



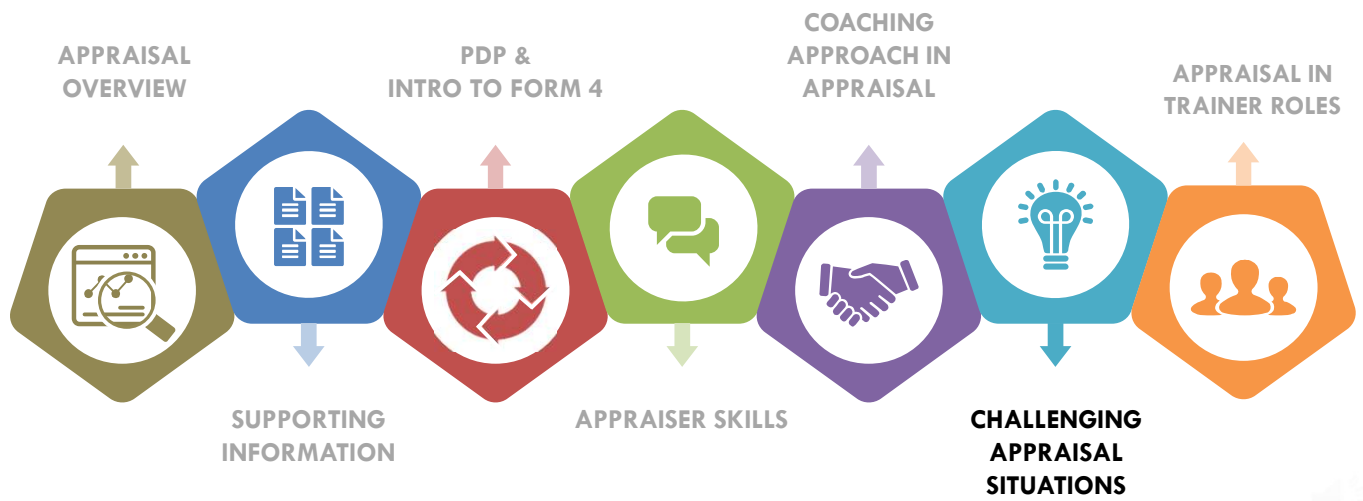
[Audio transcription of module 6]

# Challenging Appraisal Situations

## Module 06

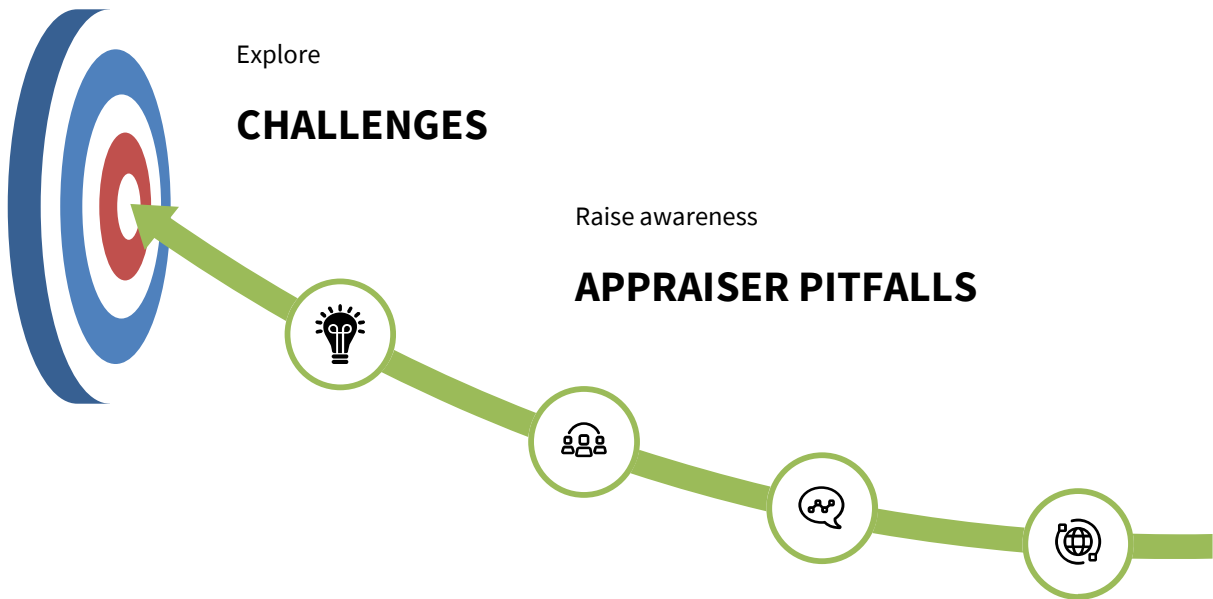
Welcome to Module 6 of the Medical Appraisal Scotland, New Appraiser Training. This module explores what challenging appraisal situations may look like, and ways you can manage them.





