

**School of Health and Related Research  
University of Sheffield**

**Appraisal for GPs**

**Executive Summary**

**Background**

Late in 2000 the School of Health and Related Research at the University of Sheffield (SchARR) was commissioned by the Department of Health to produce guidance for the NHS on appraisal for GPs and proposals for its implementation. The guidance is now available as a substantial report. It is based on research conducted by SchARR to secure the views of professional and managerial bodies, NHS organisations, and individuals with a keen interest in appraisal for GPs. The guidance also reflects the accumulated lessons of designing and implementing appraisal systems in other settings.

This guidance has been produced against a backdrop of significant policy developments:

- *Supporting Doctors and Protecting Patients* (1999), which proposed that all doctors employed in or under contract to the NHS should undergo annual appraisal
- the *NHS Plan*, which confirmed that participation in annual appraisal for doctors would be a condition of contract from 2001
- the General Medical Council's proposals for mandatory five yearly revalidation of doctors
- the establishment of Primary Care Trusts.

SchARR concludes that there are significant potential benefits for GPs participating in well designed and managed appraisal schemes. These include opportunities to negotiate relative priorities amongst competing demands, to influence resource allocation and health authority/PCT policy, to receive support and objective advice on practice issues and personal development and to improve professional practice and satisfaction.

There should also be benefits for other key stakeholders - patients, the NHS and the GMC. Patients should have greater confidence that their GP is adequately supported, professionally up to date and delivering high quality care. The NHS should be more confident that GPs are clear about what is expected of them in providing primary care services, and are adequately supported and developed to continue improving patient care. The GMC should be more confident that GPs

are regularly reflecting upon their work and taking steps to ensure they remain fit to practice, and that they are gathering information to support their revalidation

The guidance deals with the definition and practice of appraisal and its connection to other processes in the NHS, and draws upon lessons from history and other settings to inform the development and implementation of a model for GPs.

This summary conveys the main points which ScHARR recommends Primary Care Trusts and Health Authorities should consider when developing local arrangements for GP appraisal. It draws together the summaries which are presented at the beginning of each chapter of the main report.

### **Definitions and linkages**

- Appraisal is a long established concept and remains one of the most basic of organisational processes.
- The history of appraisal indicates a continuing shift of emphasis from performance assessment to performance development, and the NHS is following this trend.
- Appraisal is underdeveloped in general practice and there is some confusion about its purpose and linkages to other processes.
- ScHARR offers a definition of appraisal as a positive, developmental, employer-led, two-way, action-oriented process, primarily directed at quality improvement.
- Appraisal and revalidation (which is primarily a quality *assurance* process) are very different but should be linked for the sake of economy of effort, with the GMC's *Good Medical Practice* as common ground.
- Appraisal is not primarily about poor performance but about improving performance right across the spectrum from the best to the worst.

### **Lessons of history**

- Successful appraisal depends upon commitment from the whole organisation.
- It is essential to be clear about the purpose of appraisal and not to expect it to carry too many different agendas.
- Staff and line managers should be involved in designing and implementing the overall appraisal approach, which should be based upon general principles of good practice but tailored to local circumstances.

- Training for those involved, both as appraisers and appraisees, and committing protected time to the process, are key success factors.
- The appraisal discussion itself is crucial, and it is essential to plan for it and handle it systematically and skilfully as a two way process with agreed outcomes to be pursued by the appraisee and appraiser.
- It is difficult to achieve openness and honesty in appraisal, and thus to realise its potential benefits, in an organisation that has a 'blame culture'.

### **A model for GP appraisal**

- No example of locally comprehensive employer-led GP appraisal is available for emulation, and this chapter offers a model.
- In most cases Health Authorities carry the formal responsibility for appraisal, but they should delegate its management to PCTs as soon as possible and then continue to satisfy themselves that a satisfactory process is in place.
- ScHARR suggests a senior individual should be identified to design and manage the appraisal process on behalf of the Chief Executive and Board.
- The scheme should be designed in consultation with the profession locally.
- Clear guidance should be produced which describes the local scheme and sets out the responsibilities of the HA or PCT Chief Executive, the lead manager for appraisal, appraisers, GPs themselves and others.
- The scheme should provide for the appraisal of all GPs on at least an annual basis.
- Appraisers should be GPs, recruited from different roles and settings, who meet key criteria of capability, capacity and professional and organisational credibility.
- Around 3.5 hours, or one session, of appraiser casework time should be set aside each year for each appraisee.
- The appraisal discussion should be structured around an agreed agenda which addresses issues of importance to the GP, the appraiser and the HA/PCT, with the GMC's *Good Medical Practice* as backdrop.
- The detail of the appraisal discussion should be confidential but a summary with specified elements should be shared with the senior individual managing the scheme.

- The GP should retain a standard summary of the appraisal as recommended by the GMC for inclusion in her or his revalidation folder
- There should be clear local procedures for resolving individual concerns and for addressing general suggestions about improvements to the appraisal system.
- Anonymised overview reports on appraisals should be prepared periodically to support action and investment in relation to training, development, organisational or service themes.

### **Implementation**

- In the present context of general practice appraisal will not be welcomed by some, but it will be difficult or impossible to implement effectively without the cooperation of GPs.
- Recognising the contextual challenges, it is suggested that appraisal should be introduced carefully, with full GP consultation about design and implementation, and with adequate resources, to ensure that it is properly embedded and valued.
- Local schemes should be reviewed and improved on a continuous basis.
- Processes should be established locally and nationally for sharing learning about effective appraisal.

**ScHARR**

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