Improving SAS appraisal: a guide for employers

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NHS Employers

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Introduction

Effective annual appraisal is the cornerstone of medical revalidation. Doctors need to be able to discuss and reflect on their practice and performance during their appraisal to demonstrate that they are keeping up to date and are fit to practise. This is key for patient safety[1] – improved appraisal makes good doctors better, and leads to improved patient care.

The England Organisational Readiness Self Assessment (ORSA) return in March 2012 indicated that only 53.5 per cent of specialty and associate specialist (SAS) and staff grade doctors had been appraised in 2011 – 2012. This was an improvement from the March 2011 ORSA return, which indicated that only 35.6 per cent of this group of doctors had been appraised in 2010 – 2011[2]. Appraisal rates for trust doctors are similarly low.

These results suggested that there may have been unidentified barriers to appraisal for SAS and trust doctors.

It is vital that all SAS and trust doctors are appraised. In addition, the specialty doctor and new associate specialist contracts make appraisal a core requirement. Incremental pay progression depends on a doctor having participated satisfactorily in the appraisal process in accordance with the General Medical Council's (GMC) requirements set out in *Good medical practice* [3].

In January 2013 the GMC, the British Medical Association (BMA), the NHS Revalidation Support Team (RST) and NHS Employers held four workshops across England for SAS doctors and their representatives, to identify the barriers to appraisal and to seek views on ways they could be overcome.

A number of common views emerged from the workshops, including a perception that a lack of parity for SAS doctors and a hierarchical appraisal culture within organisations has contributed to the relatively low appraisal rates we see today. There were calls for increased awareness across the SAS community of what is required for medical revalidation and a recognition that SAS doctors need to be more actively engaged.

[1] See for example, Borril C, West M (2003), Effective Human Resource Management and Lower Patient Mortality, Aston Business School
[2] http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/pdfs/orsa/orsa2012/ORSA201112reportFINAL.pdf
[3] http://www.gmc-uk.org/guidance/good_medical_practice.asp

About this guide

This guide aims to support employers to ensure that their SAS employees are able to engage fully with the appraisal process. It is based on many of the common concerns expressed by SAS doctors in our workshops, and includes practical advice based on feedback, ideas and experience from SAS doctors themselves. It also sets out the steps that employers can take to acknowledge and develop SAS doctors' skills. The principles apply equally to trust doctors[4].

The role and purpose of appraisal

In order to revalidate, all doctors with a licence to practise in the UK must participate in an annual appraisal process with *Good medical practice* as its focus. Appraisal must cover all of a doctor's medical practice, and be signed off by both doctor and appraiser. Doctors must also have demonstrated, through appraisal, that they have reflected on the information they have gathered to evidence their practice as outlined in the GMC's guidance *Supporting information for appraisal and revalidation*[5]. Requirements for the first cycle are more straightforward and are set out in the GMC's guidance *How doctors can meet the GMC's requirements for revalidation in the first cycle April 2012*[6]. The quality of Responsible Officer medical revalidation recommendations to the GMC will be directly impacted by the quality of medical appraisal and the information that supports it.

Who can be an appraiser?

It is a commonly held belief that medical appraisers must be consultants. However, the RST carried out an appraisal pilot of SAS doctors, which showed a very positive experience of appraisal when SAS doctors were appraised by their peers, and that this could help overcome apprehension of SAS doctors about the process. Training SAS doctors to appraise other doctors can be beneficial. It may also increase the number of available appraisers and increase flexibility of appraisal programmes.

When a SAS doctor becomes a trained appraiser it may be necessary to conduct a job plan review to ensure that the role is planned into their agreed work schedules.

Barriers and facilitators to appraisal

The table on page 4 contains a summary of the perceived barriers to appraisal that were identified by SAS doctors during our workshops in January 2013, and the facilitators that were suggested to overcome them.