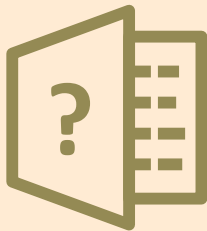
As a prerequisite for attending the NES New Appraiser training, potential participants are asked to complete a series of online modules in preparation for the large and small group discussions.

## Aims of module



The aim of this module is to explore what you may find challenging as an appraiser and look at options for dealing with these situations. We will also look to raise your awareness of potential pitfalls that you may encounter as an appraiser.

Consider...



What's a "challenging" appraisal discussion to you?

Habits / default approaches to appraisal?

*Use provided workbook*

As you work through this module, please use the workbook provided to record your thoughts on the following:

What appraisal situations would you **personally** find challenging? and how you would deal with them?

Also, reflect on some 'default approaches' you may have that **could** affect an appraisal, and how you might prevent that from happening.

This will feed into the small and large group discussions at the appraiser training course.



## Doctor (appraisee) issues

Let us start by looking at things related to the doctor that may make an appraisal challenging.

## Doctor (appraisee) issues

- **Preparation**
  - Too much vs too little
  - Supporting information vs reflections
- **Attitude**
  - Arrogant/cynical
  - Dependent/disengaged
- **Special (rare) cases**
  - Poor performance
  - Conduct issues
  - Illness
  - Whistleblowing

**VERY UNLIKELY TO  
ENCOUNTER**

Image 8784417 from pixabay.com

There are a variety of issues that could arise in **different** situations.

In your appraisal preparation, you may find the level of supporting information and reflection variable; and you will encounter some variation in quality and quantity. You may also encounter appraisees who don't want to have an appraisal and whose behaviour you may find challenging as a result.

There are also more serious cases such as poor performing doctors or, conduct issues.

Most appraisers are **unlikely** to encounter these and be assured that if they do arise, there is already a process in place to deal with them.

Try to focus on the situations rather than the appraisees themselves.

## Preparations

- Check early (no room for surprises)
- Identify potential areas of difficulty
- Understand the possible causes
- Develop strategies



Image 1228627 from pixabay.com

As with **any** potentially challenging situation, preparation is key. Going through the appraisee submission prior to the appraisal meeting will identify any areas where you may have concerns. It is important to try and understand the background to these areas, and it is also helpful to develop strategies for dealing with these situations in advance. Identifying possible areas of concerns prior to the appraisal will help both you **and** your appraisee.





## Strategies

- Pre-appraisal contact
  - *Missing info*
  - *Agenda setting*
- Planning for next appraisal
- Discuss reasons for their behaviour
  - *from a position of curiosity*
- Seek advice from Appraisal Lead
  - *prior to or after appraisal*

Image 1228627 from pixabay.com

If you read through your appraisee's supporting information and reflections, you have an opportunity to contact them before the scheduled meeting and ask for more information to be included if the submission is limited, or if anything is unclear. You can also ask them what they would like to focus on in the discussion as part of the agenda setting if they have submitted a lot of documents for you to review.

You may also want to discuss with them - as part of the appraisal - how to choose the most appropriate evidence for the next appraisal. This will help the appraisee to focus their submissions more optimally which you or the next appraiser will benefit from.

You may want to explore challenging behaviours by trying to understand why someone is displaying it, or you may want to discuss the effect it has on you both.

