

The Appraiser Handbook

2015

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<http://www.revalidationsupport.nhs.uk/about.asp>

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Steve is currently associated with the University of East Anglia and was a member of the expert advisory panel of the National Clinical Governance advisory group which developed the original Appraiser Training program. Steve continues to provide Appraisal Training regionally and nationally.

This handbook has been developed from Steve's involvement in Research, Teaching and Appraising. This handbook contains Examples, Rubric's, Templates and links to support the Appraiser.

Key References;

Quality Assurance of Medical Appraisers - Recruitment, training, support and review of medical appraisers in England
Version 3.1 - First published March 2012

Good medical practice - © General Medical Council
Published 25 March 2013 - Came into effect 22 April 2013

Supporting information for appraisal and revalidation
Published March 2012
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The Appraisers Role

Is to;

- Judge engagement,
- Judge the portfolio of supporting information and the pre-appraisal documentation (c.2 weeks ahead of the meeting) ensuring that the whole scope of practice is covered
- Judge the level of reflection
- Judge progress towards revalidation appropriate for the stage of the revalidation cycle
- Review the previous PDP
- Conduct an Appraisal discussion (within the timeframe) and ensuring the new PDP reflects the doctor's development needs
- Complete the Appraisal Administration

The Portfolio MUST contain;

- Continuing professional development (each year)
 - Quality improvement activity (each year)
 - Significant events (each year)
 - Review of complaints and compliments (each year)
- &
- Feedback from colleagues &
 - Feedback from patients (both must have been undertaken no earlier than five years prior to the first revalidation recommendation and be relevant to the doctor's current scope of practice)

http://www.gmc-uk.org/publications/13277.asp?dm_i=OUY,TW4A,3F67OP,2G5MV,1

Pre Appraisal Portfolio Checklist

This checklist can be used to ensure the portfolio is ready for the Appraisal meeting.

Name of Doctor;

	Satisfactory	Unsatisfactory
Scope of work: Description of Scope of practice		
Record of last appraisal		
Continuing Professional Development (CPD)		
Quality improvement activity		
Review of significant events/clinical incidents/SUIs		
Colleague feedback		
Patient feedback		
Review of complaints		
Achievements, challenges and aspirations		
Probity and Health declarations		
PDP Proposal		
Reflection: where required		
Comments;		

Ensure

Supporting information is included from all the doctor's roles and places of work

Judging Reflection

The ICE Approach (What, So What, What Next)

This approach is portable in that it is easily remembered and called to mind as an appraiser reviews the reflection within the appraisal documentation provided. The model is simple without being simplistic.

Ideas, Connections, and Extensions (ICE) represent three different levels of insight and understanding from novice through to competent and expert.

- 'Ideas' form the subject of the reflection.
- 'Connections' place the subject in context with the doctors roles/scope of work.
- 'Extensions' identify the outcome.

Or – more simply put – 'What, So What, and What Next'

Reflection Rubric

Domains	Ideas (what)	Connections (So What)	Extensions (What Next)
1. Knowledge, skills and performance	Discusses how SI* demonstrates performance and skill maintenance.	Shows how performance and CPD meet needs/standards.	Suggests approaches to developing and maintaining performance and skills.
2. Safety and quality	Provides examples of Quality Assurance activity.	Shows how Quality Assurance has impacted on practice.	Confirms and/or extends ideas around safety and quality.
3. Communication partnership and teamwork	Discusses key communication and/or team working methods.	Shows effectiveness of communication and/or team working.	Discusses how communication and team working can/will be maintained/improved.
4. Maintaining trust.	Discusses important personal values (respect, honesty, integrity non-discrimination) required in practice.	Shows how personal values impact on practice.	Discusses ideas or issues concerning personal values and maintaining trust.

* SI = Supporting Information

Wilson, R.J. (1996). *Assessing students in classrooms and schools*. Scarborough, ON: Allyn and Bacon.

Reflection Examples

<http://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/06/examp-refl-appr.pdf>

CPD

This module (name) made me realise how much has changed since I was at medical school, and how difficult I find it to keep up to date with changes in drug use. This is something I need to think about for my PDP.

Quality Improvement

Audit (ultrasound guided infraclavicular brachial plexus block) - Results of my audit suggest that using Prilocaine for IBPB, combined with Bupivacaine for peripheral nerve blocks, is quick, uncomplicated, and easy to perform. The result is satisfied patients who can be pain free and safely discharged home soon after surgery. I presented these findings at the Audit meeting.

