines and their trainees, and is the platform through which the revalidation of trainees is completed.

NES is committed to the aim of creating a dynamic educational environment and providing the resources necessary to support all those who work in NHS Scotland in maintaining and developing their performance. Whilst there clearly needs to be a focus on ensuring systems are robust and effective, all those involved with health care are aware of the influence “human factors” can have on the delivery of that care. Participation in appraisal allows the individual doctor a unique opportunity to reflect on their role and all the factors that can influence their performance. Appraisal when done well can create a climate that facilitates reflection and leads to a change in behaviour or allows affirmation that can maintain a high level of performance.

In the forthcoming year NES will continue to work with all stakeholders to ensure that we continue to offer resources that support all groups of doctors in the appraisal process and reflects our aim of ensuring that health care professionals working in Scotland have access to the highest quality of educational and developmental support.

**Caroline Lamb***NES Chief Executive*

# Overview of Medical Appraisal in Scotland

It was always envisaged that Appraisal would not only support the professional development of the medical workforce but would also inform and support the revalidation process. 2016 saw the completion of the first cycle of Revalidation for all doctors working in Scotland and Appraisal played a pivotal role in meeting this objective. In achieving this, all involved in the appraisal process - stakeholders, appraisers, local administration teams and the medical appraisal team - deserve recognition for their diligence and commitment.

Underpinning the success of the appraisal process is the appraisal training programme, and we have continued to provide both new appraiser courses and refresher courses for experienced appraisers. We continue to develop the training in light of feedback received, and we have clearly moved on from engagement and implementation to a more developmental model. We have recently completed the 93rd appraisal training course! The courses now involve doctors from all disciplines working with colleagues from other specialties and undertaking cross speciality appraisal. The feedback we receive demonstrates how much the delegates value the increasingly rare opportunity to meet with and learn from their colleagues from other specialities and other locations. One other consistent item of feedback is that participants greatly value the contribution of their more experienced colleagues who act as tutors on these courses. We have recruited a number of new tutors from across the profession, but I would also like to thank those who have moved on for their contribution over the last few years.

One of the findings of the interim report of the UMbRELLA study [www.umbrella-revalidation.org.uk](http://www.umbrella-revalidation.org.uk) was that the vast majority of doctors in Scotland rely on SOAR not only to undertake their appraisal but also to support them as they collate their supporting information. The last year has seen the addition of a CPD log, a link with CPD Connect, and the launch of support for Recognition of Trainers (ROT). As always I would like to thank William Liu for his ongoing contribution to the development of SOAR and in particular his perseverance in addressing the challenges of ROT.

Other key findings from the UMbRELLA evaluation were that the majority of doctors reported that appraisal covered the scope of their practice, allowing them an opportunity to reflect on their practice and lessons learnt over the previous year. It did, however, identify that some doctors still find it difficult to collect the supporting information required. Some SAS doctors fall into this group and in the next year we will be working with colleagues to provide additional supporting material for this group of doctors, and in addition try to encourage a greater number of SAS doctors to become appraisers.

We have had a significant change in personnel in the last year. After a number of years in which he helped steer appraisal through the challenges of revalidation and the expansion of our training role, Ian Staples left NES to pursue other interests. However, I am delighted to welcome Harry Peat as our new Training Manager. Harry brings a wealth of experience from his previous role as a Quality Improvement Manager at NES and I am sure his organisational expertise will be invaluable.

**Dr Niall Cameron** *National Appraisal Adviser*

# Training and Recruitment of Medical Appraisers

## Medical Appraiser training courses in 2015/2016

2015/2016 has been a busy year for the team as we completed the Phase 4 Medical Appraiser Training programme and moved onto the Phase 5 schedule (August 2016 to June 2017).

We carried out 12 training events this year across Scotland:

* 2-day New Appraiser Training (x6)
* 1-day Refresher Training (x4)
* 1-day RO Training Day (Responsible Officers)
* 1-day Tutor Training Day

From the six New Appraiser Training courses, a total of 78 new Secondary Care Appraisers (out of 79 participants) and 24 new Primary Care (GP) Appraisers were successfully trained.

In Scotland, it is a Revalidation requirement for all appraisals to be completed by a NES-trained Appraiser. For a number of Secondary Care Appraisers, the Refresher Medical Appraiser training offered a necessary opportunity to attend NES training; to develop and refresh their skills and allow them to continue in their role as an appraiser. For others, the Refresher courses enabled them to refresh and review their skills as an appraiser, particularly a number of Primary Care Appraisers who had originally trained more than five years ago. In total, 66 Secondary Care Appraisers and 11 Primary Care Appraisers have attended our Refresher Training events.

We have also successfully trained 17 new tutors who joined the existing panel to increase and refresh our training capacity; and 12 of Scotland’s Responsible Officers attending the RO Training Day. (See later sections for details)

We also recognise the valuable work that takes place at a local level and is led by local Lead Appraisers to support the appraisal workforce in their own health board.

### Training course format

As before, the 2-day New Medical Appraiser Training Courses have a maximum of 18 participants while the 1-day Refresher Medical Appraiser Training Courses are run with a maximum of 24 participants per course. With the exception of one training course (R10), most of the training courses ran close to (if not at) full capacity.

For information on how a New Appraiser application is processed and what is covered at the training course, please download our posters:

* “Becoming a Medical Appraiser” poster (<http://www.appraisal.nes.scot.nhs.uk/media/315131/Poster-Journey.pdf>)
* “Appraiser Training content” poster (<http://www.appraisal.nes.scot.nhs.uk/media/315138/Poster-Training-Content.pdf>)

The New Appraiser Training Courses are assessed. The tutors observe the participant in a number of roles during the course of the two days (a week apart), and assess them against criteria linked to Communication, Empathy, Challenge and Professional Integrity. Although rare, there have been occasions over the years where participants failed to meet the criteria requirements and subsequently have not been recommended at that time for the Appraiser role.

The Refresher training courses are NOT assessed. But any significant concerns raised by the tutors would be shared with the appraiser’s Appraisal Lead so these can be addressed.

The ‘mini’ Appraisal sessions on both training courses are video recorded, which are then transferred onto DVDs and sent out to the course participants by NES. These DVDs offer the participants a further opportunity to reflect and learn at their leisure.

As part of our continuous review of the training courses, we identified an area of improvement with the post-training DVD videos. We began exploring options to post the grouped recordings online via secure video hosting. This was piloted for the R10 event in March 2016 and proved to be a success. The transfer time is significantly reduced (almost halved) and the access is almost instantaneous. We have since invested in our own secure online video hosting service and all videos uploaded are password protected, so only the participants and course tutors will have the links to the videos – which are split into groups, meaning Group A participants cannot access Group B etc – and the videos are deleted 6 weeks after the training. We will continue to monitor progress and user feedback on this.

### Unused places from the Appraiser Training Courses

During the Financial Year 2015/16, there were 15 unused spaces on the New and Refresher Medical Appraiser Training Courses – a significant reduction from last year’s 34. However, it should be noted that one of the courses (R10) ran at a reduced capacity of only 15, due to restricted facilities offered.

