Appraisal 2020: a survey of GPs’ views in England

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# Executive Summary

Medical appraisal was suspended in March 2020 in response to the Covid-19 pandemic, to free up doctors to provide clinical care. It was reintroduced from October 2020 in a revised format, the ‘Appraisal 2020’ model. This has significantly simplified preparation and a strong emphasis on supporting the doctor’s development.

This report details the findings of a survey of GPs in England about their experience of the Appraisal 2020 model.

4789 doctors responded. Their response was strongly positive, both in numerical terms and from the many free text comments:

Three-quarters found that preparation was simpler (78%) and took less time (75%).

There was a substantial shift (around a third) who found the Appraisal 2020 model more useful for their development.

A very large proportion (90%) expressed a preference for the Appraisal 2020 model for future appraisals.

Free text comments gave emphasis to the numerical findings, illustrated by these examples:

*“…by far the… most…useful discussion I have ever had with my appraiser.”*

*“…more supportive and less time consuming.”*

*“…better …on my wellbeing, and also…on patient care.”*

*“…it…may well prolong my working life.”*

*“…gave me confidence to disclose personal challenges I’ve been having.”*

*“I felt treated like a professional.”*

*“…a breath of fresh air.”*

The positive reception by doctors to the Appraisal 2020 model is very encouraging. It reinforces the validity of continuing work, led by the Academy of Medical Royal Colleges, to consolidate the Appraisal 2020 model as the format of appraisal going forward. In addition, three areas of continued action are recommended:

* clarity of the message that the prime focus of appraisal is as a catalyst of development;
* a focus on the skills and behaviours of appraisers to facilitate a useful, confidential professional exchange;
* maintaining a correct distinction between governance and appraisal processes so as not to distract from the developmental purpose of appraisal.

Thought could also be given to doctors who continue to report that the appraisal process is of little or negative value for them. Such dialogue may lead to improved understanding to inform future developments so that professional standards activities, including appraisal, are as useful as possible for as many as possible.

Holding all of these areas in focus as we move forward will continue to increase the effectiveness of appraisal in supporting all doctors as valued professionals and thereby enhancing the care they offer to patients.

# Introduction and background

This report presents the results of a survey of General Practitioners’ (GPs) experience of the Appraisal 2020 format in England.

Prior to revalidation in 2012, medical appraisal was developed to support a doctor’s professional development by identifying learning needs[[1]](#endnote-1). When coupled with revalidation appraisal took on an assurance element, the intention being to balance this with the support aspect[[2]](#endnote-2). This assurance element was felt by some to create an increased expectation of written evidence, something that felt increasingly burdensome, diminishing the value some doctors gained from participating. This was recognised in the Pearson Report (2017)[[3]](#endnote-3), at which point steps were taken to clarify the requirements for written supporting information[[4]](#endnote-4). Subsequent feedback from GPs in England was that the majority valued their appraisal[[5]](#endnote-5). However, critical commentary persisted about the burden of documentation and a perceived conflict between combining assurance with a process designed to provide support[[6]](#endnote-6).

This context was further shaped by widely reported stresses in the healthcare system[[7]](#endnote-7). As workload and stress levels for doctors increased, national consideration was given to supporting doctors through various measures[[8]](#endnote-8).

In March 2020 the pandemic forced a suspension of appraisal in order to free doctors for clinical work[[9]](#endnote-9). This pause created an opportunity to rethink the existing format in the context of the pandemic emergency, as well as the continuing negative perceptions referred to above. The challenge was to arrive at a format of appraisal that respects and trusts the inherent professionalism of doctors, is easy to prepare for and visibly supportive of the doctor’s personal and professional development. The rebalanced Appraisal 2020 format was the result of this discussion[[10]](#endnote-10). It aimed to improve value for the doctor by re-asserting the support aspect whilst diminishing the requirement for detailed written preparation. It also highlighted the appraisal as an opportunity for the doctor to discuss their health and wellbeing as a legitimate area to review as part of their overall personal and professional development.

This survey was undertaken to assess the extent to which doctors and appraisers find that these aims have been achieved.

# Description of process

An online survey of doctors undergoing appraisal was chosen as the method of data collection. This enabled a large number of doctors to participate to allow breadth of responses and engender generalisability and reliability in the results.

Responses were anonymised to maximise the likelihood of authentic answers and results.