Significant Event

A Nurse had put dilating drops in a patient who was referred to me with complaints of diplopia and unequal pupils. As a result of the drops being applied, I couldn't do the diplopia assessment or check the papillary reactions or perform the relevant investigation (such as visual fields). Consequently, I have arranged a teaching session with nurses in my clinic, to help them differentiate among the patients in whom dilation should and should not be applied.

Complaints

A patient complained that as a result of his care for an ankle fracture he developed a wound infection which prolonged his suffering and increased his hospital stay and care requirements. The patient had been admitted under my care and I had written the treatment plan. However, as is normal practice in our Trust, I did not carry out the operation and although I visited the patient each week on my scheduled ward rounds, his day-to-day care was by the team running the trauma wards. I wrote a response to the complaint within the required timeframe dealing with the clinical aspects of the case (the surgery itself, preoperative preparation, antibiotic prophylaxis, postoperative care and aftercare were all of a good standard). Documentation of day to day care could have been better. Some elements to the complaint merited further investigation, particularly in relation to allegations that he was left with dirty dressings on the ward.

Multi Source Feedback

Generally I am very pleased with this feedback. I have been making a considerable effort to include the views of nurses in my ward round discussions. It would appear from this feedback that has been achieved with good effect. I will continue to seek their views during my rounds.

Patient Feedback

As an addictions psychiatrist I would expect some of my patients would not be happy with my care. I do not take this as a matter of immediate concern, however, I will continue to monitor this to ensure that treatment is appropriate.

Personal Development Plans

Background

Not all Objectives derived from an Appraisal will be by nature 'Personal', nor will they necessarily be 'Developmental'. To make best use of the outcome of an Appraisal, we should consider the priorities for this doctor going forward – and at their current stage of their career. The following Rubric is designed to help guide this.

PDP Rubric

Stage	Personal	Service	Learning
Developmental e.g. newly; appointed, qualified, or new knowledge, skills or attitudes identified.	Developing relationships, establishing working life.	Engaging in and monitoring practice	Acquiring knowledge, skills and behaviours/attitudes
Maintenance e.g. experienced, qualified, competent.	Maintaining motivation and engaging in areas of personal interest.	Continuing to maintain, monitor and develop.	Remaining current and competent.
Transition e.g. senior, experienced colleague moving towards management, leadership, education	Developing and engaging in areas of personal interest.	Leading in the development and monitoring of the service.	Acquiring knowledge, skills and behaviours/attitudes for transitional roles.
Withdrawal e.g. moving to part time working, retirement	Establishing a suitable work life balance – succession planning	Identifying a scope of work appropriate to the level of engagement. Preparing for hand over.	Focusing on currency and competence within the scope of work. Planning for retirement.

PDP Evaluation;

Source	Yes	No
Is there evidence of need and/or want in the appraisal documentation?	Y	N
Scope	Yes	No
Does the objective correspond with the doctors Scope of Work?	Y	N

Clarity	Yes	No
Is the learning objectives SMART? (i.e. Specific, Measurable Achievable, Relevant and Timely)	Y	N

Example PDP

Learning / development needs	Agreed action or goal	Date this will be achieved by	How will you be able to demonstrate that your need has been addressed
I would like to reintroduce patient reported outcome scores for my patients in liaison with IT and my clinical team.	Set up an initial meeting with the clinical team and IT to introduce a pilot of Patient-Reported Outcomes Measurement Information System (PROMIS)	June 2016	I will produce a pilot report for presentation at a Grand Round and to the trust board.
With colleagues, I will construct safe systems for the care and review of inpatients on the major trauma site when the responsible consultant is working at another site.	Revise the existing 3 care pathway documents	June 2016	Updated pathways will be introduced at clinical tem meetings and uploaded onto the trust system
Reverify as an ATLS provider (and/or Instructor) status.	Contact the RCS – commence program	Commencing December 2016	Certificate of completion
Expand knowledge on national perspective and systems on revalidation for national advisory role Carried over from last year	Attend the Academy of Medical Royal Colleges second training day on specialised aspects of revalidation.	March 2016	Certificate of completion
Improve leadership and management skills Carried over from last year	In progress. Signed up for a modular programme of leadership skills events organised by Trust,	Commences in June	Certificate of completion. Reflections included in Appraisal for next year.

A Users Guide to Multi Source (360°) Feedback

'First - Do no harm' (Key Message)

A Caution!