The 15 unused places were caused by unfilled capacity and late cancellations that we were unable to then reallocate to another participant, or participants who did not attend (DNA) on the day of the courses.

### Extra Medical Appraiser training during Financial Year 2015/16

NES continues to be proactive in responding to local Health Board requirements. In order to meet the continual requests for New Appraisers, one of the relatively undersubscribed Refresher courses (R9) was cancelled to allow an additional New Appraiser training course (N25a) to be held.

With the participants’ goodwill and help, those on R9 were successfully moved onto other Refresher courses.

### Substantial increase in Medical Clinician workforce

This year we have had additional requests for New Appraiser training courses. It was not immediately obvious why there was an increased demand for additional appraisers until we reviewed the number of Appraisees across Scotland compared to this time last year (see appendix A).

Overall there has been an increase in numbers of 444 doctors in Secondary Care, and together with the loss of 45 appraisers, it is clear why there was a demand for new Appraisers in 2015/2016.

However, it should be noted there are now 1321 Appraisers covering 7606 Appraisees. Although the CMO recommendation is that every appraiser should ideally undertake 10 appraisals per appraiser, the statistics indicate that if each Appraiser did an average of 6 appraisals, that would meet demand.

For GPs it’s a slightly different scenario where the SOAR figures (captured on 24th May 2016) indicate there are 52 GPs less in Scotland. Fortunately, the Appraiser workforce in primary care has remained steady.

With the exception of a minority of health boards, the appraisal completion rate has remained steady with either a rise or fall of 1-3% compared to last year (see Appendix B).

### New Medical Appraiser Training Courses

Of the 79 Secondary Care participants who attended New Medical Appraiser training courses, **78** were successfully trained and, along with **24** Primary Care participants, went on to become Appraisers. Rigorous chasing up of Participants by NES and good use of training course Waiting Lists ensured that there were only 5 unused places. We had 2 drop-outs, both on days 2; one of them successfully attended a later course, the other candidate withdrew from the training.

The following table illustrates the attendance at the courses.

|  |  |  |
| --- | --- | --- |
| **Course** | **Participants** | **Unused** *(out of 18)* |
| **Primary Care** | **Secondary Care** | **Total** | *DNAs* |
| N22 - 3 & 11 June 2015, Glasgow | 8 | 8 | 16 | *1* | *2* |
| N23 - 20 & 28 August 2015, Fife | 4 | 14 | 18 | *0* | *0* |
| N24 - 22 & 30 October 2015, Glasgow | 1 | 15 | 16 | *1* | *2* |
| N25 - 11 & 19 November 2015, Dundee | 2 | 16 | 18 | *0* | *0* |
| N25a \* - 28 January & 5 February 2016, Edinburgh | 4 | 13 | 17 | *0* | *1* |
| N26 - 18 & 26 February 2016, Inverness | 5 | 13 | 18 | *0* | *0* |
| **Total** | **24** | **79** | **103** | *2* | *5* |

\* R9 was cancelled and N25a was created to meet the continuous demand for New Appraisers recruitment.

There was very positive feedback from participants at the New Medical Appraiser Training Courses. When asked ‘**What was the most valuable aspect of the course?**’, there were a lot of positive comments, perhaps best summed up by the following feedback from an N26 participant:

*“Building confidence in the role and honing interview skills to meet the specific requirements of this role. Really enjoyed meeting other participants and hearing about their jobs. Practical role-playing absolutely central to this learning experience. Great that we were all put at ease and made comfortable enough to participate in this fully - felt safe to immerse self in various roles. Thank you.”*

### Refresher Medical Appraiser Training Course

We successfully trained **11** GPs and **66** Secondary Care doctors (6 DNAs in total.) The following table sums up the attendance at the courses.

|  |  |  |
| --- | --- | --- |
| **Course** | **Participants** | **Unused** *(out of 24)* |
| **Primary Care** | **Secondary Care** | **Total** | *DNAs* |
| R6 - 22 April 2015, Borders | 3 | 18 | 21 | *1* | *3* |
| R7 - 19 May 2015, Aberdeen | 1 | 19 | 20 | *2* | *4* |
| R8 - 9 December 2015, Lanark | 5 | 18 | 23 | *1* | *1* |
| R9 was cancelled and replaced with N25a |
| R10 \* - 17 March 2016, Aberdeen | 2 | 11 | 13 | *2* | *2(out of 15)* |
| **Total** | **11** | **66** | **77** | *6* | *10* |

R6 and R7 were close to full capacity (max capacity 24). Unfortunately, due to unexpected circumstances a few people had to drop out on the day, raising the combined unused spaces for all Refresher courses to 10.

R8 ran successfully with only one DNA on the day; but R9 was cancelled and was replaced with a New Appraiser course (N25a).

\* Due to limitation with facilities offered, R10 was run at a reduced capacity of 15 instead of the normal 24. DNAs on the day (x2) reduced the number of participants further, but we still managed to successfully train 13 Appraisers on the day.

There was once again very positive feedback from the participants at the Refresher Medical Appraiser Training Course. When asked ‘**What was the most valuable aspect of the course?**’, the overwhelming response was **the roleplay / mini appraisal sessions and the feedback received**. Some of the other replies included:

 *“Personal learning: Not getting into argument - use "consequences" as a way to unlock impasse. Leaves responsibility with appraisee. Good mix of appraisers - primary and secondary care.”*

*“Regaining enthusiasm for appraisal! Discussions about difficult issues. Learning how others are getting on. Doing the role play was very useful to deal with challenging issues.”*

*“Seeing that the same problems exist across all specialties.”*

*“Reinforcing current practice, also learned some new tips.”*

### Secondary Care Appraisers

During Financial Year 2015/16 we have successfully trained 145 Secondary Care doctors; 79 of whom attended the New Appraiser courses (78 went on to become Appraisers), and 66 attended the Refresher courses. The spread across the Health Boards is summarised below:

|  |  |  |
| --- | --- | --- |
| **Health Board** | **New** | **Refresher** |
| Ayrshire & Arran | 6 | 0 |
| Borders | 2 | 2 |
| Dumfries & Galloway | 1 | 1 |
| Fife | 6 | 1 |
| Forth Valley | 7 | 3 |
| GG&C | 19 | 2 |
| Golden Jubilee | 2 | 0 |
| Grampian | 2 | 10 |
| Highland | 6 | 0 |
| Lanarkshire | 0 | 2 |
| Lothian | 15 | 27 |
| NSS / HIS | 1 | 1 |
| Orkney | 0 | 0 |
| Non NHS Bodies | 2 | 1 |
| Shetland | 0 | 0 |
| Tayside | 10 | 16 |
| Western Isles | 0 | 0 |
| **Total** | **79** | **66** |

The number of appraisals carried out by Secondary Care Appraisers per year – whilst improving – is a topic that we are looking to engage in dialogue with the Territorial Health Boards in the coming year.

