

“People are intrinsically self educating as long as the right information is provided in the right way at the right time.”¹

Roger Neighbour

Agenda

GP Appraisal was introduced into the NHS as a formative, supportive and developmental process. Experience around the country has indicated that in the vast majority of cases appraisal has achieved these objectives. Of concern to all managers, appraisers and those who undergo appraisal is if this process goes wrong. The impact of this could be significant to all concerned. It is important that all those involved in appraisal know how to respond when problems arise, although for many this will remain a theoretical problem than being based on real life experience.

It will be clear that preventing problems is a much better option than dealing with problems when they arise without any plans. This summary guidance suggests ways to prevent or minimise problems in the appraisal process.

Best Practice

It is usually better to prevent a problem before it arises. Similarly, if a problem is arising and the appraiser is aware how to deal with the situation then a constructive outcome is more likely.

Issues before the Appraisal

Systems Issues

The organisation of good systems should minimise risks. A good PCT will have a clearly outlined process for dealing with problems in the appraisal which is clear to the managers, appraisers and appraisees. This should involve complaints processes and how these will be resolved. Information given to the appraisee should highlight these processes. Managers should be confident that the systems will work if required.

The systems should also encourage clarity as to what is expected to be produced for the appraisal process (How much paperwork? How this should be sent? How much supporting evidence? How long before the appraisal should this arrive?).

Equally important to preventing problems is good background support – frustrations tend to occur when paper work fails to arrive, the meeting place is unsuitable, cancellations occur at the last minute, time is not protected for the appraiser or appraisee.

The other main issue relating to problems with appraisal systems has been inequalities and disparities with funding and perceived expectations from the process.

Training Issues

The appraisers should all have regular updating and training in both current best practice and skills based training in the appraisal process. This should be linked with close support from the appraisal lead. Many appraisers express concern about how to deal with problems and the appraisers group should be encouraged to work on appropriate responses to their concerns linked to expert advice from the appraisal lead.

Issues during the Appraisal

There may be times when the appraiser or appraisee have problems. This may be from the minor irritations to issues which are considered more significant. It is important for the appraiser to make decisions as to how to manage the situation. If unexpected problems are raised by an appraisee (alcohol, drugs, relationships within the practice, performance etc.) the appraiser requires the necessary skills to ensure they can respond appropriately, consistently and with clarity. Although it is well known that poor performance will not be reliably picked up by the appraisal process² it should be born in mind that if significant poor performance is found that this will require addressing through the usual processes. Appraisers should have had training on how to deal with this situation.

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ABC of GP Appraisal
“The Problem Appraisal”
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Issues after the Appraisal

It would not be uncommon to have thoughts about what has been discussed a while after the appraisal interview has taken place. Discussion with colleagues after the interview can be problematic if the appraiser is not clear on the issues around confidentiality. This usually does not cause problems, but the confidentiality involved in the GP appraisal interview needs to be clear, as do a doctors duties as outlined by the General Medical Council³ and if an appraiser is discussing information they need to be sure that this is necessary. Usually after the appraisal communication takes place to outline the discussion and key areas agreed upon. If appraiser and appraisee have differences of opinion it is again useful to clarify how these are likely to be resolved.

General Conclusions

Speaking to those involved in the GP appraisal process the feedback in most situations has been formative, developmental and supportive with general practitioners who are have been trained as appraisers working with their colleagues in a productive fashion. There will have been many minor problems but these are far outweighed by the overwhelming comments received from practitioners recognising the value of the process. Considering the number of appraisals undertaken under the NHS GP appraisal scheme over the last 2 years it is a commendation of the dedication of the appraisers and others involved in the process that problems with have been so small.

Conclusions

The key areas highlighted in the checklist should be part of a continuing developmental process of appraisal within PCT areas. The PCT needs systems to facilitate appraisal, consistent high quality support and clarity of documentation – the GP appraisers need adequate training to deal with problems as they arise. As the appraisal system continues it will be essential that the training and processes continue to develop and modify.

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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<i>Problem Appraisal</i>	1	2	3
The PCT has appropriate systems that are clear on how to deal with problems in the appraisal process			
Appraisers and appraisees are clear as to the documentation required for the appraisal process			
Administrative support is adequate to ensure that venue, paperwork, timings are clearly identified			
The appraiser support group has adequate support for discussing problem areas as they arise			
The appraiser support group has training and knowledge of the how to deal with problems that may arise			

References

1. Neighbour R (1993) The Inner Apprentice Kluwer Academic Publications
2. Lyons, N (2003) Quality Standards for GP Appraisal. NAPCE, Bury. www.gpappraisal.nhs.uk
3. GMC (2001) Good Medical Practice. London www.gmc-uk.org