

## **Faculty Development – Appraisal**

# What is appraisal?

Perhaps the biggest single factor causing poor, ineffective or just plain bad appraisals is a misapprehension of what they are for and what they should achieve. Close on the heels of this is a similar misapprehension of who should benefit and how. So, let's begin with a simple answer to both points before we expand further. First, the purpose of appraisal is to improve future clinical, managerial and educational performance. So lesson one is not to spend 95% of the time available purely reviewing past performance. Second, the person who should primarily benefit is the person being appraised: the 'job holder' or appraisee. How should they benefit? Well, essentially through discussing feedback on their job performance in a way that is constructive, motivational and results in an action plan for future performance and development. So lesson two is to involve the appraisee fully in the discussion so that they can get the maximum benefit from it.

The history of appraisal, certainly in large organisations, has suggested a rather bureaucratic procedure in which subordinates are told 'how they are doing' by superiors who expect them to passively accept their judgements. Fortunately, much has changed, and as the role of the manager moves away from 'command and control' and heads towards 'lead and coach', the nature of appraisal has been similarly transformed. It is now recognised as:

- a piece of 'two-way' rather than 'one-way' communication
- a process rather than an event
- a tool more for development than abstractly rating performance (although rating performance is still be an important element of NHS appraisal).

The regular appraisal discussion, formerly a monolith in the organisational calendar relished by those expecting to do well and resented by those not, has become 'where managed well' an opportunity to draw together the threads of an active work-based dialogue that has been ongoing throughout the time under review.

It is also important to be clear on a couple of things that appraisal is not. First, appraisal is not a disciplinary process or a disciplinary discussion. There are other, separate processes for addressing serious issues to do with a job holder's conduct or capability, which should be followed and used appropriately. Second, it is not a discussion you 'save things up for'. Whether praise or criticism, merits or mistakes, timely feedback is really the only sort of feedback that has value. So there should essentially be no surprises in the appraisal discussion, but rather a review of performance that highlights the feedback previously shared and looks at trends and developments more broadly.

# The NHS appraisal scheme for doctors

The standardised NHS appraisal scheme has been in place since 2002, arising partly to address inconsistencies in earlier local, specialty and organisational schemes, partly to embed performance review into managerial process following the Bristol and Shipman inquiries (Kennedy, 2001; Smith, 2001&ndash;05), and partly as a result of the increasing complexity of doctors&rsquo; working practices (Follet and Paulson&ndash;Ellis, 2001). Although the main elements of the scheme are similar for all doctors, the appraisal exercise is different for consultants, academic clinicians, non&ndash;consultant career&ndash;grade doctors and GPs.

The primary aim of the appraisal scheme is to identify personal and professional development and educational needs, with the ultimate aim of improving clinical performance and patient care. Doctors in training are subject to annual workplace appraisals in the same way as fully qualified consultants and GPs, and this can cause some overlap in practice with the regular reviews that take place during training (e.g. the end&ndash;of&ndash;year ARCP panel) and workplace&ndash;based assessments. These issues are yet to be fully resolved so that review, appraisal and assessment processes are more streamlined for individual trainees and those responsible for ensuring their progress.

The schemes are continuously being revised and updated, and therefore the specific elements of each scheme for groups of doctors are not addressed in this module. The [Department of Health Appraisals site](#) brings together documents, activities and forms from all relevant bodies. The Useful links section in this module provides a list of websites relating to appraisal for different groups of doctors.

Appraisal is linked closely to revalidation and &lsquo;is based on the GMC's document Good Medical Practice (General Medical Council, 2001), which describes the principles of good medical practice, and standards of competence, care and conduct expected of doctors in all aspects of their professional work&rsquo; (Department of Health, 2007a). Appraisal documentation and activities are based on the core headings of Good Medical Practice:

- good clinical care
- maintaining good medical practice
- relationships with patients
- working with colleagues
- teaching and training
- probity
- health.

Doctors are required to collect evidence from a range of sources (patients, colleagues and their own reflections) against these headings. The evidence and forms that are completed provide the basis of the appraisal discussion and the production and agreement of the personal development plan (PDP). Standard forms are used both before and after the appraisal interview. The standardised system aims to identify and support

poorly performing or underperforming doctors as well as development needs, and as such, appraisal is a key part of the overall clinical governance mechanism of the NHS. However, appraisal is not the main mechanism through which poor performance is identified or addressed. It should be a positive and forward-looking process and should aim to identify reductions in performance or aspects that need development at an early stage and as part of an ongoing CPD process.

The [NHS Appraisal Toolkit](#) is the official online site for completing appraisal paperwork, sharing it between appraisee and appraiser online, and producing and managing a PDP. The site brings together advice, guidance, best practice, practical tools and access to a community of peers in the appraisal domain. Reviews of the site indicate that people find it easy to use, particularly the way in which it facilitates the process of gathering and storing information so that it can be used for appraisal.