### Primary Care Appraisers

We trained 24 new GP Appraisers, and 11 GP Appraisers attended a Refresher course this year. The distribution over Health Boards is shown below:

|  |  |  |
| --- | --- | --- |
| **Health Board** | **New** | **Refresher** |
| Argyll & Bute | 2 | 0 |
| Ayrshire & Arran | 1 | 0 |
| Borders | 0 | 0 |
| Dumfries & Galloway | 1 | 0 |
| Fife | 0 | 0 |
| Forth Valley | 0 | 2 |
| GG&C | 2 | 0 |
| Grampian | 3 | 4 |
| Highland | 1 | 0 |
| Lanarkshire | 5 | 3 |
| Lothian | 5 | 2 |
| Orkney | 1 | 0 |
| Shetland | 1 | 0 |
| Tayside | 1 | 0 |
| Western Isles | 1 | 0 |
| **Total** | **24** | **11** |

We continue to maintain the required supply of new GP Appraisers to the Health Boards. We are now training established GP appraisers on the Refresher Medical Appraiser Training courses to augment their appraisal skills, as it may be a few years since these GPs attended their original training.

GP Appraisers undertake around 22 Appraisals per session. The number of appraisers, appraisees and appraisals undertaken, per Health Board, is summed up for GPs and Secondary Care doctors in tables under Appendix A and B.

## RO Training Day

On 6th May 2015, a special Responsible Officer (RO) Training Day was organised at the request of the Scottish Government, and was attended by 12 of Scotland’s ROs. The one-day event was held at the Queensferry Hotel, Fife, and the design was similar to our Refresher Training courses. More management-specific supporting information was collated and used for this event, which was also attended by Dr Catherine Calderwood, the Chief Medical Officer (CMO).

The event was a success and we are working with the Scottish Government to organise further similar events in 2016/2017.

## Tutors Induction Day

An Appraisers Tutor Training Day was organised on 9th September 2015 at the NES Edinburgh office (102 Westport), the aim of which was to recruit and expand our existing Tutors Panel.

The format is similar to the one-day Refresher training, but instead of focusing on the Appraiser role in the mini appraisal sessions, the emphasis was on providing feedback in the Observer role.

18 new Tutors were successfully trained and 17 have joined the existing panel to increase and refresh our training capacity (1 has since left NHS Scotland).

# Meetings and Other Highlights of 2015-2016

## Annual National Appraisal Conference

***(Incorporated as part of the Scottish Medical Education Conference)***

The annual Scottish Medical Appraisers conference was incorporated into the SMEC (along with the Practice Managers conference) once again this year, held at the EICC on 5th and 6th of May 2016. We took on board the feedback received in the previous year and created more Appraiser focused topics, discussions and workshops, and this was reflected a couple of times in the feedback received.

*“Vast improvement on last year - thank you for responding to feedback. This year it was very much more relevant to appraisers with interesting speakers and also a specific seminar track. More of the same next year, and I'll tell my colleagues it is worth trying again!”*

Speakers at this year’s conference included **Dr Catherine Calderwood, Chief Medical Officer,** who spoke on “Realistic Medicine”; **Prof Terence Stephenson**, Chair of the GMC, spoke about “The GMC as a 21st Century Patient Safety Organisation”; and **Dr Julian Archer**, Senior Clinical Lecturer in Medical Education, Plymouth University Peninsula Schools of Medicine & Dentistry, shared results of the interim report from the UMbRELLA project and discussed the Revalidation experience so far across the four home nations. **Chris Lubbe**, a former bodyguard, closed the conference with inspirational tales of lessons learned from Nelson Mandela.

This year we ran a programme of 8 different workshops which were delivered and repeated over the two days. A little over 800 delegates attended the joint event, from which around 140 participants (30 Primary Care, 110 Secondary Care) took part in the Medical Appraisal workshops.

The workshops were:

* Recognition of Trainer (RoT) processes on SOAR
* How to manage concerns about appraisees
* How does CPD fit with appraisal?
* When things go wrong
* Values Based Reflective Practice (VBRP)
* Knowing me, knowing you
* Understanding why things go wrong in healthcare by understanding why they usually go right
* Effective Listening

The workshop feedback was generally very positive. Many attendees valued the opportunity to network with other colleagues both in and outwith their particular sector and specialty. The interactive aspect of the workshops was also very well received by delegates. Judging from the comments, the workshops enabled a lot of attendees to reflect on their practice and implement new ideas learnt from their colleagues.

*“Excellent run through of instances of things that go wrong for doctors, process of escalation when reported to GMC and the place for appraisal in remediation. Useful practical points of how to get appraisee to reflect on difficulties and how to work towards a remedy”
Feedback from workshop “When things go wrong”*

*“Good overview of concerns experienced about appraisees and when to seek help from Appraisal Lead (could have done with more time as only a couple of topics were covered)”
Feedback from workshop “How to manage concerns about appraisees”*

*“I would have liked to attend many more of the workshops and was spoilt for choice! I am both an appraiser and a trainer and it has encouraged me to attend annually to get the update of knowledge I require.”*

We also ran a drop-in stall manned by Kris Wright and Alistair Bryan, allowing delegates to ask any questions or provide any suggestions with regards to SOAR. This was well attended and feedback was very positive, and we hope to run a similar stall next time.

### SAVE THE DATE!

Next year’s conference will be held on Thursday 4 and Friday 5 May 2017 – make sure you pop these dates in your calendar!

## Support for Appraisal Leads and ROs

Due to reduced capacity within the team, we were only able to organise one Joint Appraisal Leads meeting in 2015/2016. This took place prior to the joint annual conference on 5th May 2016 at the EICC.

14 of our Primary and Secondary Care Appraisal Leads attended the meeting and a number of items were discussed, including:

* The GMC Evaluation Project for Revalidation and Appraisal
* Review of HIS Report
* Appraiser capacity and Training courses
* Recognition of Trainers
* MSF

With Harry Peat now in post as the Training Manager for Medical Appraisal, we will be looking to return to the 6-monthly meetings ASAP.

## National Appraisal Administrators Meeting

The annual National Appraisal Admins meeting (with Primary and Secondary colleagues) was also held on 5th May 2016 at the EICC as part of the pre-conference meetings. The meeting was attended by 20 Local Administration team members, plus 5 NES staff.

Prior to the meeting, an updates report was sought from the local admins, from which several highlights were discussed.

The main discussion focused on the issue of New Appraisers recruitment, and the number of appraisals expected of the appraisers. 102 New Appraisers were trained in 2015/2016, with 78 attending our Refresher training. In Primary Care, GP Appraisers are asked to undertake circa 22 appraisals per session; Secondary Care Appraisers are expected to undertake circa 10 appraisals – as recommended by the Scottish Government.

From the Medical Appraisal team’s point of view, our role is to train and support the Appraisers. We will do all we can to maintain our support, but clearly it is the health boards’ responsibility to manage their appraisal / appraiser workforce.

Given the theme of the discussion topics, a workshop (adapted from the Appraiser training course) was arranged for the administrators to give them a better understanding of how the Appraiser courses are run, and a flavour of what participants do at the training courses. This was well received and workshops for Local Admins will be considered for future meetings.

## Team Members update

For the second year running, we have enjoyed sustained support for SOAR users following the successful contracts renewal of **Alistair Bryan** and **Kris Wright** to the posts of Information Technicians for a further year, meaning their invaluable contribution to supporting SOAR and Medical Appraisal will continue.