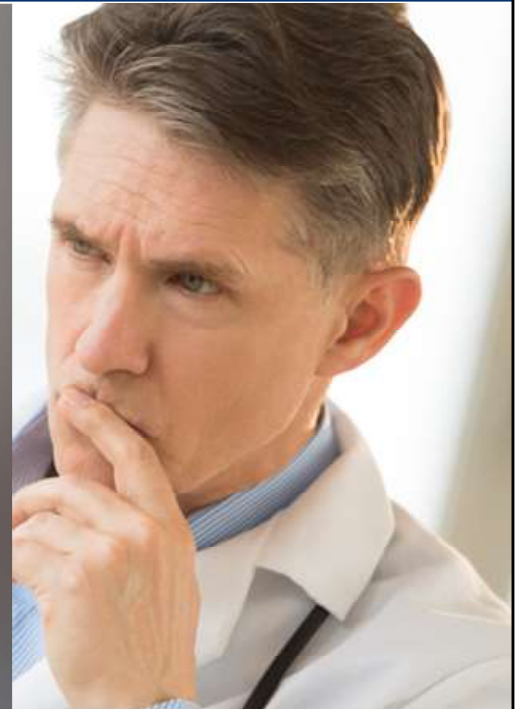
If you are unsure or have concerns, your Appraisal Lead is there to support you and provide the necessary guidance. You can also contact them after the appraisal meeting if something else came up that you were not expecting.

## Dealing with concerns

- **Not** appraiser's role to deal with them

---

- Be able to identify them
- Make judgement about seriousness
- Know where to seek advice / signpost
- Summarise concerns accurately
- Include actions in PDP
- *Know when to stop an appraisal*



This Photo by Unknown Author is licensed under CC BY-NC-ND

It is important to remember that it is not your role as an appraiser to directly deal with most concerns. Your role is in identifying the concerns and considering how serious they are, and in turn consider what support you might need to deal with the situation.

Make sure that the Form 4, and where relevant the PDP, include the discussion of concerns and any actions the appraisee has agreed to take as a result.

In very rare circumstances, you may have cause to stop an appraisal...



This Photo by Unknown Author is licensed under CC BY-NC-ND

## Suspending an appraisal

- Very rare
- Importance of confidentiality
- Concerns threatening patient safety
- Appraisee seriously distressed
- Under influence of drugs/alcohol
- Appraisee need informed if concern remains

In most situations where a concern is raised, it is more sensible to use the appraisal discussion to explore issues in more depth, rather than to stop the discussion.

Don't forget, at the start of any appraisal meeting, you should be discussing with your appraisee the confidentiality statements and points of escalation, should any discussions highlight potential patient safety issues.

Scenarios where you might consider stopping an appraisal might involve previously unknown issues threatening patient safety; or if the appraisee appears **seriously** distressed or depressed, or if they appear to be under the influence of drugs or alcohol.

If you still feel concerned by the end of the appraisal, to the point where you wish to take further advice from your Appraisal Lead or Responsible Officer, you must make this clear to the appraisee your intentions; otherwise It is not fair to the doctor to think everything is fine and then to get a phone call from their Medical Director's office.

## Postpone the appraisal?

- Conflicts of interest
- Poor / Inadequate supporting information
- Late submission / no time to prepare
- No PDP from last year's appraisal
- Unsuitable venue or lack of protected time
- **Pre-empt** by identifying issues early
- Make contact

If in doubt... ask.

Image 2617701 from pixabay.com

We've discussed when one might potentially stop an appraisal meeting, but when might you postpone or delay an appraisal?

If there's any potential conflicts of interest, perhaps you know the appraisee well socially or if you used to work closely together, then requesting a different appraiser is the best option. You will need to liaise with your health board admin team or the Appraisal Lead in the first instance.

Other reasons for considering postponement might include a lack of or illegible documentation in the appraisee's submission; or perhaps a lack of understanding of, respect for, or engagement **with** the appraisal and revalidation process.

As the appraiser, you need to make a professional judgment about whether it is appropriate to go ahead with the meeting or not. It might be the appraisee simply needs more time to prepare. Many issues can be pre-empted by a timely telephone conversation or e-mail/text.