The survey link and invitation were sent out by NHS England appraisal teams to doctors who had recently undergone appraisal and their appraisers, with a brief explanation. The survey was kept short to encourage participation but included the option of free text comments. The survey ran from October 1st 2020- September 30th 2021 allowing a full year of feedback, although different regional teams chose to send the link out for differing periods of time and in different ways.

# Key findings

## Numerical

* 75% of doctors reported that it took *less time to prepare* for their appraisal.
* There was a *two-fold increase in the number of doctors who found their appraisal approach very useful* in considering their professional development compared with the previous model (37% compared with 17%). In addition, those who found their appraisal of no use dropped by one-third (4% from 6%).
* 74% found it *helpful to have an opportunity to discuss their wellbeing*.
* 90% reported *confidence in the appraisal summary*.
* 82% were *confident that their appraisal is a safe space*.
* 92% said that they would *prefer the 2020 model* for their future appraisals.

## Qualitative

Free text comments emphasised the strong positive impact of doctors’ experience of the Appraisal 2020 format. Typical examples included:

* *“…by far the best, most beneficial and useful discussion I have ever had with my appraiser.”*
* *“…allowed the appraiser and myself to focus on discussion and reflection rather than box ticking.”*
* *“I felt treated like a professional.”*
* *“…simpler, more supportive.”*
* *“Finally we are being trusted to do our job well.”*
* *“…spent more time thinking…on ‘challenges, priorities and achievements because I wasn’t worried about counting CPD points.”*
* *“…it…may well prolong my working life.”*
* *“…much better than previous years…on my wellbeing, and also…on patient care.”*
* *“…a breath of fresh air.”*
* *“…less like a test.”*
* *“…gave me confidence to disclose personal challenges I’ve been having.”*
* *“It felt a more professional process, it was how appraisals should always have been, much more supportive and less time consuming.”*

Negative comments were comparatively few in number, with typical examples being:

* *“I am not convinced appraisal plays any role in my personal development so this year luckily it was less painful than usual which is good.”*
* *“…it was always a waste of time this just makes it less of a waste of time.”*

# Results in Detail

## Number of Responses

A total of 4789 GPs responded across the seven NHSE regions. In September 2021 the BMA GP headcount was 37461 meaning that an estimated 12.8% of GPs participated in the survey. The response rate per region is not calculable due to the ways in which different areas sent out the survey link. However, in some regions this was possible, for example in NHSEI Southwest the response rate was 43%.

Results are presented of doctor’s responses primarily, with secondary comments about the responses from appraisers in each section as appropriate.

## Quantitative Results

**1 What was the effect of the 2020 medical appraisal format on the total time it took you to prepare for the appraisal?**

Doctor’s responses:

A dramatic proportion of doctors (75%) reported a reduction in preparation time with the new model. With a further 25% reporting no change, this finding was very encouraging. A very small proportion (2%) found the new format more time consuming.

**2 How easy did you find the 2020 Medical appraisal format to prepare?**

The responses to the question on simplicity mirrored closely that about the time taken.

**3 What effect did the 2020 medical appraisal format have on supporting a useful discussion?**

Doctors’ responses:

The usefulness of the discussion was improved overall by the 2020 format (figure 4). That this was achieved in the context of reduced preparation time and increased simplicity as in the first two questions is very reassuring.

Appraisers’ responses:

This is in keeping with the results from GP appraisers 76.5% of whom found the focus on support, health and wellbeing and the pandemic made the appraisal more useful with only 3% feeling it made the appraisal less useful.

**4 Usefulness of appraisal in terms of considering personal and professional development**

Doctors’ responses:

|  |  |
| --- | --- |
|  |  |

The majority of appraisers felt the 2020 format made the appraisal as useful as that of previous formats in considering their development with 45% feeling it made the appraisal more useful in considering their development and 34% feeling it made no difference.

**5 How effective was this appraisal in contributing to better patient care?**

The quantitative data showed 66% of GPs found the appraisal effective in contributing to improved patient care (figure 6). From the appraisers’ perspective 62% felt the 2020 format was effective in contributing to effective patient care.

Whilst a healthy majority reported effectiveness in improving patient care, interpretation of the responses to this question has been associated with some uncertainty, in particular regarding the proportion reporting that the appraisal made no difference. Taken in sequence with the preceding questions, it is possible that some respondents will have answered in the context of the effectiveness of this appraisal (i.e. the 2020 format) when compared with the previous format, and not as a straight evaluation of this appraisal, as intended. Those responding in the first context may have replied ‘no difference’ meaning ‘this appraisal was at least as effective as the previous format’. It is suggested that the responses to this question are therefore treated with a degree of caution.