Following Ian Staples’ departure last year, **Harry Peat** was appointed to the role of **Training Manager (Medical Appraisal)** in February 2016. Harry joins us from his previous role as Quality Improvement Manager (NES) and is no stranger to working with our medical colleagues. His arrival coincides with the beginning of the second Revalidation cycle and we look forward to an exciting new chapter ahead.

**Alexandra (Aly) Clydesdale** joined the team as Admin Assistant on a short term contract in March 2016. Aly has been doing invaluable work interrogating the appraiser tracker database to help with forward planning of course provision, and has been a big help in supporting the training courses, and SOAR users on the helpdesk.

# Plans for 2016/2017

## Course Delivery and promotion

Since taking up the post of Training Manager for Medical Appraisal at the beginning of February 2016 I have been very impressed with the quality of the current New Appraiser and Refresher Training courses that the team organises and delivers.

These courses are one of the cornerstones that support the Medical Appraisal and Revalidation processes across Scotland and their delivery is only possible through the dedicated and professional approaches of administrative staff, tutors, Appraisal Leads, and, of course, participants, who wish to take up the important role of being a Medical Appraiser.

The team have a schedule of courses that currently runs through to June 2017 and details of these can be found at <http://www.appraisal.nes.scot.nhs.uk/events.aspx>

One of the exciting challenges in the coming year is to review course delivery to date, to factor in new courses in order to meet the demand for new appraisers, and also to ensure that previously trained appraisers are provided with the opportunity to obtain Refresher Training on a periodic basis.

To support this, I have started introducing a series of new processes to assist the review and development work that I believe all recognised mature teams and services should undertake in order to maintain and evolve their services and product delivery to ensure that it remains current and valid for its wider customer base and operating environment.

## Process Mapping, Continuous Improvement, and efficiency

The team has started work to document its course delivery processes using a range of recognised Process Mapping techniques.

This work is ongoing and has already proved to be very insightful in terms of visually documenting our current procedures, the various stages and requirements involved, and how relationships with our internal and external stakeholders are utilised to successfully deliver a training course.

This work also provides the foundation for further possible quality improvement work aimed at sustaining delivery of fit-for-purpose products that meet expectations and requirements, whilst also striving for efficiency within the budgetary constraints that the team and our related stakeholders are required to operate within.

## Course Validation and Governance

To support and deliver fit-for-purpose courses, a new governance process is being introduced to enable periodic review of course delivery, feedback from course participants and tutors, and any other relevant developments or requirements such as changes to SOAR that could affect future courses and/or their content.

The new Course Validation and Review (CVR) Group will document its meetings together with any agreed changes to course content or delivery that are deemed necessary as a result of their review activities. In doing so this will deliver a documented and transparent process to support our delivery of courses appropriate for our operating environment and any emergent demands that it produces.

## Health Improvement Scotland Partnership

It is clear that both the Medical Appraisal Team and Health Improvement Scotland have mutual interests in the delivery of appraisals across Scotland.

Initial discussions have proved very positive and concluded that there is a potential synergy to improve the quality assurance of medical appraisal, which we believe can be achieved through closer links and cross-fertilisation and sharing of data between the relevant teams in each organisation. Further work to develop this will take place during the remainder of 2016.

## Responsible Officers Event - 26th October 2016

Following the successful Responsible Officer Event held in 2015, another Event has been scheduled for 2016, to be held at the Golden Jubilee Conference Hotel on Wednesday 26th October 2016.

The Chief Medical Officer, Dr Catherine Calderwood, will be attending the Event, along with senior personnel from Scottish Government Health Department and arrangements are, at the time of writing, at an advanced stage. Further details will be available to potential attendees shortly.

## Refresher Training

It is only fitting that I recognise the years of excellent work and effort from all involved that has gone before in creating, implementing, and subsequently enhancing the training delivery products to their current position.

Since inception the Medical Appraisal team has delivered training to in excess of 1200 course participants, the vast majority of whom are still active appraisers in either Primary or Secondary Care. Many have attended Refresher Training subsequent to their initial training as an appraiser. However, it is also a fair observation to note that practice varies across Scotland as to when, or if, an appraiser needs to undertake a Refresher Training course.

Over the remainder of 2016 I will be undertaking a data validation exercise with staff in each of the Territorial Boards to establish which NES trained appraisers are still active in that role. From that starting point I will then be able to triangulate this revised Pan-Scotland cohort with our own training database to establish when each individual last undertook a NES Appraiser training course.

Borrowing from the five-year Revalidation principle introduced by the GMC, I am proposing that we create a similar five-year cycle for appraisers to undertake Refresher Training. This would start in 2017 and, based on the current information of a gross number of appraisers, 2017 will be a “Big Bang” year in that it will target all appraisers trained in or before 2012 who are still active in the appraiser role. Subsequent years of the cycle, 2018 through to 2021, are projected to require a level of Refresher Training not too dissimilar to the volume of courses within the current training course schedule.

This work is a major undertaking but I believe that the time is right to introduce this Training Model in order to enhance governance and currency of training within the appraiser cohort.

## Tutor Development

Courses can only be successfully delivered with the support, enthusiasm, energy, and dedication of the Tutor Cohort that the Medical Appraisal Team have at their disposal.

Currently numbering in excess of 40, comprising both Primary and Secondary Care clinicians, this group participate in courses throughout the year with an average commitment of around a week spread over a series of one day or two day courses.

With the proposals regarding Refresher Training for 2017 and beyond, the possible commitment levels may need to increase, dependant on individual’s clinical and personal commitments.

I am keen to have more active engagement with this valuable cohort and am currently exploring possibilities around regional events for Tutors where we can engage, discuss, challenge, and debate all things relevant to Medical Appraisal.

More details to the tutor cohort will follow during 2016.

## Engagement with the wider Appraisal community across Scotland

From feedback before and during the recent NES Medical Conference at the Edinburgh International Conference Centre held in early May 2016, it is clear that we need to improve on the current levels of engagement and communication with Medical Appraisal Leads, Appraisal Administration Leads, and others with a mutual interest in Medical Appraisal.

Earlier in this report I have alluded to recent interaction with Health Improvement Scotland, and I am happy to consider other requests and dialogue aimed at enhancing the current products and their delivery processes. If you wish to contact me regarding this, my e-mail is shown at the end of this section of the Report.

## Acknowledgement

My transition into the role of Training Manager could not have been possible without the hard work, support, patience, and knowledge that my new team regularly demonstrate, and have extended to me over the last four months. We are working in a challenging and changing environment and our workload is not without its difficulties at times.

That said, I believe we have a unity of purpose to deliver the best training events that we can, and with the proposed changes outlined in this section of the report there is no reason not to believe that these can be further enhanced with the support of our network of stakeholders.

If you have any comments or feedback on the content of this Report, then please do not hesitate to contact me.

**Harry Peat***Training Manager, Medical Appraisal Team*

Harry.peat@nes.scot.nhs.uk

# Q&A with New Appraisers

## Becoming a Medical Appraiser

In short interviews with **Dr Niall Cameron,** National Appraisal Adviser, **Dr Swapna Gambhir** and **Dr Ian Arnott** reflect on the recent Appraiser training course they attended (N27 - 18 & 26 May 2016), discuss what influenced them to become Appraisers, and how they feel could be supported going forward.