You should not be afraid to postpone if the doctor has not engaged with the process. It is not the appraiser's job to chase up the doctor – that would set up the wrong relationship from the start. Conversely you should not be afraid to go ahead with the meeting if you feel that it is the only possible way to resolve potential issues face-to-face – the appraisal may well be an educational opportunity for the doctor.

If in doubt...ask!

## Your considerations

- **Are patients at risk?**
- Should the appraisal continue?
- What action are you going to take?
- How can you signpost clearly the next steps to the doctor?
- How will you write up the Form 4?

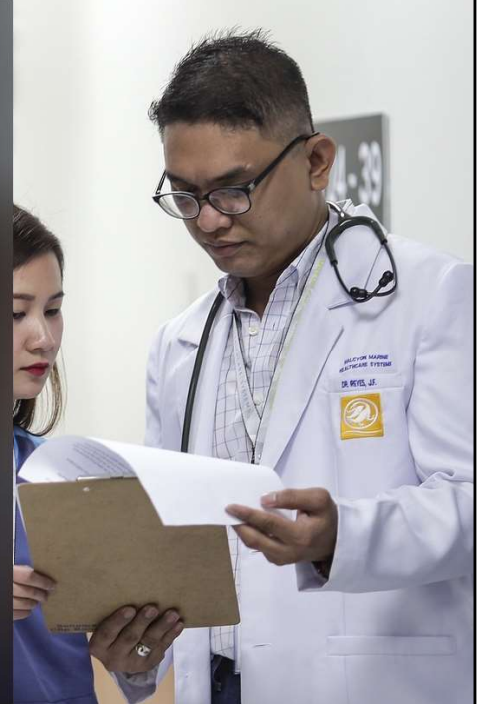


Image 3579026 from pixabay.com

In any challenging situations, the first consideration needs to be any potential risk to patients, before deciding whether or not to proceed with the appraisal.

Sometimes it is appropriate for the appraisal to continue but you need to consider carefully how the appraisal summary is written-up and what subsequent actions you will take.

Make sure the appraisee is aware of this. As part of the appraisal meeting, it is good practice to discuss things you feel you need to include in the Form 4.



## The reality

- **Most appraisals are straightforward**
- Challenging appraisals usually involve more than one issue
- Governance processes in place already
- Being an appraiser is a privilege but not always easy
- No perfect answers
- Seek guidance from Appraisal Leads



Image 3541 from nhsscotlandphotolibrary.org

In practical terms - actually - most appraisals you will experience are straightforward and will **not** involve any concerns.

The reality **can** be a complex affair as doctors do not conform to stereotypes (unless they are choosing to play a single role)

When you encounter difficult appraisal situations, more often than not it will involve more than one issue, usually a mixture of attitudes and behaviours.

For example, you might encounter a high-flying doctor who produced too much meticulously organised paperwork, but then reveals that it is all fuelled by alcohol as a stress reliever.

As an appraiser you are in a unique position to help people. On occasions you may also be the person to identify concerns. This should be the **exception** - because usually other governance processes would have picked up these concerns; and a process to deal with them is likely to be ongoing.

Being an appraiser is a privilege but it is not always easy. There can be numerous different possible ways to deal with any singular concern - and there are no perfect answers. Through time and experience, you will develop your own ways of managing this in a way that works best for you.

Remember to focus on the situation and not the appraisee.

More crucially, remember that there is always support available for you from the local appraisal team.



## Appraiser issues

And what about the appraiser? How might **your** actions influence the appraisal and affect the appraisee?

## Who are you?

The people pleaser

The rescuer

The head teacher

The perfectionist

The judge

The doctor

The elder statesman

The task oriented

The diffident

The money oriented

The over-involved/colluder

Image 8296929 from pixabay.com

We all have our defaults and in appraisals, these potential pitfalls can sometimes turn into traps. Take a look at this list and see if you recognise any of them in yourself...

Are you the judge or head teacher who expects too much of the appraisee, above and beyond the appraisal and revalidation requirements? Or are you the task-oriented people pleaser who ticks the boxes for their appraisees? Or are you the nurturing mother who colludes with their appraisees by being over involved? Are you the Mr Fix It of appraisal who rescues their appraisees, easily tempted to provide solutions, thereby potentially disempowering the doctor?