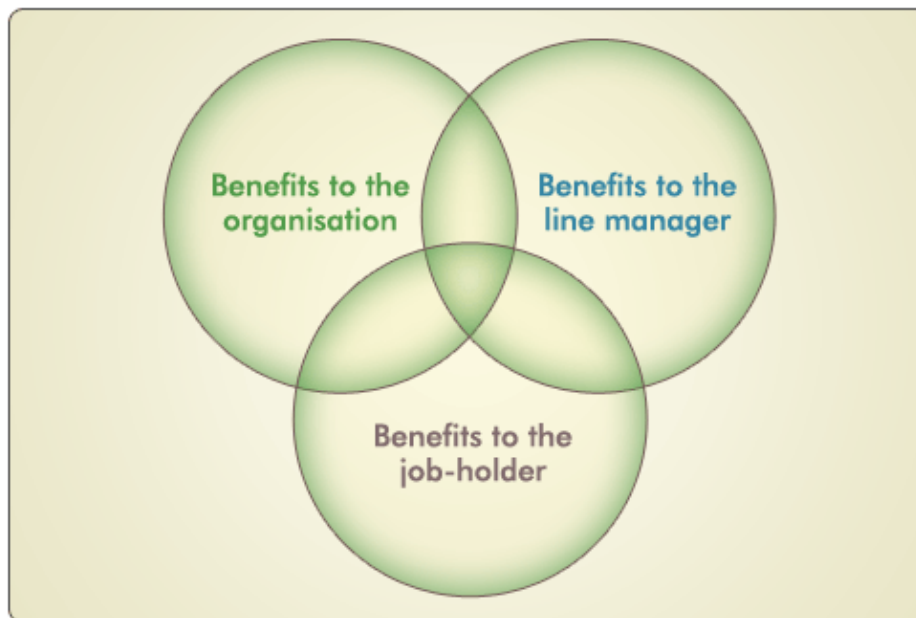
# The GMC role in validation and licensing

There have been recent developments in clarifying and confirming the role of the General Medical Council in revalidation, re-licensing and appraisal, partly in response to the government White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (Department of Health, 2007b). The White Paper set out a series of proposals for reform of medical regulation and gives a significant role to the GMC in setting standards for revalidation. Re-licensing will be ‘based on agreed generic standards of practice set by the GMC, a revised system of NHS appraisal for doctors and any concerns known to the doctor’s medical director (or responsible officer) and the GMC Affiliate’.

The GMC sees its role as providing ‘the core content of revalidation, and for other organisations to embed these in the context of appraisal systems or assessment for recertification’ (GMC, 2008). Revalidation is seen as a single set of processes, with two potential outcomes – re-licensing and, where applicable, recertification. To streamline processes, the GMC has started to translate Good Medical Practice into a standards framework and suggested sources of evidence against which individual doctors’ practice can be appraised and objectively assessed. ‘The evidence includes tools for feedback about doctors’ practice, which may take the form of questionnaires or multi-source feedback. The framework provides a foundation for the development of the appraisal and assessment systems that will form a key part of revalidation’ (GMC, 2008).

# What are the benefits?

So, what are the benefits of appraisal? Having said that the appraisee as job holder is the person who should primarily benefit, which is certainly true, a well-applied appraisal process can have a wide range of other benefits. These benefits can be usefully thought through under three headings: benefits to the organisation (this may be the NHS trust, practice or the overall NHS), benefits to the line manager and benefits to the job holder.



## Benefits to the organisation

- A consistent process for recognising and managing staff performance.
- A source of information for planning and decision making.
- A way of analysing and responding to development needs.
- Improved communication and staff motivation.

## Benefits to the line manager

- A framework for sharing feedback, discussing performance and fixing problems.
- A structure for reviewing and aligning the contributions of team members.
- Planning future performance through the use of work-based or learning objectives.
- Feedback on own management style and approach.

## Benefits to the job holder

- Constructive feedback, including praise and criticism.
- A chance to focus on developing their individual performance.
- Having a voice in the team's planning.

- Having an opportunity to raise problems, barriers and obstacles.
- Coming away with a clear set of work and personal development objectives, a better understanding of standards and requirements, and an action plan for future development.

As you will have noted, many of the above ideas intersect all three areas, potentially resulting in a dynamic combination of benefits. And all of this essentially gained from the simple but skilful sharing of feedback.