Dr Ian Arnott is a Consultant Gastroenterologist based in the Western General Hospital in NHS Lothian.

Dr Swapna Gambhir is a Consultant Anaesthetist based in Hairmyres Hospital in NHS Lanarkshire.

URL to video: <https://vimeo.com/173337373>

#### Transcript of interview

Dr Niall Cameron: It’s very good of you taking the time to come in this afternoon so I am very grateful for that, and we were keen to talk to you because obviously you’ve just very recently completed the New Appraiser Training course. So first of all, I was keen to ask you, what were your motivations for applying and attending the course?

*Dr Swapna Gambhir: Ok, so it was mainly to support my colleagues in order to maintain good quality of care and to improve their practice, to reflect on their practice, and also to ensure that their practice is keeping in line with the GMC’s good medical practice.*

*But one of the important motivations was an extension of my current roles. So over the past five years I have been working as College Tutor for the Royal College of Anaesthetists and I have been involved in supporting and appraising trainees through their training, and this is kind of an extension of that role and would allow me to extend the support in the appraisal process into their future as consultants.*

*Dr Ian Arnott: I was motivated by a very widely divergent experience of appraisals in recent years. A couple of years ago I had a really positive experience in appraisal that had led to very useful changes to my work plan, and was a very positive experience. Subsequently I had a further appraisal that really did not address the issues of the day as it were, and I was motivated to become an Appraiser because I thought I could deliver the former rather than the latter.*

Niall: And obviously you’ve recently completed the New Appraiser Training Course. I am also interested in your reflections on the course, the style and content of the course.

*Swapna: The course was very good and very helpful, it encourages you to focus on the skill set that is required of an appraiser and to think about the techniques which will help you to support your colleagues, so yes, definitely.*

*Ian: Yeah, that’s an interesting question. I was maybe a little sceptical when I arrived at the course on the first day. But I actually came away with a very positive feeling, particularly in the attitude towards appraisal, and what appraisal can deliver for doctors in Scotland if it’s done properly.*

Niall: And were there any particular aspects of the course that you particularly enjoyed or that you found challenging?

*Swapna: Yes, surprisingly and ironically the thing that I found to be most helpful was the thing I was most worried about before I came on the course. I was told by a few of my colleagues, and when I looked at the pre-course material, it mentioned that there is a lot of role play and videoing, and I was a bit concerned about that because I felt it was a bit artificial, and being under the spotlight doesn’t allow your natural behaviour to flourish. But at the end of the course, I thought that was the best part; it enabled me to go from a starting point of ‘I hope to be an Appraiser’ to an end point of ‘I believe I can be an Appraiser’. So really, that was the best part.*
*Ian: Well, I think I particularly valued the small group working. And really for the reason that gave me the opportunity to discuss maybe the more difficult issues, the more difficult issues that might come up during an appraisal with not only your peers, but with a tutor in as far as someone who’s more experienced in appraisal, so I think those were valuable sessions.*

Niall: I am interested that some are put off by the idea of small group work and the roleplaying, but you didn’t find that?

*Ian: I think people often do have a sort of negative attitude to roleplaying. but actually it’s done in a very constructive manner. It’s very supportive, and there’s lots of discussion and interaction around that that’s very valuable, so it’s not just the value of the roleplay but also the discussion and the interaction around it.*

Niall: And how did you feel working with colleagues from other specialties?

*Swapna: I thought it was really helpful. I thought it was helpful on the day because I met I think about 2 or 3 people from my own specialty and everybody else was a specialty other than mine, and that was really good because it gave me a different perspective on practices, on approach to appraisals, on how their job plan is structured, objectives and personal developments. So it was a good way to broaden my horizons on the day, but going forward as well, I think this could be a great positive to be an Appraiser from another speciality both from the Appraiser and Appraisee point of view. As an Appraiser, I get to learn and support them in an unbiased way, a clean sheet, and for an Appraisee to have an appraisal with an Appraiser who doesn’t have preconceived notions about the job or who doesn’t have a background, I think it can be a very enriching experience.*

*Ian: Yeah, I liked that, I thought that it gave you a broader appreciation of what other people do around - so Secondary Care from my point of view - and I thought it illustrated very nicely the challenges that we were under on a day-to-day basis were actually common to every other specialty that I came across during the course.*

Niall: And as you embark on your role of Appraiser, have you thought about any particular support that you might need going forward?

*Swapna: Yeah, so you know obviously with any new role it’s a steep learning curve, so I’m expecting the first few appraisals to be a decent amount of preparation for me, and I’m looking forward to it because that’s the way I’m going to improve in my role.*

*I’m quite lucky in that I have a couple of colleagues in my department who have been Appraisers for a long time and are very experienced and have offered their support. The local Appraisal Lead is helpful, approachable and accessible. I think what could help perhaps is that we have a system where we have a mentor or a buddy, where there is somebody to approach if you run into trouble or if you have a challenging situation.*

*Ian: I think it would be useful to discuss appraisals with a peer, obviously in a confidential fashion, once I’ve maybe done 5 or 6 or 10, and to use that opportunity to reflect on the appraisal experience and how it could be, how things may have been done better, things I maybe would change in future.*

Niall: Ok, thank you very much for coming in and taking the time to do that, very appreciated!

*Swapna: My pleasure, thanks.*

# SOARing through 2015/2016 and beyond



## Supporting SOAR Users

To support users following the successful deployment of the SOAR Redesign project last summer, we organised a series of weekly live SOAR demos via WebEx (online conference tool), running from August to December 2015. The demos allowed us to demonstrate the appraisal process on SOAR, the new features introduced, and giving the participants an indication of what is expected of the Appraiser and Appraisee. It also gave the participants an opportunity to ask us questions as we went through the live demos.

Out of the 17 sessions organised, we had 61 bookings (averaging 3.6 participants per session), but disappointingly only 34 people ended up attending (averaging 2 people per demo). Due to the low uptake on the WebEx sessions, we reviewed the situation and opted to offer two live demos every two months, starting from February 2016. We will be reviewing to see if this frequency will maximise our capacity better.

Perhaps the reduction in SOAR demo participants can be attributed to the success of the SOAR redesign itself. Despite some early struggles, the overall feedback on the redesign has been very positive, especially around the improved usability and clarity offered by the new timeline feature, showing what the Appraisee needs to do at what stage of the appraisal. This is certainly reflected in the helpdesk numbers where we have resolved 7460 queries[[1]](#footnote-1) this fiscal year (averaging 31 tickets per day) – 24% less than last year.

Of the 7460 queries we dealt with, 24% came from Primary Care users, 39% from Secondary Care, 8% from Administrators, 19% from Trainee users (Trainees, Educational Supervisors, TPDs, etc) and Deanery support teams. 10% of the queries were from other users, including Directors of Medical Education (DMEs) and Educational Organisations (EOs) with Recognition of Trainer queries, and MSF raters who are not SOAR users (Pharmacists, Receptionists, GP Practice Managers, etc).

Please review the graphical version of the annual report for chart breakdown.