[4] For the purpose of this guide, the term SAS doctor will be used to refer to a group of doctors employed by trusts including those on the SAS contract, trust doctors employed on locally managed contracts and junior doctors employed outside of deanery managed training programmes as Locum for Service (LAS) appointees.

[5] http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

[6] http://www.gmc-uk.org/static/documents/content/Meeting_our_requirements_in_the_first_cycle.pdf

Perceived barriers to SAS doctor appraisal	Suggested facilitators for SAS doctor appraisal
• SAS doctors are not always known to HR or medical staffing, particularly new starters. • There is significant variation in the terminology used to indicate the grade of the doctor.	• Ensure there is an accurate database of all doctors, which uses consistent terminology so that appraisal needs can be easily identified.
• Lack of communication from trusts to SAS doctors. • SAS doctors do not always use trust email, or can be part-time doctors (2 to 4 PAs per week).	• Ensure email addresses are up to date and that NHS compliant emails are in use. • Consider whether other means of communication, including interpersonal contacts, might deliver improved outcomes. • Ensure appraisal documentation is readily available and communicated to new and existing SAS doctors in an appropriate manner. • Good mentorship. • Appraisal introduced at mandatory induction.
• Too few appraisers. • An inability to choose your appraiser. • Consultant-led appraisal may create barriers and be seen as an exercise in control.	• Reflect on how to optimise the number of available appraisers, including increasing the number of SAS doctors trained as appraisers. • Consider establishing departmental targets and check they are achieved. • Encourage Responsible Officers to adapt local policies to permit this. • Ensure local policies do not only reference consultants as appraisers. • Review job plans for newly trained appraisers to ensure they have sufficient SPA time to carry out appraisals. • Review whether the current approach to pairing appraisers with appraisees is as flexible, appropriate and efficient as it could be. • Ensure process is in place to allow a change of appraiser where there is an agreed conflict of interest or an appearance of bias between appraiser and appraisee. • Consider the value of a change of appraiser within a doctor's revalidation cycle.

Perceived barriers to SAS doctor appraisal	Suggested facilitators for SAS doctor appraisal
• History of poor quality appraisals has led to a lack of confidence in the appraisal process.	• Properly train all appraisers. • Consider how best to quality assure the process of appraisal, including through appraisee feedback after each appraisal. • If an appraiser is poor, retrain or remove them. Put in place an appraisal complaints process.
• There is a lack of Supporting Professional Activity (SPA) time, or SPAs are lost at short notice in order to provide Direct Clinical Care (DCC). • Study leave is not used. • Doctors who are trained as appraisers do not have their job plans reviewed and no time / insufficient time is built into the job plan for carrying out appraisals.	• Review SAS doctors' job plans (see *A UK guide to job planning for SAS doctors*[7]) and ensure sufficient SPA time is included. • Agree a trust policy for reprogramming SPA time that is lost at short notice. • If a doctor has just completed their appraisal training, this should trigger a job plan review. • Ensure that everyone understands the difference between ongoing management responsibilities, appraisal and job planning.
• Hierarchical culture - SAS doctors are seen as a 'non-training' grade. • There is a lack of recognition that SAS doctors require training and development opportunities. • SAS doctor appraisals are done after consultant appraisals, reinforcing the hierarchy.	• Acknowledge and develop SAS doctor skills for the longer term. Meaningful personal development planning and appraisal are essential for medical revalidation, and will reinforce SAS doctors' position as senior clinicians. • Strive for a single robust appraisal system for all, which supports doctors in collecting and sharing the supporting information they need. • Dynamic organisational commitment to governance, constructive challenge and accountability for revalidation will underpin and enhance the quality of appraisal.
• SAS doctors fail to engage in the appraisal process.	• Apply the appraisal process to every doctor every year. • Remind doctors of the need to engage in appraisal for the quality of patient care, for their own development and for medical revalidation.