## Some issues

The links between the NHS appraisal scheme and revalidation has led to some concerns that, despite the Department of Health's emphasis on appraisal being on the appraisee's developmental needs, somehow 'appraisal will root out poorly performing doctors' (Department of Health, 2007a). This reflects the inherent tensions and contradictions within the NHS scheme, which tries to combine managerial aspects of performance management with educational emphasis on development and improvement of quality (Taylor et al., 2002). These tensions are not unusual in appraisal schemes (Handy, 1993); however, they can lead to practical difficulties 'on the ground' and require both appraisee and appraiser to agree and define boundaries, and for the process to be as transparent as possible. If there is a conflict of interest, personality clash or other difficulty between an appraiser and appraisee, then either party can request a change. The reasons for change should be treated confidentially if requested by either party.

Handy (1993) notes that trying to combine managerial demands, performance review (especially if linked to pay or reward assessments), giving feedback on performance, and helping to plan personal and job objectives in one appraisal scheme is not 'psychologically compatible'. People are generally reluctant to admit to failure if this affects promotion or salary, and the relationship between the appraiser and appraisee may interfere with what should be an impartial and objective process. Trusts have been challenged to develop schemes that aim to address all the demands from external bodies and their own internal quality assurance processes, while being useful for the doctors involved and helping them to prepare for revalidation.

The tensions also highlight the importance for continuing ongoing performance review outside and apart from the appraisal process, so that issues are identified early and remedies and support are set in place. Establishing effective clinical governance procedures and audit, and developing organisational cultures and processes that promote openness and addressing of issues all help to counteract the potential for 'dumping' issues relating to poor performance into the appraisal scheme.

Other practical issues relating to appraisal include training for appraisers, providing time (and funding) for both appraisers and appraisees to prepare for the appraisal, and what to do if serious concerns are identified during the appraisal process. As noted above, issues concerning poor performance should be dealt with by local procedures for underperforming or incompetent doctors. There should be no major surprises during an appraisal and doctors about whom there are major concerns should not be undergoing routine appraisal. However, if an appraiser does identify exceptionally serious concerns that put patients at risk, the appraisal should be stopped and the concerns discussed with the appraisee. If concerns remain, then advice should be sought from the clinical governance lead so that procedures can be followed. If patients are not at immediate risk, the appraisal should highlight the doctor's

strengths as well as weaknesses, and identify a new personal development and learning plan, action by the appraiser to assist this and a date for review. On some occasions, it may be identified that a doctor is inappropriately resourced, supported or developed to practise good medicine. In such cases, the appraiser should take action to support the doctor and protect his or her patients (Department of Health, 2007c).

# Preparation: information

## The importance of preparation

Skilful appraisal doesn't happen in a vacuum. There are many elements that contribute to a successful appraisal discussion and most will benefit from preparation in advance. Let us look at five aspects of preparation:

- information
- examples and evidence
- the appraisee's reflective tasks
- the physical environment
- the interpersonal environment.

## Information

To review something effectively it helps to be clear what you are reviewing it against. We have seen above that the content of appraisal is based around the headings in Good Medical Practice (GMC, 2001), which gives a framework to the appraisal and helps to provide information for revalidation. In addition, each individual works within an organisation, or in the case of joint academic and clinical appraisal, in more than one. Performance reviews often take place at the same time as appraisal, using the same evidence and process to achieve multiple goals.

See [Assessing educational needs](#) for examples and more descriptions of revalidation, CPD, significant incident analysis and personal development plans.

The organisational or cultural context provides another set of pre-defined criteria that can be used as the basis for reviewing individual performance? These include the job description: a document 'dog-eared through use' as Armstrong (1999) described his ideal vision of these. The job description sets out the purpose of the job, the core tasks and duties, and the level of responsibility, authority and initiative expected. This is a key document that both manager and job holder should review prior to, and also quite possibly during, the appraisal discussion. It is the fundamental basis of what is required and expected of the role, and therefore of the job (or role) holder. Alongside the job description there may be a competency profile focusing on the behavioural aspects of job performance – properly used, competencies provide a very strong basis for discussing job performance. Linking the role to the current work period there will often be a set of individual work objectives. One useful way of regarding objectives is as the dynamic link between the job description and the current and ongoing work of the team. If there are objectives in place, then reviewing performance against these and planning new or amended objectives will be a major part of the appraisal discussion.

# Preparation: examples and evidence

What are examples? Examples are evidence. Evidence, that is, in the descriptive and illustrative sense, rather than the condemnatory. One of the biggest flaws that frequently arises when feedback is shared in any management situation is the absence of a clear and relevant example to make the feedback descriptive and meaningful. Consider the difference between the following observations.

- Judgemental – ‘You really need to get yourself organised, it's causing enormous problems for everyone in the team and impacting on patients’
- Descriptive – ‘Keeping patient records up to date is crucial. We discussed a few weeks ago the difficulties Dr Andrews experienced with one of the paediatric consultations because you had mislaid two of the test results. What improvements have you been able to make on this?’