Despite the lower number of queries, 2015/2016 has been a very busy year for SOAR with the introduction of some key new functions.

## SOAR Redesign

As part of the SOAR redesign, a new timeline feature was introduced when, for any open appraisals, a timeline appears highlighting what has been actioned, what’s not, and where the appraisal is at. Additionally, we also introduced a CPD log feature for all users, which replaced the spreadsheet previously used.

Both these features were very well received and a lot of further suggestions were made.

All SOAR development work is based on user feedback, so we will collate all suggestions and consider them all in our project planning phases.

## Recognition of Trainers on SOAR

The Recognition of Trainer (RoT) form was launched last July, intended for all Secondary Care Trainers who are in a “named-trainer” role to complete. (These are identified via data imported from “Turas”, the NES Training Management system). We amended the form in November so this was enabled for Non-approved GP Trainers in a named-trainer role as well. (Approved GP Trainers are NOT required to complete the RoT form.)

Guidance for GPs and RoT is explained via flowchart as Appendix C, also available for download at: <http://www.appraisal.nes.scot.nhs.uk/media/315384/Flow-Chart-GPs-and-Recognition-of-Trainers-v01.pdf>

Further to this, we also built the mechanisms necessary to allow the Directors of Medical Education (DMEs) and Educational Organisations (EOs) to use SOAR to make the Recognition decisions.

This particular function was not in the original project scope and with the tight timescale involved, only the basic core functions were built to enable the Recognition processes. Further development to support RoT processes in Year 2 onwards has since been planned, with building work and deployment scheduled for early 2016/2017.

### RoT Process

The RoT process itself is a self-declaration process. The Trainer completes the RoT form as part of their appraisal process; and the Appraiser is simply asked to verify the submitted supporting information and document the discussion accordingly on Form 4 – just the same as with any other aspects of the appraisal process.

Once Form 4 is signed off, the appraisal is considered to be completed and a Form 7 is automatically generated, which contains the RoT information ONLY from Forms 3 and 4. The DMEs and EOs have no access to Form 4, only the RoT information on Form 7; and the Recognition decisions are made based on Form 7s.

Depending on how the Trainer completes their RoT form, Form 7 will be placed in “Ready”, “Partial Ready” or “Not Ready” lists (or “Not Appraised”). The DMEs will review the different lists and make a recommendation against the Form 7s; and the EOs will review the DMEs’ recommendations and make the final Recognition decision then.

Once the EOs make their decision, the Trainer will then be considered “Recognised”.

For further guidance please visit the Scottish Trainer Framework website: [www.scottishtrainerframework.org](http://www.scottishtrainerframework.org)

## Merging of Primary and Secondary Care Appraisal Forms 3 & 4

The online appraisal forms on SOAR for Primary and Secondary Care were introduced at different times and development of both had been kept separate. As more functions were added to SOAR to meet the needs of Appraisal, Revalidation, and more recently Recognition of Trainers, it was evident there was a lot of duplication to make the functions work for both Primary and Secondary Care.

In an effort to reduce potential cost (and time) of future development work, it was agreed with the Revalidation Delivery Board Scotland to merge Forms 3 and 4 on SOAR so that all doctors are using the same set of forms for appraisal, irrespective of Primary or Secondary Care. Forms 1 and 2 will remain different to highlight the different background information.

Work for this was completed and successfully deployed in March 2016.

## Changes to Trainee Revalidation Dashboard

Due to internal changes within NES, development work was carried out on SOAR to enable those responsible to revalidate trainees by Specialty Training Boards (previously it was by Deanery regions). This allowed for those going through revalidation to be revalidated by someone more familiar with the trainees’ work and circumstance.

### Trainee Revalidation process

The Trainees’ Revalidation process is similar to that of a consultant or GP. The Trainee is expected to complete their annual self-declarations on Health, Probity, Complaints and Work History; this is to be discussed, reviewed and signed off by the Trainees’ Educational Supervisor. The self-declarations form part of the ARCP review process.

If the Trainee is due for Revalidation, their Training Programme Director (TPD) will be asked to make a suggested outcome to support the revalidation decision. After which, the RO (or proxy ROs) will login to make the Revalidation decision on SOAR based on the information provided. This gets sent to GMC Connect and once verified, SOAR will be updated accordingly via automated processes.

## Reporting Tools on SOAR

Historically, all reports on SOAR had to be built individually by the developers, and as the complexity of the system and data grows with each new feature built, so have the reports and requirements for the reports themselves.

As part of the redesign project, we upgraded our web host server setup to give us capacity to create SOAR reports in-house. This is intended to give us greater flexibility and control over reporting of SOAR data. The SOAR support team underwent training sessions, and with the support of NES Digital colleagues we are now in a position to provide any additional reports not on SOAR on an ad hoc basis. The next step is to make these reports available on SOAR and we are aiming to achieve this in 2016/2017.

### MSF on SOAR

MSF continues to be supported on SOAR via WASP Software following last year’s renewal. As most (if not all) doctors in Scotland have now completed the first cycle of Revalidation, we have negotiated a reduced renewal fee with WASP to continue the provision of MSF on SOAR for a further year.

We will continue to explore different options for maintaining MSF support on SOAR after March 2017.

## Other developments

### PEN Testing

SOAR underwent its scheduled “Pen” testing in February 2016. “Penetration” testing is the practice of testing a computer system, network or web application to find vulnerabilities that an attacker could exploit. There were no high level items found in this year’s testing, only a couple of medium and low level advisory items, which were all addressed and resolved as part of our ongoing commitment to ensure SOAR continues to be a safe and secure environment for our users.

### Service Level Agreement with Developers

With Recognition of Trainers still a process in its infancy, we envisage changes will be required as time progresses. With this and other possible projects on the horizon, we negotiated an improved Service Level Agreement (SLA) with our developers to give us greater flexibility should changes to any aspects of SOAR be required (from minor bug fixes, or text changes, to more complex functional amendments).

### GP CPD Connect

Last year we reported the possibility of SOAR being linked to a new NES IT system called “GP CPD Connect”. This project went live in March 2016 and the links between these two systems are now in place. Users of GP CPD Connect simply log in to the system, search and attend any courses required, document their reflection/learning, and with one click the information is sent to SOAR without the need to re-enter the information.

Early feedback from GP users has been positive and we continue to monitor and learn from this collaboration project as we look to engage in similar projects in the future.

## Future projects and Impacts

### Recognition of Trainers – Supporting Year 2 processes

A number of amendments and additions are required on SOAR to support ongoing Recognition of Trainer processes. Part of the changes will include:

* New simplified RoT form
* Using Trainers’ “Revalidation due date” as next “Recognition due date”
* Improving DME and EO functions
* Improve data sharing between SOAR and Turas
* Expand Form 7 access to Appraisers and Appraisees

The new changes will be deployed in two phases, scheduled for mid-May and mid-July 2017.

### MSF - beyond 2017?

Funding and resources have NOT been committed beyond March 2017, but we will be exploring all options and hope to make an announcement once decisions have been formalised.

### SOAR Helpdesk

The SOAR Helpdesk software will be changing in 2016/2017. The current software licence (Zendesk) will not be renewed beyond March 2017 and plans are in place to move to a new helpdesk support (ServiceNow) before then.

