

***“I want to know that my appraiser knows what they are doing. My first appraisal was shambolic and embarrassing. They had no right to judge me or dictate what I should be doing” GP Appraiser<sup>(1)</sup>***

## Agenda

Appraisal is a powerful tool which done well can deliver improvements in morale, retention and recruitment, and ultimately patient care (although this is inferred rather than clearly demonstrated at present) but done badly can be destructive. Even within a quality assured selection process, appraisers will be drawn from a wide range of educational backgrounds, varying in experience from GP Tutors and Trainers to those with no prior experience. The initial appraisal training must put in place a degree of consistency despite these differing starting points. There will be some anxiety among potential appraisers about their ability to meet the challenges of appraisal and their confidence needs to be allowed to grow. Adequate training should both provide the additional knowledge, attitudes and skills that individual appraisers need, and have a summative component to exclude those who are unable to develop these.

## Best Practice

### Providers of Appraisal Training

There are now several models of provision of training, from the Edgcombe initial intense single day, which was widely felt to be a useful starting point but to need elaboration, more practice and additional knowledge about local processes, to tailor made packages for individual PCTs. Some appraiser trainers are Deanery sponsored, others work independently. In Scotland there is a national model which ensures that all appraisers in the Scottish system have the same starting point. ([http://www.nes.scot.nhs.uk/medicine/GP\\_appraisal](http://www.nes.scot.nhs.uk/medicine/GP_appraisal)).

What a provider must be able to demonstrate is adequate credibility in terms of appraisal experience and the educational standing to deliver an appropriate course. Although the length of training may be allowed to vary according to the prior experience and needs of those being trained, it seems unlikely that a single day will be sufficient for any new appraiser and 2 or 3 days is more likely to be needed to ensure high quality training.

### Content of Appraisal Training

1. Ideology: the definition and purpose of appraisal, and in particular how it differs from performance management, assessment and revalidation.
2. Process and paperwork: the local structures that underpin appraisal, including key contacts, administrative details etc, a familiarity with the documentation of the appraisal sufficient to facilitate the appraisee in completing all the paperwork.
3. Communication skills: Explicit descriptions of some of the basic communication skills used by appraisers should be supplemented by opportunities to assess the potential appraisers use of these skills in practice. This is often done through role play or trios based on real information.
4. Feedback: the ability to elicit information and then to give feedback and challenge safely is core to the appraisal interview. Pendleton's Rules will be very familiar to trainers and those who have been registrars relatively recently but there will still be potential appraisers who are not familiar with giving feedback in a safe and structured way.
5. When to terminate an appraisal: A major anxiety for potential appraisers is the risk of uncovering significant illness, addiction, poor performance or a whistle-blowing scenario without a clear understanding of when to stop the appraisal process and start other appropriate help. Although it is unlikely that the appraisal interview will be the first evidence of any of these issues, training must provide clarity about when to ask for additional support and the contact details of where to access the appropriate help.

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ABC of GP Appraisal  
“Training of appraisers”  
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## Outcomes of Appraisal Training

All appraisers need individual feedback on their performance. Adequate training will deliver consistency and confidence sufficient to allow the individual to start undertaking actual appraisals. It has been suggested that the first appraisal should be on a fellow new appraiser, and the first three should have additional support and debriefing from the appraisal lead.

New appraisers will be excluded if they fail to demonstrate that they have developed the necessary knowledge, skills or attitudes at any stage in the initial training including the feedback from their first three actual appraisals. Only those who succeed in all areas should be given contracts to act as independent appraisers.

## Checklist

1 Practice does not follow standards that should reasonably be expected.	2 Practice in this area is sound, although progress can still be made	3 Practice in this area is excellent
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<b>Initial training of appraisers</b>	1	2	3
New appraisers are required to attend training of 2 or 3 days			
The provider of new appraiser training has expertise in such provision			
There is a summative component to initial appraiser training			
New appraisers are closely supported during their first 3 appraisals			
Feedback from initial training is given to all new appraisers			

### Appraiser's Pack:

Every new appraiser should be equipped with an appraiser's pack with copies of all the government documentation, local preparation and evaluation forms, contact numbers and addresses for the appropriate support organisations and individuals. It might also include suggestions of open and paired questions that have been found useful under the seven headings of Good Medical Practice background information on appraisal, PDPs and learning styles. Examples of 360 degree appraisal, patient satisfaction surveys etc could also be included. The precise content will vary according to local priorities and needs.

Many of these resources may also be found at [www.gpappraisal.nhs.uk](http://www.gpappraisal.nhs.uk)

## References

1. Lyons, N (2003) *Quality Standards for GP Appraisal*. NAPCE, Bury. [www.gpappraisal.nhs.uk](http://www.gpappraisal.nhs.uk)
2. Chambers et al (2004) *The Good Appraisal Toolkit* Radcliffe Medical Press, Oxford
3. GMC (2003) *Good Medical Practice*. GMC, London