Take a moment and reflect on what other temptations you might have; and how you would avoid falling into these traps in an appraisal.



## Being self-aware

- Acknowledge personal stumbling blocks exist
- Recognition leads to change
- Rehearse strategies within support networks
- Reflect and discuss (do not disclose specifics)



Image 184 from nhsscotlandphotolibrary.org

Irrespective of the character traits you have, the most important thing is to be aware of them. Self-awareness allows you to recognise when you are falling into a specific way of acting or reacting, which then allows you to make a conscious choice to change your approach, rather than hinder you from delivering an effective appraisal.

It is useful to rehearse some strategies you may want to adopt in a supported environment, like an appraiser network meeting in your local health board. This is a good way of providing mutual support and practicing dealing with situations before they arise. NES also provides Refresher Appraiser courses and workshops for experienced appraisers, giving them a platform to share discussions with those outwith their area.

If you **have** dealt with an appraisal situation which you found challenging, you may also want to talk this through and reflect with your Appraisal Lead or fellow appraisers to gain further insights; share how you dealt with them and discuss what you might do differently if a similar situation arose in the future... but do remember to keep the specifics of the appraisal confidential.

You can also consider completing the appraiser reflective template from the Medical Appraisal Scotland website as part of your own appraisal submission.

## Before each appraisal...

### Be self-aware

What are my personal pitfalls?

How should I avoid them?

### Be doctor-aware

What issues of preparation or attitude might I have to challenge here?

If there are no apparent issues, how can I add value to this appraisal?

Reflecting and being aware of any potential appraiser and appraisee issues prior to every appraisal will help you add value to the appraisal, which will be appreciated by the doctor.

## Serious concerns

- Suspending an appraisal due to serious concerns is not new...
- ... but it is **exceptionally** rare.
- Know where to get help



Image 6750023 from nhsscotlandphotolibrary.org

Uncovering a serious concern at appraisal is a common source of anxiety but it **rarely** happens. It is incredibly rare for serious concerns to arise during the appraisal where the appraiser needs to take off the proverbial appraiser hat and move into other processes. However, knowing what local processes are in place and the relevant contact details can reduce that anxiety.

## Points of escalation

- Appraisal leadership and support
  - Appraisal Lead(s) | Responsible Officer
  - Appraisal policy | Occupational health
  - Poor performance | Whistle-blowing
- What does your designated body advise?
- What does your royal college or faculty advise?
- How does this link to revalidation?
- Any other issues?

Image 6750023 from nhsscotlandphotolibrary.org

Be familiar with local processes and protocols in your Health Board that are relevant for you or your appraisees' specialty.

Your first port of call for escalating concerns from an appraisal should be through your local Appraisal Lead or Responsible Officer... Do you know who they are? Do you know who your health board appraisal admin colleagues are? Does the concern impact the appraisee's ability to revalidate? What does the royal college or faculty say in this area?

The better informed you are, the better prepared you will be.

## Review video...



<https://www.appraisal.nes.scot.nhs.uk/s/videora/hwb/>

10 minutes video

Take notes

We will now show you a 10-minute simulated appraisal video. Please take some notes as you watch it and we will ask you for your reflections thereafter.

You can visit the Medical Appraisal Scotland website to re-watch this at your leisure, where you will find some additional notes about the video.



<https://www.appraisal.nes.scot.nhs.uk/s/videora/hwb/>

Review video...



<https://www.appraisal.nes.scot.nhs.uk/s/videora/hwb/>

Was appraisee supported?

What might you do differently?