Hopefully, the difference between these two approaches to the same piece of feedback is clear. The ‘descriptive’ approach is not only more valid and useful, focusing as it does on an informative example drawn from recent work experience, it also creates a more objective and productive basis for discussion. This approach helps to take the emotion out of the feedback and enables the basis for constructive planning. The problem with judgemental feedback is that the job holder will tend to respond defensively to the ‘judgement’ and this may well block consideration of the improvements you as the appraiser would like to see achieved. The NHS scheme provides templates for collecting evidence, such as feedback from patients and colleagues, educational activities and significant incident analyses. Appraisees should start gathering evidence early, against the relevant sections in the preparatory forms. Much of this will already be available, and it is best to start getting it together gradually over a period of a few months. Appraisees should exchange ideas with others about getting the portfolio together and look at the online support sites for more ideas.

So, a key part of preparation for an appraiser, if they are in a position to know and comment more widely about the appraisee's performance, is to think through examples to illustrate feedback objectively alongside the links to the pre-defined criteria and the evidence provided by the appraisee. This approach is greatly strengthened if there was a timely discussion, perhaps quite informal, about the example which you can refer back to. When considering and selecting examples, be conscious of anything that should be respected as confidential in terms of the involvement of other parties and do not stray ‘off topic’ – remember, the appraisal is appraisee-led.

See the [How to give feedback](#) and [Supervision](#) modules for more ideas around the issues concerned with professional and personal development.

# Preparation: appraisee reflective tasks

Much of the previous two sections has been to do with your preparation as the line manager (the appraiser), and we will say a bit more on this shortly, but what about the other person concerned? How will you encourage and support the appraisee to prepare in a similar way for 'their' appraisal discussion? After all, we want it to be a two-way process.

Simply telling them the date and the time is not enough. The Department of Health website and appraisal toolkit provides many examples of preparatory activities, including the need to start thinking about the appraisal and collecting evidence from as much as a year in advance.

In addition to collecting the evidence against the principles in Good Medical Practice, it is useful for the appraisee to think about evidence around more generic requirements within their current post, so other reflective activities might include:

- looking through their job description
- reviewing their current work and personal development objectives and noting down how they feel they have performed against them
- considering how they have developed personally and professionally over the review period
- looking back at any formal training or development they have undertaken and how it has helped their job performance
- considering what their future objectives should be and any related development needs
- carrying out significant incident analyses or keeping a reflective journal or log.

Another framework for considering broad aspects of personal review is the following grid.



Thinking through things they are proud of or have achieved, things they have found difficult, things that have helped and things that have hindered can be a helpful way for the appraisee to think about some of the thoughts and observations they would like to bring to the discussion. The NHS Appraisal websites include many practical ideas around preparation, including having 'reflective' away days, planning your portfolio and becoming familiar with all the forms and process requirements.

Coming back to your own preparation, a question that is always worth re-asking (assuming you've considered it before) shortly before any appraisal discussion is 'what am I trying to achieve?' And this brings us back to the points made at the beginning of this module. An answer along the lines of helping, encouraging and supporting the job holder to improve or enhance further their future job performance will help to set the mental scene very nicely.

# Preparation: the physical environment

In terms of preparing the environment for an effective appraisal discussion there are two dimensions to consider, the physical and the interpersonal. We certainly need to consider carefully the physical environment to ensure it is conducive to a productive one-to-one, professional, work-based discussion. Getting the 'venue' right for the appraisal will considerably increase your chances of success. Getting it wrong will hamper all of your other efforts. The following words and phrases capture the key goals for the ideal physical environment:

- private – remember, being seen threatens privacy as much as being heard, so a discussion in an office with a glass divider may not be ideal
- quiet – background noise will inhibit free-flowing discussion
- relaxed – but not too relaxed
- neutral territory – being in 'your office' will reinforce for some people issues of status that may make them less likely to feel at ease to contribute. It may be worth thinking about places other than the organisation itself as a location to hold the appraisal
- free from distractions – divert your calls. Stopping to take, or worse still make, a telephone call during an appraisal discussion sends all of the wrong signals. Remember, this is a piece of time devoted to the job holder and should be valued as such
- professional but comfortable – can you come up with a better arrangement than sitting either side of a desk? This is an arrangement that can psychologically suggest opposition.

# Preparation: the interpersonal climate

We also need to consider the environment we wish to create in terms of the interpersonal climate. 'Empathy' and 'rapport' are two key words to consider here. Rapport promotes co-operation, openness and trust, and enhances all aspects of communication. Establishing rapport will put people at ease and help to create a state of relaxed concentration. This is very conducive to achieving mutually beneficial outcomes, which is precisely our goal with appraisal.