**6 How useful was your appraisal in debriefing your experience of the Covid-19 pandemic?**

Doctors’ responses:

Responses to this question indicate that 85% of doctors found the opportunity to review their Covid-19 experience at their appraisal useful.

**7 Do you feel the final written summary of your appraisal adequately captured how you have kept up to date, how you have reviewed your practice, and what your professional priorities are for the coming year?**

Doctor’s responses:

The outputs from appraisal feed into the Responsible Officer’s recommendation to the GMC alongside governance information available from other sources. It is therefore important that the written summary is accurate, and the quantitative results show that 90% of GPs feel theirs was accurate (figure 8).

There is further appraiser development needed to address the write ups of 10% of GPs who did not feel it was an adequate representation of how they kept up to date and fit to practice.

Appraisers varied in how the 2020 format affected their ability to write a satisfactory summary with 41% finding it made it harder, 44% finding it made no difference and 15% finding it made writing the summary easier. However, when it came to developing an appropriate PDP, 57.5% of appraisers found the 2020 format made no difference and 16.5% found it easier, with only 26% finding the format made writing a PDP harder. From the perspective of signing of the output statements 76% of appraisers found the format made no difference, with 11% finding it made completing the statements easier, and 13% finding it made it harder. The lack of pre-appraisal information was commented on by a number of appraisers who considered that it made it harder from the appraiser’s perspective.

From the appraiser’s perspective when it came to making a judgement on the doctor’s professionalism 70% found the 2020 format made no difference with 16% finding it made it easier and 14% finding it harder.

**8 Do you feel appraisal provides a safe space to discuss whatever you want or needed to?**

Doctor’s responses:

The findings show the majority of GPs (82%) feel appraisal provides a safe space to discuss issues they needed to. However, 13% of GPs feel unsure and 5% do not feel appraisal is a safe space. This may in part be due to the link between appraisal and revalidation. This reduces the opportunity they have within their appraisals to consider issues affecting their personal and professional development and is therefore an area that is worth further focus, to ensure that the confidentiality of their appraisal is not only a reality but is recognised by doctors as such.

The majority of appraisers felt that the 2020 format either made no difference (48%) or made it easier (44%) to create a safe space.

**9 If you had to choose the previous appraisal format or the 2020 format which would you prefer?**

In this question, doctors gave a clear indication that they would prefer to maintain the appraisal 2020 format in preference to the traditional model in future.

## Qualitative Results

**1 General views on the new appraisal focus and process**

3135 comments were submitted by the sample population. Reviewing these, a number of themes were identified regarding both the traditional and 2020 format (Figure 1).

**Figure 1. Themes arising**

|  |  |  |
| --- | --- | --- |
| Traditional format  | 2020 format  | Miscellaneous issues arising |
| Time consuming Tick box/ hoop jumpingRepetitiveRigidBureaucracy focussed IrrelevantWritten reflection on CPD not usefulNot effective Discussion re minutiaeOnerous / stressful Inquisition/ policedTreated like a childMade me consider leaving GP | Less time consumingSimplerFlexibleFocussed on doctor/development/ wellbeingReal issues/ relevantMore/ verbal reflectionEffectiveOpen/ broader discussion Supportive/ less dogmaticTreated like an adult/ trusted professionalLess daunting/ stressfulSupportivePatient care | Short notice/ didn’t realise there was a new formatSkill of the appraiser Remote appraisals Retired appraisers |

These help show how the traditional appraisal process had become burdensome for some; also was felt to be rigid, process driven and tick boxing. In comparison those arising from the comments about the 2020 format demonstrate that the flexibility and reduced tick boxing enabled a process that was more focussed on the real issues doctors are facing.

**2 Time**

There were 839 comments regarding the time that appraisal, and in particular the traditional format, takes:

*“The previous format was so incredibly time consuming and not very beneficial to anyone- it was a box ticking exercise that quite frankly was a waste of time. For me, the silver lining of covid was the change in appraisal format. I am a busy GP and parent and the previous format put a lot of strain on my mental health. This year's appraisal was so much better and it generated by far the best, most beneficial and useful discussion I have ever had with my appraiser.”*

*“The new 2020 appraisal saved hours of my time, which meant I could give more to my patients and the locality during covid. Aside from that, it meant that the pointless data entry and repetitive reflection of the old appraisal was not required. This process made me negative about appraisal from the outset, so this year, spending a much shorter time preparing allowed me to actually reflect more thoroughly and really consider my career, my learning and my development needs. It was also a much more natural and helpful discussion with the appraiser. Please keep the appraisals like it was this year!!”*