[7] http://www.nhsemployers.org/Aboutus/Publications/Pages/job-planning-for-specialists.aspx

Perceived barriers to SAS doctor appraisal	Suggested facilitators for SAS doctor appraisal
	• Remind non-engagers that appraisal is a regulatory requirement as well as a contractual obligation linked to pay progression and that missing appraisals can lead to disciplinary action. • Failure to participate in appraisal can also lead to removal of a doctor's licence to practise following a recommendation by the Responsible Officer to the GMC of 'Failure to engage'.
• Fear and anxiety about appraisal and revalidation process. • A reluctance to admit you don't know how to carry out a procedure and a fear of being 'found out' • A perception that the revalidation 'bar' is set very high.	• Engage SAS doctors in an appraisal steering group during development and review of the appraisal process. • Running appraisal workshops / SAS support groups to develop an open learning culture (not SAS and consultants separately) can help increase awareness and buy-in.
• Employers are not following up cancelled appraisals throughout year. • Appraisals are not properly recorded.	• Dedicated appraisal resource and commitment from the organisation. • Appoint a medical appraisal lead. • Track and record all medical appraisals. • Make recording easy by creating templates and making those readily accessible.

Supporting information

At annual appraisal for revalidation, the GMC expects doctors to provide and discuss six types of supporting information as evidence of their medical practice. They are:

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

Doctors must collect supporting information that is relevant to the whole scope and nature of their work, and which builds to a comprehensive portfolio.

Several challenges in collecting supporting information were identified in our workshops. These include:

- SAS doctors may not be encouraged or be able to attend team meetings, mortality and morbidity meetings, etc
- A lack of time and resources, including study leave and SPA time. Purchase of certain CPD e-learning packages for a whole organisation may be negotiated for about the same price as sending several doctors on a course. Such products can be used by staff at a time to suit.
- SAS doctors may not be in the management structure and so may not receive information about the breadth of clinical governance information relevant to their practice
- SAS doctors may not have access to systems for collating portfolios
- Not all doctors may be accustomed to reflecting overtly on their practice.

There are a number of suggested solutions that employers can put in place to help doctors to collect supporting information. These include:

- Encourage SAS doctor participation in clinical governance and QI activity, team meetings, mortality and morbidity meetings, etc
- Develop a policy to ensure lost SPA time is 'banked'
- Make sure all those involved receive direct feedback from compliments, complaints and Serious Untoward Incidents (SUIs)
- Deliver parity of access to effective systems and support for collating portfolios
- Encourage reflection on practice, including running workshops on reflecting on practice and how to record learning from that reflection.

SAS doctors will not always have individualised outcomes information. If this is the case, supporting information on team outcomes should be used and the doctor should reflect on what the team information means for them as an individual. The doctor's reflection on the information is as important as the supporting information itself. It is best practice to reflect and record throughout the year on a real time basis, rather than just before the appraisal discussion.

Innovative ideas for collecting supporting information

Continuing professional development

Employers can support and encourage doctors to:

- Find time to reflect following course attendance
- Shadow other centres in their specialty – opportunistic learning in the work place may in some case be cheaper and of more practical relevance than attending a course
- Use peer-to-peer learning and reflective notes on learning
- Use college tools and templates for reflective activities
- Use smartphones / tablets / apps to record and reflect at the time - but be wary of contracts that may allow providers to copy and use stored information.
- Help nurses with nurse-led clinics. Document through 360 feedback, or write personal reflections on how they helped a nurse to develop their own skills.
- Get involved in a carers group / self help group / community group / chronic care group

Quality improvement activity

Employers can support and encourage doctors to:

- Fill in a personal logbook 12 months of the year and reflect on activity, both positive and negative
- Reflect on outcomes of multi-disciplinary team meetings
- Attend audit meetings, share cases and discuss mistakes made
- Carry out rapid safety audits, which is a small focused audit over a short period. For example:
  - Decide a simple question they want to audit, e.g. "How many of these ten babies were on a certain food supplement?"
  - Answer the question then and there by looking at case notes
  - Document the results
  - Talk to other colleagues, e.g. trainees, about it
  - Document any change in practice
- Use voice recognition software to record and upload to appraisal portfolio
- Set up a "Specialty club" - peer support across the specialty for SAS doctors
- Reflect on mortality and morbidity.