There are a number of tips and ideas that are helpful for establishing rapport, and some of these are listed below, but the biggest single factor is empathy. By empathy we mean being able to see a situation through the other person's eyes. This often requires hard work – asking a careful sequence of questions to really establish the 'full picture', and listening actively and attentively to both the facts and the job holder's feelings. Once they begin to appreciate your efforts to understand their perspective on a situation, they'll be far more receptive to your thoughts and feedback. The following are some further tips for putting the job holder at ease and establishing rapport.

- Begin the discussion with a friendly, non-threatening question that shows interest or concern to help put the job holder at ease and shake off early nerves.
- Show concern for their comfort by considering the layout of the room, having water available and taking a break if the discussion becomes lengthy or 'difficult'.
- Use open questions to raise areas for discussion and allow the job holder a full opportunity to describe, explain and explore.
- Listen and show you are listening by giving paraphrased summaries to check your understanding of their comments.
- Avoid evaluative, judgemental language in the way you present your feedback.
- Smiling, nodding, and showing interest and that you are listening all help to maintain rapport.

With an appraisal interview half the battle is to get the appraisee talking – you should be aiming for something like a 70:30 ratio in terms of the talking that occurs (that's 70% them and 30% you). The environment, both physical and interpersonal, has an enormous influence on the degree to which the job holder feels free to contribute.

# Structuring and managing the discussion

An exploration of past performance is the natural way to progress to looking at future performance and the support and development that will be required. The problem, very often, is that we spend so long discussing past performance that there's very little time or energy left for planning future performance. Ironically, this virtually defeats the main purpose of appraisal.

A key point to consider here is whether it is necessary to discuss every aspect of the appraisee's performance in detail. If it is necessary, that's likely to take a considerable amount of time. Alternatively, as part of the preparation you could agree with the appraisee an agenda of the main areas to cover. This would enable you to focus attention first on aspects of strong performance or significant improvement that you want to praise and encourage, and second on areas requiring development. Such an agenda would provide a structure for focused discussion.

Once you have a structure the next challenge is to manage the discussion so that you follow it effectively. It can be useful, therefore, to think of each element of your agenda as a separate communication cycle.



The discipline of this is to stay on track with the area being discussed until you've completed the cycle. So, having 'introduced' it with a good open question, 'developed' it by listening and asking a range of appropriate probing questions, 'consolidated' it by adding your observations and feedback and agreeing elements of the personal development plan for future performance (defining professional or personal development objectives), you finally 'conclude' the cycle by confirming a shared understanding of everything covered and

agreed with a short summary. Then, having &lsquo;shut down&rsquo; that area of your agenda you can move on to the next. This is effective discussion management.

There are a couple of things to remain aware of when using this approach. First, if the appraisee provides an incongruent response or strays on to another area, it is important to bring the discussion back on track. A good technique for this is called &lsquo;parking&rsquo;. This involves making a note of the point, so as to acknowledge it, while saying something like &lsquo;let&rsquo;s come back to that when we look at teamwork later&rsquo;. Second, it is important to remain flexible. So, if something important arises that is not on your agreed agenda, the right thing to do is to find an appropriate place for it, either by adding it to the list or combining it where it falls most logically.

# The key role of self–assessment

Plans for improvement and development are always strengthened if there is individual ‘ownership’. One of the cornerstones of modern theories of human motivation is that people like to have a say in decisions that affect them. So, in terms of appraisal, anything the appraisee can observe, say or decide for themselves is going to have a stronger impact on them achieving positive change than if you say it for them. This is why as appraisers we should be looking to ‘develop the ask–don’t–tell habit’ (Downey, 1999). In this way we can try to use questions to help the job holder self–appraise. Compare the following evaluative statement with the question that follows it.

- ‘You’ve got to be sharper and take a lot more care when taking patient histories. Mistakes or areas missed can really jeopardise the chances of an accurate diagnosis.’
- ‘Tell me about your use of patient histories as part of diagnosis?’