*“less is more. Less prep so more time top really reflect. The joint colleges form did everything and allowed the appraiser to really flesh out understand and discuss my experience but much more importantly the emotional and [psychological consequences. Mt PDP was much improved as it felt personal about me and reflected a really deep professional and better conversation than we have had. Interesting as this was not my first appraisal with the same appraiser so we both were the same what has changed is the lack of bureaucracy and the lack of an intellectual frame that pigeon holes all my thoughts and experiences. Made me feel enthusiastic about appraisal again albeit thew annoying e mails form bureaucratic organisations about filling this in by that date etc continued.”*

*“Less preparation time and more open questions allowed for more reflection overall. It felt like the appraisal discussion could focus on issues which were more important to me, my practice and patients. Rather than the previous process of formulaic questions and box ticking which could stifle reflection and a true appreciation or representation of how things are going”*

The quantitative data reinforced the qualitative comments that the 2020 format took less time for the appraisee (figure 2).

**3 Tick-box**

There were 578 comments regarding the tick box nature of the traditional format

*“The requirement for box ticking always felt patronising and belittling of our professionalism while also seemingly providing poor evidence of our ability/probity/reliability as clinicians, so good that this is taking a less prominent role now, hopefully this will be a positive outcome of the pandemic.”*

*“the new format allowed the appraiser and myself to focus on discussion and reflection rather than box ticking. The previous format was unwieldy and made the cost/benefit balance of appraisal marginal at best. I know a number of senior GPS where the appraisal process has been a significant factor in their retirement. I think if the current 2020 format was adopted, I think that would remove a significant pressure form GPs and allow them to concentrate on patient acre, , CPD, and reflection to a greater degree. It would certainly lift my moral to know I didn’t have to return to the previous format which was really awful”*

*“The new process focuses more on the individual GP’s well being and professional development rather than a tick box CPD/reflection exercises which was an additional annual stress on top of an already heavy workload. I think if you want to retain GP’s then more emphasis needs to be placed on appraisals being a helpful process for the appraised rather than the appraiser conducting an assessment which was how it felt previously. My husband is a hospital consultant and has a far more supportive appraisal process which is less regimented and much more like the GP 2020 appraisal. The change to the new system was one of the only positive things that has happened all year to general practice!”*

*“Being less constrained by targets and format allowed for more energy to explore more important but unmeasurable areas of improving practice. Freed from the "tick-box burden" I had more time for considering the wider aspects of my work and my mental health. The new process was far more supportive and had greater impact than previous appraisals, this has to be better for both doctors and patients. Please don't feel a need to return to an unnecessarily bureaucratic system just to satisfy the need to present an image of strict regulation.”*

*“I feel angry about the previous amount of text boxes and hoops I have had to jump through as I feel this that is detrimental to learning. Examples are the increasing amount for child protection which seems illogical and not evidence-based. As professionals we should be doing learning anyway. It is also very burdensome to document and detracts from patient care. The most useful part I found with all my appraisals is actually the informal discussion including how other GPs are managing things differently. For this reason I’ve always found my appraisals useful in this regard”*

*“This was the first time I haven’t felt exhausted and demotivated after appraisal with the time consuming box ticking. This time I felt treated like a professional. It helped me feel much more motivated in thinking how I can be a better doctor”*

Appraisers also highlighted the reduction in the need to tick boxes.

*“Better focus on the doctor’s challenges and successes. Less box ticking.”*

*“reducing the burden of unnecessary box ticking can only enhance the core benefit of appraisal - and my appraisee told me this too. It allows the discussion to focus on what is important to the appraisee without ignoring SUI/complaints etc.”*

*“make it simpler for Dr's the box ticking mentality that has crept in to the NHS is damaging- some of those in the senior appraisal team really need to get to grips with the 21st century and embrace this way of appraising - it is brilliant for both appraiser and appraise(I do feel strongly that if you are no longer practising GP then you shouldn't be in a position of authority telling the rest of us what to do) Thanks for making the changes so beneficial and well done for handling this so well”*

*“More supportive; much less tick boxy; felt had more room for professional judgement and fewer constraints on the appraiser re acceptable levels of evidence/cpd credits etc; the GP appreciated having less prep to do; the video platform worked quite well but it felt harder to maintain the feeling of a safe space; the summary took a lot longer”*