From a user’s point of view, there is no change or impact on them. All SOAR queries should continue to be sent to SOAR@nes.scot.nhs.uk and they will be picked up and actioned as per normal.

### SOAR team moving to NES Digital

We reported last year that the SOAR team would move to the NES Digital directorate last June. Due to HR complications this did not materialise. This is now planned for 2016/2017, but this internal NES restructuring will not impact on SOAR users or the level of support we provide.

The move will see the SOAR support team, consisting of Information Manager (William Liu) and 2x Information Technicians (Kris Wright and Alistair Bryan), moving out of the Medical directorate and into the new NES Digital directorate.

The idea is to put all the IT minded/skilled personnel into one centrally organised and managed directorate to improve efficiency and resource. As some of you might be aware, the previous NES training management programme was rewritten successfully into a new system called Turas. The plan going forward is to pull all NES IT systems onto the same Digital Platform to improve system interaction and collaboration, more akin to a one-system approach.

SOAR is not scheduled to be written onto the NES Digital Platform until 2017/2018.

From a service and user point of view, similar to the SOAR helpdesk change, there should be no impact on our service as we will still be providing the same service as before.

# Medical Appraisal and SOAR Team Contact Details

## Contact us

The Medical Appraisal Team is located at 102 Westport, West Port, Edinburgh EH3 9DN

Our contact details can be found on Medical Appraisal Scotland: [www.appraisal.nes.scot.nhs.uk](http://www.appraisal.nes.scot.nhs.uk)

For all general queries, please email SOAR@nes.scot.nhs.uk

## Who we are

**Dr Niall Cameron***National Appraisal Adviser (PT)*

Niall is responsible for the strategic direction of the work of the Medical Appraisal Team and the development and quality assurance of the Appraisal Scheme. He works closely with Harry Peat, Training Manager. He represents NES at a number of key stakeholder meetings including the Scottish Revalidation Delivery Board and is lead for NES in the UMbRELLA project. He has extensive experience of Medical Appraisal as an Appraiser, Appraisal Lead, GP and Trainer.

**Harry Peat***Training Manager (Medical Appraisal) (FT)*

Harry, who joined the Medical Appraisal team on 1st February 2016, has worked within the Medical Directorate for approximately 10 years and has held the posts of Hospital Training Manager and latterly Quality Improvement Manager. With approximately 4 and a half years in this role Harry has extensive experience of dealing with the GMC in relation to the delivery of Postgraduate Medical Education and is looking forward to broadening this experience with work in the fields of Appraisal and Revalidation.

**Marjorie McArthur***Medical Appraisal Scheme Manager (FT)*

Marjorie was responsible for the operational management of the scheme. This included development of policies and procedures, organisation of recruitment and training, and financial management.

NB: In August 2016, Marjorie is leaving NES after more than a decade’s service to the Medical Appraisal team. We wish her a happy and well deserved retirement!

**Joyce McCrae***Administrator(FT)*

Joyce is responsible for providing full-time administrative support to the Medical Appraisal Team, including processing all applications for Appraiser training and allocating applicants to training courses; organising and supporting training courses; notifying participants (and Medical Directors, Appraisal Leads and Local Admins) of the outcomes; and answering health board queries about NES-trained appraisers.

**William Liu***Information Manager (FT)*

William’s main responsibilities revolve around the maintenance of and further improvements to SOAR (Scottish Online Appraisal Resource); as well as supporting all users (doctors and administrators) in using the system. He also provides an array of ICT support within the Appraisal team at various events and projects.

Also known as “Grandpa”, William’s background is predominantly in ICT (Information Communications Technology), having graduated from University of Paisley in 2000, PgDip in ICT with Web Technologies. Prior to joining NES in 2007, William worked in the voluntary sector in Midlothian for the best part of 6 years, providing ICT support to local community groups and services.

**Alistair Bryan***Information Technicians (FT)*

Alistair (along with Kris) is responsible for providing SOAR user support on the helpdesk to doctors and administrators alike, and user training via BT WebEx.

Alistair’s background is in ICT having graduated from the Open University in 2008. Prior to joining the SOAR team he worked as a Network Technician in NES.

 **Kris Wright***Information Technicians (FT)*

Kris (along with Alistair) is responsible for providing SOAR user support on the helpdesk to doctors and administrators alike, and user training via BT WebEx.

Kris came to us from the film industry, bringing with him a wealth of experience in video and cinematography. Along with his experience as a tutor in complicated IT software, Kris and Alistair’s skillset complement each other really well and they have formed a strong support team since May 2014.

# Farewells and Welcomes

As we enter 2016/2017, we note a number of significant changes in local Health Boards taking place. We’d like to thank the following for their contributions and support to Appraisal and Revalidation in Scotland.

### Farewell and Thank You…

|  |  |
| --- | --- |
| **Name** | **Role / Health Board** |
| Sheena MacDonald | Responsible Officer (NHS Borders) |
| Richard Coleman | Secondary Care Appraisal Lead (NHS Grampian) |
| Gordon Birnie | Secondary Care Appraisal Lead (NHS Fife) |
| Craig Brown | Primary Care Appraisal Lead (NHS Dumfries & Galloway) |
| Ian Staples | Project Team Manager (Medical Appraisal - NES) |
|  |  |

### …Hello and Welcome!

|  |  |
| --- | --- |
| **Name** | **Role / Health Board** |
| Andrew Murray | Responsible Officer (NHS Borders) |
| Janice Provan | Secondary Care Appraisal Lead (NHS Grampian) |
| Michal Szygula | Secondary Care Appraisal Lead (NHS Grampian) |
| Edward Dunstan | Secondary Care Appraisal Lead (NHS Fife) |
| Harry Peat | Training Manager (Medical Appraisal - NES) |
|  |  |

# Acknowledgements

2015/2016 has been a significant and busy year for Medical Appraisal, but we didn’t do it all by ourselves.

We would like to thank the **GMC** for their continued support in linking SOAR to the GMC Connect system.

We would also like to thank **all the Responsible Officers, Appraisal Leads, and all the Administration teams** for your continued patience and support of SOAR and the Medical Appraisal team. Your contributions have not gone unnoticed and we are grateful for your help.

Similarly, our thanks and gratitude also to **Professor William Reid and all the Deanery regional teams** for their continuing support with Trainees on SOAR.

We are particularly grateful for the support offered by **Jayne Scott** (RoT Project Manager), **Claire MacRae** (RoT Project Advisor), **Dr Ronald MacVicar** (Post Graduate Dean) and **Dr David Bruce** (Associate PG Dean) in shaping up the Recognition of Trainer development on SOAR.

If we have missed anyone, for example the **development team at Tactuum** for their professionalism and hard work during the complex and difficult projects – our sincerest apologies. Please understand that we value all of your support, including the contributions of **Douglas Park** and **Gemma Cornall** from the NES Design team, who designed this very report; and other colleaguesfrom **NES Digital** for their continued support and expertise.