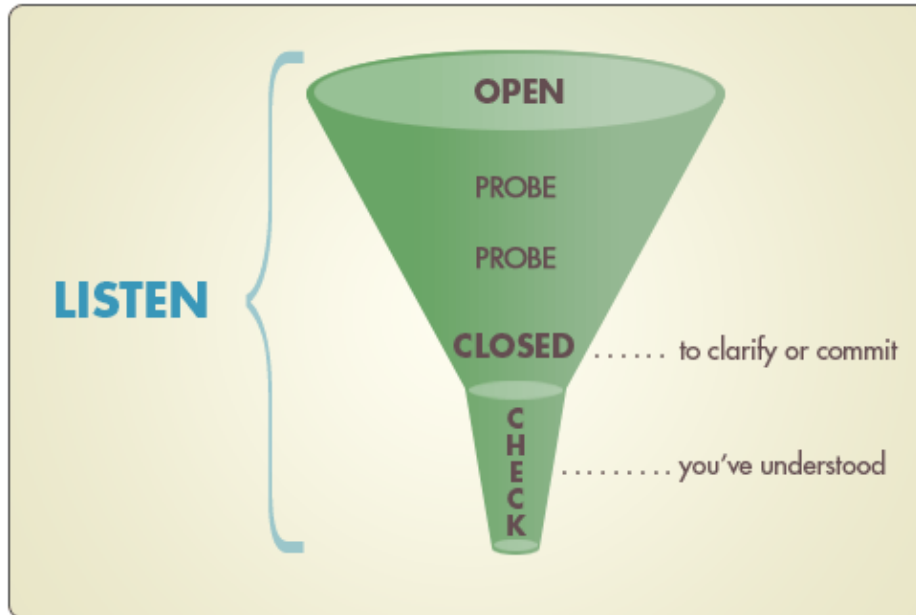
If the appraisee responds by saying something like, ‘well, that’s an area where I’ve run into a few difficulties’, you can then ask, ‘what sort of difficulties?’ followed by ‘talk me through an example’. Before you know it the job holder will be working towards solutions and proposing improvements that they’ve identified for themselves. And what’s more, they will probably be far better and more personally appropriate solutions than any you could suggest for them. You still have a role, of course, adding your own observations, where useful, and helping them to select and refine the improvement proposed, but this is much more a coaching role than that of a directive manager. As a coach your main role is to ‘listen’.

It is worth keeping in mind here the four ‘ifs’ of self–evaluation.

- If I see it for myself, I know it for myself.
- If I say it for myself, I understand it for myself.
- If I commit to it myself, I’ll change it for myself.
- If I improve it myself, I’ll go on learning for myself.

# Skilful questioning and active listening

Skilful questioning is really the key to successful appraisal discussions. But what does skilful questioning look like? Well, the funnel technique gives us a useful visual reference for thinking about questioning skills.



At the mouth of the funnel we begin with an 'open' question. This question is intended to give the appraisee the widest possible scope for responding. Sometimes it may be necessary to repeat or rephrase this question to give the job holder more thinking time and further opportunities to raise information. Working down the narrowing body of the funnel we use a series of probing questions to draw out further specific information and help complete the picture. Closed questions then have their place to draw out, check or confirm specific pieces of information, or to get the appraisee to commit on a point more precisely. This then brings us to the bottom of the funnel where we clarify, using a short summary, what we have got out of the discussion, aiming to check our understanding of the main points. The question sequence might go something like this.

- 'Tell me how you went about...?' (open)
- 'How did you prepare?' (open &ndash; secondary)
- 'What was your starting point?' (probe)
- 'So, what happened next?' (probe)
- 'Who else was involved?' (probe)
- 'And how did they respond?' (probe)
- 'What were your thoughts at that stage?' (probe)
- 'What were the main outcomes?' (probe)
- 'So, that took a total of six weeks?' (closed &ndash; clarifying)

- &lsquo;Was it your idea or someone else&rsquo;s?&rsquo; (closed &ndash; clarifying)
- &lsquo;And the patient made a full recovery?&rsquo; (closed &ndash; clarifying)
- &lsquo;So, let me see if I&rsquo;ve followed you&hellip;&rsquo; (checking &ndash; summary)

Running along the side of the funnel, from top to bottom we have the word &lsquo;listen&rsquo;. There is, after all, no point asking a question if you don&rsquo;t listen to the response. But for a whole host of reasons it can be very challenging to stay focused and really listen to someone, particularly in a more formal discussion such as an appraisal. For one thing, it can be tempting to think ahead to what your next question is going to be. Often the tragedy is that we don&rsquo;t listen, instead we wait to speak. The solution to this takes the form of what is termed &lsquo;active listening&rsquo; and we can use the acronym LISTEN to gain some useful guidance on this.

**L** = Look interested - get interested  
**I** = Involve yourself by responding  
**S** = Stay on target  
**T** = Test your understanding  
**E** = Evaluate the message  
**N** = Neutralise your feelings

Active listening is all about showing a response to what is being said. Eye contact, nodding, small facial expressions and the occasional echoing of words are all examples of active listening. And the more it looks like you&rsquo;re listening, the more you will be listening. So, listening requires effort combined with a real and honest desire to understand.

# Productive praise and constructive criticism

For praise to be productive and criticism to be constructive there are essentially two things required from the appraiser: first, the right mindset, and second, the right skills. So far as mindset is concerned, intention is everything. What is the intention behind the praise or criticism? Is the praise intended to support the motivational development of the appraisee and highlight skills and behaviours they can build on further? Is the criticism intended to provide an objective basis on which the appraisee can consider and plan improvements to their future performance? Too often the real intention behind praise is nothing more purposeful than routine encouragement, and in many situations praise is used to compensate for other negative comments. And all too often the intention behind criticism is blame. So, get the intention right and remember to think through what you are really trying to achieve in giving the praise or criticism. Is your praise productive and is your criticism constructive?