When doctors receive critical feedback (or perceive it as adverse) it can have an effect on their confidence, self-esteem and/or trust. Consider the following stages;

- Denial,
- Anger,
- Bargaining,
- Depression and
- Acceptance.

Firstly

Decide at what point in the meeting you will discuss MSF. Ask who was nominated to complete the feedback.

Context

Ensure that your colleague has had a chance to have a good look at the MSF. Explain that colleagues responded according to what they 'believed' – not necessarily on what is known or factual. MSF relies on the power of perceptive understandings, and on the idea that *'if something is believed to be true than it is true in its consequences'*.

Comparison

It is important to look at the data in comparison with one's 'self perception'.

Emotions

It is very difficult to not take this exercise personally. Regardless of the scores provided, human nature will dictate that the lowest score in any field will draw the focus of the doctor. Opening questions may include;

- Are there any surprises?
- What are your initial thoughts/concerns?

Interpretation

A group of scores that differ from the 'self evaluation' will be interesting to discuss.

Discussion

What other feedback or information do you have on this?

What else can help us?

Discussion	Example Question
System	Tell me some more detail about how you work?
Insight	Does this information come as a surprise?
Ability	Do you feel this is something you should be doing?
Motivation	Is there something getting in your way?

Moving On

Having discussed the MSF, it will be important to ensure that the conversation is completed and you are ready to move on.

Example - Summary of Appraisal discussion

Dr X's revalidation date is...
S/he is a (e.g. full time consultant in obstetrics and gynaecology at an NHS hospital trust.)
Additionally (e.g. S/he supervises trainees and appraises.)

Domain 1: Knowledge, skills and performance

We discussed (e.g. his/her interest in furthering their understanding about ...).
Dr ... felt that....(e.g. s/he has an interesting and varied job plan...)

Domain 2: Safety and quality

We discussed (e.g. the recently completed audit in...which s/he intends to present at...)
Dr...(e.g. finds MD&M meetings helpful in...)

Domain 3: Communication, partnership and teamwork

The Colleague feedback for Dr.... (e.g. was overwhelming positive and suggest that she is a well-liked and valued member of the team).
Dr...(e.g. finds communicating his/her ideas within the team is best achieved by...)

Domain 4: Maintaining trust

Dr ... has received (e.g. no complaints last year).
We discussed (e.g. the forms of informal feedback s/he receives – her aspiration to become a mentor...)

SUMMARISING COMMENTS

During the appraisal I can confirm that the entire scope of this doctor's practice has been reviewed, and that I have been provided with appropriate supporting evidence of all aspects of this doctor's work.

I was provided with assurance that this doctor is not practicing beyond his/her capability or qualification and that there is continued effort at quality and safety improvement within their professional life.

We discussed and reviewed documentation which provided assurance that appropriate Continuing Professional Development has occurred and that there has been Quality Improvement Activity during the last year. This activity has maintained and enhanced the quality of this doctor's professional work.

We discussed and there was evidence of reflection on the value of the various CPD activities and quality improvement activities.

We reviewed the previous year's PDP to discuss and reflect on what has been achieved. We have established a PDP for next year using a "SMART" approach to establish credible and achievable goals for the next year.

This doctor has not been involved in any significant events though is aware of and uses appropriately the Trust incident reporting system.

There has been a gathering of feedback from colleagues and patients in the last year. Supporting information has been provided and examined. We discussed the results of these feedback documents and it is clear that reflection has taken place which will improve the service provided to patients.

Useful Links

Use the following links to locate your college/faculty criteria for Certification and Recertification

Academy of Medical Royal Colleges

<http://www.aomrc.org.uk/news-a-publications.html>

<http://www.aomrc.org.uk/revalidation/speciality-frameworks-and-speciality-guidance.html>

Medical Practice Information Transfer

<http://www.england.nhs.uk/revalidation?s=MPIT&search>

What is CPD?

http://www.gmc-uk.org/Continuing_professional_development_guidance_for_all_doctors_1114.pdf_56438625.pdf

What is Quality Improvement Activity?

http://www.lmc.org.uk/article.php?group_id=6878

BMJ Quality Improvement Module

<http://learning.bmj.com/learning/module-intro/quality-improvement-appraisal-revalidation.html?moduleId=10037217>

Personal Clinical Audit Tool – p – CAT

<https://www.p-cat.org.uk/WebPages/Login/frmLogin.aspx>