

*“If it doesn’t matter what happens in a process, don’t bother to check  
... appraisal is different it does matter.”*

*(Anon, 2004)*

## Agenda

Appraisal is important for several reasons. It is important for patient care – as enthused and up to date doctors who address the seven key areas highlighted by the GMC (1) and Department of Health (2) help to deliver best possible care. Appraisal is important to the medical profession – to provide a formative, developmental and supportive process that encourages doctors to develop and maximise their potential. Appraisal is also vital for PCTs who need to be assured that the practitioners who are appraised are up to the mark and developing, and also to be assured that the funding provided for the purpose of appraisal is used appropriately. Perhaps most importantly it is only with good evaluation that the process of GP appraisal will be able to develop within the NHS. Good evaluation will enhance and continually drive up standards within the PCT and within the process overall.

## Best Practice

Around the country there are many examples of good evaluations that have taken place – but by the nature of evaluation these are limited to particular areas. Several PCTs are happy to circulate their data collection forms (eg. Mendip PCT (3)). Several examples may be found at [www.gpappraisal.nhs.uk](http://www.gpappraisal.nhs.uk)

There are many that can be considered for evaluation which cover the entire process from advertising, recruitment of appraisers, appraiser training and development, to the process of appraisal and end point results. It is perhaps best to consider these systematically.

### Recruitment and initial training

Choice of appraisers, methods of appointment and initial training could all be evaluated comfortably. Once an appraiser is trained and approved it is possible to evaluate the maintenance training and education provided as well as support provided administratively and from the GP appraisal lead.

### Administrative support and venue

The administrative support behind the appraisal process is vital (does the paperwork arrive on time? Is there adequate communication between appraiser and appraisee? Does the administrator help to organise meetings?)

Venues for appraisal can be varied and it is appropriate to evaluate whether the venues are suitable, convenient and protected from outside interruptions. Opinions may vary between the appraiser and appraisee on this.

The system within the PCT should allow for adequate choice of appraiser / appraisee so that “clashes” can be avoided. This can be difficult if the PCT has too few appraisers or too rigid a system for allocation. The choice of appraiser is one of the key areas in ensuring a positive and developmental appraisal.

### Appraisal discussion

For the appraisal discussion to work well the appraiser and appraisee must have time to prepare appropriately. Similarly the timing for the appraisal needs to be adequate to allow appropriate discussion to take place, yet be time efficient for all concerned.

The appraisal discussion can be evaluated from an appraiser and appraisee viewpoint ensuring that appropriate aims are achieved. Is the appraisal discussion appropriate and relevant to general practice and the work the general practitioner undertakes.

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“Evaluation of the GP Appraisal Process”  
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Does the process recognise the achievement of the appraisee and challenge sufficiently and appropriately to help recognise learning needs and systems needs (more secretarial support / IT support etc). Does the appraisee feel that the process has allowed him/her to develop as an individual, move forward or feel more able to address identified problems?

The quotes from appraisees that have been found in many of the appraisal evaluations produced to date overwhelmingly appear to indicate that the process has been positive – how does your PCT match up?

## Outcomes of Appraisal

The outcomes of appraisal can be broadly divided into two categories both of which could be evaluated. The learning needs identified by the process – areas that the appraisee would aim to address over a reasonable period of time and be able to show evidence that learning and the application of this learning has taken place in practice for the benefit of patient care.

### Learning Needs

Learning needs can often be highlighted and form the basis of an individual's personal development plan. It is important that these needs are identified not only at an individual level, but also at a strategic level. Common learning needs (be they clinical, managerial, ethical or educational) should be identified from the process and evaluated.

### Systems Needs

It is also common amongst discussions to highlight deficiencies within local systems that reduce the efficiency and potential of general practitioners. Sometimes these are major problems (premises, lack of resources) but many needs could be addressed with appropriate support from the PCT (computer expertise, IT support, extra nursing hours etc).

As part of a quality evaluation the appraisal lead / PCT should consider how well the needs are identified and as the process continues to what extent the needs are addressed by the individual and from local support.

The final evaluation of course is the quality of care provided for our patients – and consideration needs to be made as to the extent the appraisal process has on enhancing this quality.

## Conclusions

This document has covered some of the commoner areas for evaluation – there are many other possibilities too. It is not possible to evaluate all areas comprehensively each year, however it is appropriate to decide on the key areas to evaluate each year. It is only through careful evaluation of the process and a desire to develop higher quality that the appraisal system will continue to develop and be valued by doctors, others working in the health service and most of all our patients.

## 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>Areas to evaluate on the GP appraisal process</b>	1	2	3
There is appropriate selection, interviewing and initial training of appraisers			
There is on-going support and education for appraisers			
There is adequate administrative support (paperwork arriving on time, appropriate booking of appointments, venues, organizing information on required paperwork)			
The venue for appraisal and timings are appropriate. There is adequate choice of appraiser. Adequate preparation is undertaken by both appraiser and appraisee			
The process provides for recognition of achievement, challenge, identification of learning needs, support to the appraisee			
The learning needs are identified both at an individual level and collated at a PCT level			
The system needs are identified both at an individual level and collated at a PCT level			
There is evidence that learning needs are addressed individually and that the area educationalists / PCT offer appropriate learning opportunities to address common needs			
There is evidence that system needs are addressed at an individual and PCT level where appropriate			
There is evidence of benefit to patients that arises from areas identified in the appraisal process			

## References

1. Lyons, N (2003) Quality Standards for GP Appraisal. NAPCE, Bury. [www.gpappraisal.nhs.uk](http://www.gpappraisal.nhs.uk)
2. GMC (2001) Good Medical Practice. London [www.gmc-uk.org](http://www.gmc-uk.org)
3. Mendip PCT (2003) Evaluation of Appraisal Questionnaire from [sarah.wilding@mendip-pct.nhs.uk](mailto:sarah.wilding@mendip-pct.nhs.uk)