The following are some pointers on productive praise.

- Make it specific &ndash; a general &lsquo;well done&rsquo; is meaningless.
- Don&rsquo;t praise everything &ndash; it becomes devalued.
- Add some depth to your praise with clear and detailed feedback using examples &ndash; superficial praise can seem patronising.
- Avoid adding conditions to your praise &ndash; for example, using the praise as a lever to ask for or require something else.
- Let each piece of praise stand on its own &ndash; avoid mixing in a bit of criticism or using praise as a sweetener for some negative feedback (your real intention?).
- Use clear, descriptive language to make it very clear what it is you are praising and why.

The following are some pointers on constructive criticism.

- Try to use the self&ndash;assessment approach described above &ndash; skilful questioning can help the appraisee to recognise mistakes and articulate criticisms for themselves and thereby learn from them.
- Self&ndash;criticism will help the appraisee want to change &ndash; this is constructive.
- Make your criticism descriptive and objective by using clear examples and linking the performance to pre&ndash;defined criteria (e.g. areas of Good Medical Practice, key duties required in the job description or behaviours in the competency profile).
- Focus on the impact and consequences of the behaviour, the effect it&rsquo;s having &ndash; be descriptive.
- Lead the appraisee back over the incident or events in a neutral atmosphere.
- Avoid imposing a solution. Try to use questions to draw the solution out of the appraisee &ndash; this will help them to both learn and

commit to the improvement.

- Remember, the problem is the behaviour, not the person. So, aim to focus on criticising the behaviour.
- Don't be too liberal with criticism &ndash; keep the discussion balanced.

See [Guidelines on giving and receiving feedback](#) in the Teachers's toolkit and the [How to give feedback](#) module for further ideas and guidance on giving and receiving feedback.

# Work and personal development objectives

As stated previously, appraisal is about helping the appraisee to succeed, and to perform well or better in the future. So it is vital that the appraisal discussion produces a personal development plan (PDP) for the appraisee to take forward into the next review period. The PDP should consist of a set of carefully tailored clinical, educational and personal development objectives.

To quote the earlier section on preparation, 'one useful way of regarding objectives is as the dynamic link between the job description and the current and ongoing work of the team'. So, there will be 'work objectives' focusing on the appraisee's agreed and expected 'contribution' to the team's goals over the coming period and 'personal development objectives' based on areas of agreed 'improvement' in job performance in clinical and non-clinical contexts. The word 'improvement' can, unfortunately, suggest that objectives are purely about correcting poor performance. In fact, personal development objectives can be used to manage performance in a number of ways:

- remedy – to address poor performance
- consolidation – to maintain and push forward an 'acceptable' level of performance
- growth/diversification – to encourage and 'stretch' individuals who exceed normal performance standards.

The general emphasis when setting objectives should certainly be on seeking improvements. However, 'continuous development' is as much about maintaining standards as it is about 'more, better, faster, smarter'. In this context, the term 'improvement' should be viewed widely to incorporate the three development areas: remedy, consolidation and growth.

Much has been written about how to write good, effective objectives. The SMART or SMARTER acronym is well known and provides a valuable aide-memoire for those with the challenge of composing them. Three of the letters are particularly key: the 's' for specific, the 'm' for measurable and the 'a' for agreed.

- Be specific: it is very important to be completely clear regarding the improvement area the objective is focused on – ambiguity will make the objective very difficult to review at a later stage (e.g. at the next appraisal).
- Make it measurable: be clear about how the improvement will be reviewed and recognised at some future point – how will we know it's been achieved?
- Ensure it's agreed (or at least accepted): working from an agreed basis for regarding the improvement as desirable is the best way of approaching the drafting of any objective.

Finally, ensure objectives are reviewed. Writing and agreeing objectives that are never referred to again is a supreme waste of effort. But don't wait until the next 'formal' appraisal discussion in six or 12 months' time to look at them again. Look at them and discuss them in a timely manner as events arise; amend and update them as circumstances change; and above all keep them alive and current in the appraisee's mind as a useful and relevant tool helping to guide their performance. Remember, appraisal should be a process and not just an event.

See [Setting learning objectives](#) for more details on setting learning objectives and [Assessing educational needs](#) for more information around personal and professional development plans.

# To sum up

This module has provided an introduction to the general principles underpinning successful appraisal in the context of the NHS Appraisal scheme for doctors. There is a wealth of information available to structure and support both appraisees and appraisers as they undertake appraisals and revalidation. Appraisal can be a valuable exercise and developmental opportunity to consider and reflect on performance and progress, and to plan in a structured way, with support, for future developments.