Significant events

Employers can:

- ensure SAS doctors have access to information about any SUIs relevant to their practice

Employers can support and encourage doctors to:

- include reflection on things that did not go so well - not only SUIs - and on things that did go well to derive learning
- ensure that things that did not go so well are documented by a concerned person (nurse/administrator etc). Clinical governance incident forms only pick up what was reported.

Feedback from colleagues and patients
• Usually collected using standard questionnaires that comply with GMC guidance • The sources of feedback must reflect the whole scope of the doctors practice
Review of complaints and compliments
Employers can: • ensure outcomes from adverse incidents / compliments reach the doctor concerned • inform a colleague by email when they hear patient complaints or compliments about them. The email can be saved as supporting information. Employers can support and encourage doctors to: • reflect on complaints and act on their reflections. These can be departmental / trust wide, not personalised to individuals. Can be systemic issues, especially if they involve 'harm'. • reflect on an event that they think was not that successful, e.g. a patient consultation, even if the patient did not actually complain. • use anonymised letters from patients / referral letters from GPs • use rate-your-doctor interactive tablets.

Case studies

Delegates at our January workshops heard examples of good practice from trusts whose SAS employees have successfully engaged with the appraisal process. These include:

Gloucestershire Hospitals NHS Foundation Trust, which has fostered a culture of appraisal and achieved a 97 per cent SAS doctor appraisal rate.

London Deanery's Frontier Project, which was set up to support SAS doctors and dentists in their continuing delivery of high quality healthcare and enable them to achieve personal career fulfilment.

Maidstone and Tunbridge Wells NHS Trust, where the funding of a SAS tutor post has raised the profile of SAS doctors.

The full case studies are available in our shared learning web pages at **www.nhsemployers.org/medicalworkforce**

Top ten actions to help SAS doctors engage with the appraisal process

Top ten employer actions:
1. Ensure there is an accurate database of all doctors, using agreed and limited designations of grade 2. Communicate with SAS doctors, including through Responsible Officers, about appraisal expectations, process and requirements 3. Appoint and train SAS appraisers and ensure they have sufficient SPA time to appraise 4. Create a policy for protecting SPA time 5. Conduct annual job plan reviews (or more frequently if role changes) 6. Encourage reflection - work with the local deanery to provide workshops on reflective writing etc 7. Monitor SAS doctor appraisal quality and rates. Respond positively if quality is in doubt, and actively engage with those who do not participate 8. Appoint a SAS tutor / SAS appraisal lead 9. Encourage SAS doctors' participation in governance meetings 10. Ensure SAS doctors receive feedback from clinical governance issues relevant to their practice and that the information provided to support doctors' medical appraisal demonstrates their own individual contributions and performance, as far as possible.

Top ten SAS doctor actions:
1. Embrace a positive appraisal culture 2. Make/take opportunities to integrate locally 3. Provide constructive feedback on the appraisal experience 4. Prepare for appraisal in a professional and timely way 5. Understand professional and regulatory obligations 6. Engage actively – knowing the appraiser's expectations in advance will be conducive to a productive appraisal 7. Take responsibility and initiative for own appraisal 8. Undertake and record personal reflections and other information to support own appraisal, especially related to team-based activities 9. Pursue learning and professional development opportunities through peer contact activities 10. Participate in, and record, activities such as CPD, QI and audit, in keeping with GMC's medical revalidation guidance. Encourage reflection - work with the local deanery to provide workshops on reflective writing etc

NHS Employers

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation

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www.nhsemployers.org
enquiries@nhsemployers.org

@nhsemployers
NHS Employers
www.youtube.com/nhsemployers

NHS Employers
4th Floor, 50 Broadway
London
SW1H 0DB

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

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