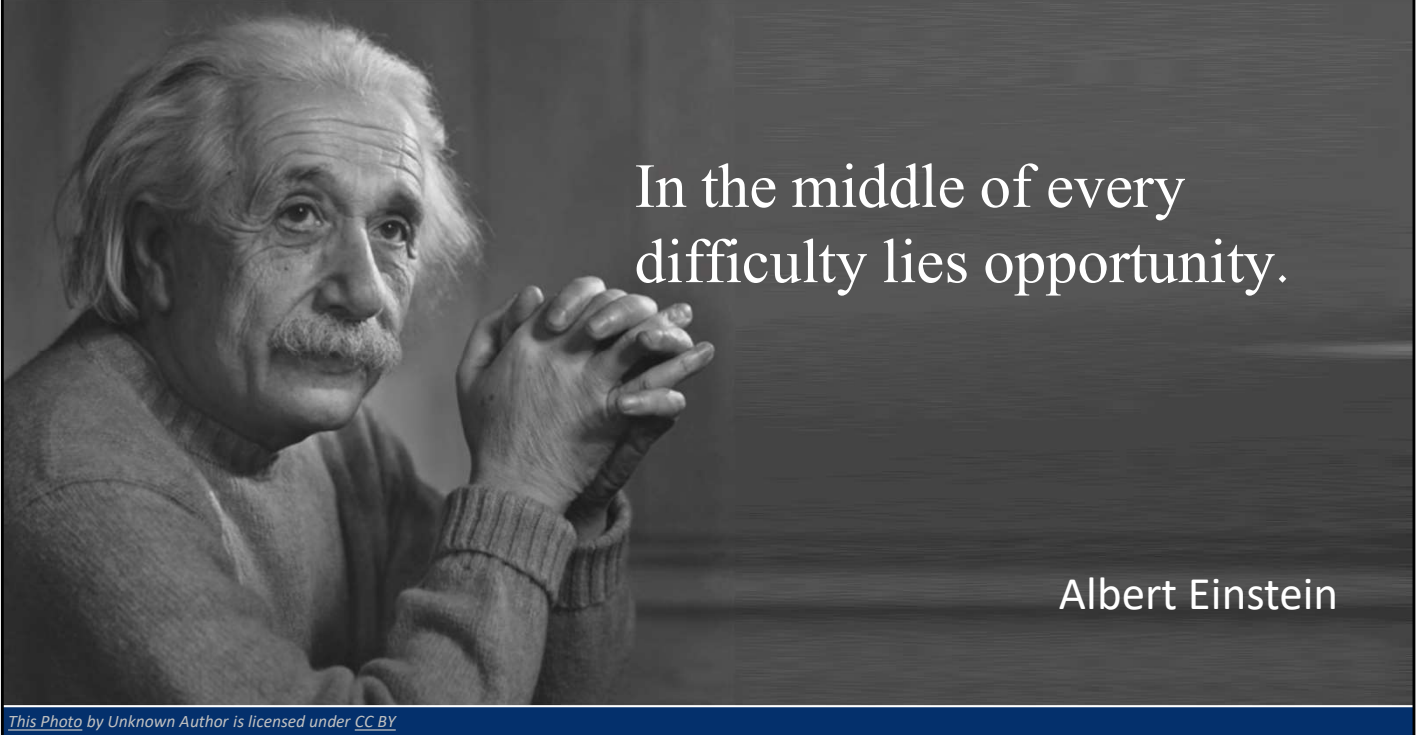
Would you stop the appraisal?

Patient safety concerns?

*Use provided workbook*

In the provided workbook, please consider the following:

Do you think the appraisee is supported by the appraiser? Would you do anything differently if you were the appraiser? What other resources might you consider signposting? Would you pause the appraisal? Why? Is the doctor's current situation a cause for concern with regards to patient safety?



We hope you found this module useful and that you are more confident if faced with a challenging appraisal situation.





## Interested in becoming an appraiser?

- Complete other modules
- Submit application  
– cc *Appraisal Lead*
- Training place allocation

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/>

Image: Free for Canva users

If you are planning to attend the New Appraiser training and this is supported by your employing health board's Appraisal Lead, please complete the other modules from the Medical Appraisal Scotland website. When you are ready, send in your training course application form and remember to copy in your Appraisal Lead. We will be in touch from there.

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/>

This resource may be made available, in full or summary form, in alternative formats and community languages.  
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how  
we can best meet your requirements.



NHS Education for Scotland  
Westport 102  
West Port  
Edinburgh  
EH3 9DN  
[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

© NHS Education for Scotland 2017. You can copy or reproduce the information in this resource for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.

[End of module 6]

Audio by:

**Eilidh Henderson** | Senior Officer | Medical Appraisal

**Stacey Lucas** | Administration Officer | Medical Appraisal