## Congratulations

You have now reached the end of the module. Provided you have entered something into your log you can now print your certificate. To generate your certificate please go to ["my area"](#) and click on ["complete"](#) in the course status column. Please note, you will not be able to print your certificate unless you have entered something in your ["reflections area"](#).

Please now take a moment to evaluate the course and enter your comments below.

# Further Information

This module was written by Doug Parkin, Staff Development Manager, London School of Hygiene and Tropical Medicine, and Judy McKimm, Visiting Professor of Healthcare Education and Leadership, University of Bedfordshire. The module relates to areas 2, 3, 5 and 6 of the Professional Development Framework for Supervisors in the London Deanery.

## Teachers' toolkit

[Guidelines for giving and receiving feedback](#)

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## Useful links

Please note that many of the descriptors below are acknowledged as belonging to the NHS Appraisal for Doctors support group &lsquo;links&rsquo; webpage.

### [Department of Health Appraisal for Doctors](#)

A key site for information on appraisal of all the main groups of doctors of the UK. You can download your appraisal forms from here.

There is a useful area on the DH website called [Sharing best practice](#). This area provides lots of articles by practising doctors around common aspects of the appraisal process.

### [NHS Appraisals Toolkit](#)

Provides a single portal for appraising and appraisee GPs, consultants and staff grade and associate specialist (SAS/NCCG) doctors in the NHS in England. It provides assistance to complete all the pre- and post-appraisal documentation and allows sharing of documents between appraiser and appraisee. This online resource brings together advice, guidance, best practice, practical tools and access to a community of peers in the appraisal domain.

### [NHS Appraisal for Doctors group](#)

### [Appraisal skills](#)

Interactive resources for trainers and trainees.

### [COPMeD Conference of Postgraduate Medical Deans of the United Kingdom](#)

This site has details of the deaneries and key people within them. It is the main vehicle by which the deaneries network among themselves. COPMeD also acts as a focal point for contact between the postgraduate medical deans and other organisations, e.g. Medical Royal Colleges, GMC, BMA, MRC, AMRC and NHS Executive, as well as universities.

### [NHS Education for Scotland \(NES\) GP appraisal support site for GP appraisal](#)

GP appraisal in Scotland is led by the educationalists, where they are working hard to make it a process that successfully resolves the appraisal/revalidation debate by making the preparatory evidence robust

enough to support revalidation. This site gives information about the process and access to the required paperwork.

#### [NHS Clinical Governance Support Team \(CGST\)](#)

Information about the CGST, the team's programmes and activities, and lots of stories about how local teams are improving the NHS.

#### [British Association of Medical Managers](#)

An organisation to support doctors in managerial roles.

#### [National Association of Primary Care Educators](#)

The National Association of Primary Care Educators has a network of expert educationalists across the country and has a valuable role in mentoring, teaching and facilitating continued professional development for primary care educators around the UK.

#### [BMJ Learning](#)

Under the umbrella of the British Medical Journal, a free online service for GPs which tells you everything you need to know about appraisal. This practical, interactive and easy-to-use website will provide you with the tools to assess and fulfil your learning needs.

#### [Eastern Deanery PDP Toolkit](#)

The brainchild of one committed GP from Eastern Deanery, GPs will find this a highly useful, clear and concise resource to shape and record their personal development in such a way as to demonstrate their engagement with learning. Key to the site's usefulness are the multiple links to learning resources under all the headings of the appraisal documentation.

#### [E-Guidelines site](#)

Online version of the 'Guidelines' publication. A useful learning resource to support PDP.

# Course Glossary

# Learning Activities

Select one or more of the activities below to develop your skills in managing the appraisal process.

If you are registered on the site, you can write up your reflections in the 'reflections area'. Click on the 'my area' link at the top of the page to access your personal pages. Please note you must be logged in to do this.

## Activity 1. Preparing for appraisal

Make yourself familiar with the range of online resources available for you and your appraisee so that you can advise your appraisee appropriately on preparing for appraisal. Take a look at the Useful resources section and identify between five and 10 tasks (prioritised, with references to the relevant links or resources) that your appraisee might carry out while preparing for the appraisal.

## Activity 2. The appraisal interview

Prepare an outline structure for the appraisal interview, taking into account the documentation you have already seen, the needs of the appraisee in terms of current post and future plans and the time you have available.

Pay particular attention to how you propose to structure the appraisal interview (with timings and suggested questions and prompts) and how you plan to engage the appraisee to identify elements of his or her performance.

## Activity 3. Your own development and training needs

Thinking about your own experience of being appraised and being an appraiser and from the reading in this module, identify your own staff development and learning needs in this area and find out about training sessions available in your organisation.

Or ask a colleague to give you some honest and constructive feedback on different aspects, such as questioning techniques, interviewing skills, knowledge about the appraisal process and how you might improve your skills.

How might you utilise the learning from this and other modules as part of your own PDP and preparation for appraisal?