*Thank you everyone!*

# Appendices

### A: Appraisees and Appraisers counts from SOAR (using “User Search” function on SOAR)

(Data taken on 24th May 2016)

|  |  |  |
| --- | --- | --- |
| **NHS Scotland Health Board** | **Primary Care (GP)** | **Secondary Care** |
| **Appraisees** | **Appraisers** | **Avg Appraisees per Appraiser allocation** | **Appraisees** | **Appraisers** | **Avg Appraisees per Appraiser allocation** |
| Argyll & Bute | 124 (-2) | 6  | 21.67  |  |  |  |
| Ayrshire & Arran | 343 (-1) | 14 (+2) | 24.5  | 450 (+17) | 58 (-2) | 7.76 (+0.5) |
| Borders \* | 128 (-2) | 26\* (28) (+3) | 4.92\* (4.57)  | 144 (+4) | 21  | 6.86 (+0.1) |
| Dumfries & Galloway | 161 (-1) | 9 (-2) | 17.89  | 201 (-46) | 21 (-4) | 9.57 (-0.3) |
| Fife | 308 (+5) | 14  | 22  | 391 (+28) | 57 (+3) | 6.86 (+0.1) |
| Forth Valley | 291 (+9) | 10 (+1) | 29.1  | 303 (-23) | 44 (+12) | 6.89 (+0.2) |
| Golden Jubilee |  |  |  | 117 (+12) | 19 (+1) | 6.16 (+0.5) |
| Grampian | 593 (-15) | 14 (-4) | 42.35  | 724 (+24) | 115 (+2) | 6.30 (-0.1) |
| Greater Glasgow & Clyde | 1182 (+20) | 35 (+1) | 33.77  | 2038 (+40) | 452 (+4) | 4.51  |
| Highland | 345 (-9) | 15 (+2) | 23  | 343 (+7) | 77 (-10) | 4.45 (+0.5) |
| Lanarkshire | 496 (+24) | 26  | 19.08  | 628 (+24) | 61 (-3) | 10.30 (+0.8) |
| Lothian | 970 (+25) | 36 (+1) | 26.94  | 1546 (+96) | 267 (-5) | 5.79 (+0.5) |
| NSS \*\*\* | *Not included last year* | 38 | 10 | 3.8 |
| Orkney \*\* | 35 (+1) | 4\* (11) (-1) | 8.75\* (3.18)  | 31 (-1) | 13 (+1) | 2.38 (-0.3) |
| Shetland \*\* | 30 (-2) | 2\* (7)  | 15\* (4.29)  | 18  | 6 (+1) | 3 (-0.6) |
| Tayside | 440 (+3) | 18  | 24.44  | 600 (-2) | 92 (-10) | 6.2 (+0.3) |
| The State Hospital |  |  |  | 15 (+1) | 6 (+1) | 2.5 (0.3) |
| Western Isles \*\* | 42 (-1) | 3\* (5) (-4) | 14\* (8.4)  | 19 (+3) | 2 (-1) | 9.5 (4.2) |
| **Total** | **5488** (-52) | **237**  | **23.66** (+0.66) | **7606** (+444) | **1321** (-45) | **5.76** (+0.5) |

\* Although NHS Borders had 28 GP Appraisers listed on SOAR, only 26 are assigned. Most are NHS Lothian Appraisers helping out, with only 1 or 2 appraisees each.
\*\* Similarly with NHS Orkney, Shetland and Western Isles, although there were a greater number of appraisers assigned, not all of them are active and are on standby.

\*\*\* NSS Appraisers also appraise doctors in NHS Health Scotland, the Scottish Government and HIS - the average per appraiser is much nearer double the stated figures.

 decrease from last year; increase from last year; no change from last year

### B: Appraisal counts from SOAR – interview dates set between 1st April 2015 and 31st March 2016

(Data taken on 24th May 2016 – 7 weeks after end of fiscal year)

|  |  |  |
| --- | --- | --- |
| **Territorial Scottish Health Board** | **Primary Care (GP) Appraisals** | **Secondary Care Appraisals** |
| **Scheduled** | **5A** | **Completed****(inc 5A)** | **Completion rate (%)** | **Scheduled** | **5A** | **Completed****(inc 5A)** | **Completion rate (%)** |
| Argyll & Bute \* | 106 | 0 | 97 | 92 (+1) |  |  |  |  |
| Ayrshire & Arran | 344 | 7 | 341 | 99  | 417 | 16 | 391 | 94 (-4) |
| Borders | 121 | 2 | 117 | 97 (-3) | 116 | 0 | 107 | 92 (-1) |
| Dumfries & Galloway | 160 | 0 | 159 | 99 (-1) | 127 | 0 | 120 | 94 (-1) |
| Fife | 287 | 5 | 285 | 99  | 311 | 10 | 297 | 95 (-3) |
| Forth Valley | 268 | 3 | 261 | 97 (-2) | 279 | 1 | 275 | 99 (+1) |
| Golden Jubilee |  |  |  |  | 105 | 0 | 101 | 96 (+6) |
| Grampian | 604 | 43 | 597 | 99  | 695 | 49 | 663 | 95 (-1) |
| Greater Glasgow & Clyde | 1046 | 0 | 1033 | 99  | 1851 | 0 | 1785 | 96 (+1) |
| Highland | 330 | 8 | 327 | 99 | 293 | 2 | 271 | 92 (-1) |
| Lanarkshire | 422 | 17 | 417 | 99  | 571 | 19 | 554 | 97 (-1) |
| Lothian | 904 | 18 | 898 | 99  | 1223 | 25 | 1167 | 95  |
| NSS | *Not included last year* | 39 | 0 | 37 | 95 |
| Orkney | 33 | 1 | 30 | 90 (-10) | 17 | 0 | 14 | 82 (-9) |
| Shetland | 26 | 1 | 25 | 96  | 14 | 1 | 13 | 93 (+1) |
| Tayside | 436 | 18 | 436 | 100 (+1) | 463 | 0 | 443 | 96 (-2) |
| The State Hospital |  |  |  |  | 13 | 0 | 12 | 92 (-8) |
| Western Isles | 40 | 1 | 40 | 100 (+3) | 11 | 0 | 11 | 100 (+12) |

\* For the purposes of Appraisal only, GPs in Argyll & Bute have been set up separately from those in NHS Highland. This does not apply to Secondary Care consultants under NHS Argyll & Bute, whose appraisals are managed under NHS Highland.

 decrease from last year; increase from last year; no change from last year

### C: GPs and Recognition of Trainers (RoT)

**You require to be recognised for this role and to complete the RoT forms**

Yes

Are you in a named trainer role for Foundation Doctors in General Practice, or GP Specialty Trainees in the Out of Hours?

[www.scottishtrainerframework.org/clinical-supervisors](http://www.scottishtrainerframework.org/clinical-supervisors)

Yes

No

No

Yes

***You do not require to complete RoT forms***

***You do not require to complete RoT forms
(you are already approved)***

Do you have any formal supervision role for GPSTs or Foundation Doctors other than that of a “Supervising Clinician”?

[www.scottishtrainerframework.org/educational-role/supervising-clinicians](http://www.scottishtrainerframework.org/educational-role/supervising-clinicians)

**Are you an Approved GP Trainer?**

1. Figures taken from Zendesk support system [↑](#footnote-ref-1)