**4 Repetitive/ Simpler**

There were 485 comments regarding the repetitive nature of the traditional format or the simpler 2020 format

*“so much simpler, more supportive and less pointless "box-ticking". Previous format was utterly unfit for purpose - new format much more sensible and pragmatic and more likely to engage GP's positively”*

*“It's so much easier to prepare for, plus you don't have to worry about how many CPD points you've got and whether any are going to be discounted. It became like the old appraisals at the beginning, about who you are and your medicine and how the appraiser could help it. I really enjoyed it for the first time in a long time. Please keep it going like this... It was a boost to my morale.”*

*“I have always greatly valued my appraisals but I think that sometimes there were elements that seemed overly complicated and to take too long for the benefit they gave whereas Appraisal 2020 seems more streamlined and targeted on what really matters while still covering all the same areas”*

*“Simplified the process and cut out the bureaucracy. Finally we are being trusted to do our job well and the emphasis was on our wellbeing rather than box ticking”*

*“easier to prepare, format is simpler, I think it would be helpful not to have credits at all for appraisal, it should be all about personal and professional development, not about counting credits.”*

Appraisers had similar views.

*“ I prefer the simplicity, and I find it easier to pick out and concentrate on the important points. I welcome not having to wade through large amounts of free text ‘reflection’, which can sometimes make it hard to see the wood from the trees.”*

**5 Rigid/ flexible**

There were 120 comments regarding the rigidity of the traditional format or the fact the 2020 format was more flexible

*“more flexible to look at individual needs online meeting was safe and convenient”*

*“Given that I feel the discussion was better, I think this illustrates how we were ‘freed up’ to discuss what was really important and not bogged down with all the immense detail of the previous appraisal I would definitely feel that the previous format was too ‘preparation heavy’ and needs to be changed. This approach was much more nurturing which was what we needed in a pandemic year”*

Appraisers also noted the same.

*“The simpler format allowed for a more organic discussion and put the onus on the appraiser to probe around the domains where clarity was required. On the whole seemed more natural and free flowing and the outcome I felt was the same, possibly better.”*

*“I preferred new format. I felt dr more positive about appraisal - felt a more natural discussion. Appraisal discussion was more dr focussed and more meaningful as centred around their learning, achievements, challenges, aspirations. felt dr was more relaxed. It was a more comfortable environment to be able to discuss drs wellbeing. Dr felt less of a prescriptive process.”*

**6 Bureaucracy vs doctor’s development/wellbeing**

There were 362 comments regarding the traditional format being bureaucracy focused or the 2020 format being focussed on the doctor’s development or wellbeing

The focus of the 2020 format of support and wellbeing alongside the reduced time involved in pre-appraisal preparation and the reduced ‘tick box’ nature of the process clearly reduced the burden and stress on doctors. At a time when doctors in general - and GPs in particular- are under increasing stress with heightened levels of burnout, mental health issues, and escalated numbers leaving the profession; this is an essential change if doctors are to be supported and encouraged to prioritise self-care in order to maintain their personal wellbeing, thus enabling professional wellbeing to be maintained for the benefit of their patients.

*“This appraisal cycle seemed much more centered on actually appraising how I was getting on, what I had done, what had gone well and not so well than previous years. The historical frustration of filling in endless amounts of CPD and then reflecting on each entry, reflecting on each section of the portfolio and then the portolio at large and the covering of core competencies is not clinician focused, laborious and fails to support me as a clinician in any way.*

*“Felt less like a tick box exercise and much more like a constructive and open analysis of what had gone well and where changes could be made. I felt more able to openly explore professional issues with my appraiser and that they were more*

*“Too often the importance of clinician wellbeing was overlooked and appraisal was always about achieving more and doing more in a population of doctors who often have this as their own focus anyway. Clinicians need to be well and being made to focus on self care to facilitate long term patient care- especially in the current climate. The effects of the pandemic will be long lasting. My patients will benefit far more from a doctor who is resilient and well and available to meet all of their needs than a burnt out doctor who has done an audit or a piece of online learning. All are important of course but the new appraisal process gave more equity to academic progress and self care together.”*

*“This appraisal was an holistic one similar to the original appraisal process- far too much emphasis in previous appraisals on targets and minutiae. We’ve been punished for Harold Shipman and good Doctors are being put off continuing in the profession because of the ridiculous hoops you have to prove in the old process. When we asked in the 2020 appraisal’ how are you’ I felt it was the first time someone had actually meant this in an appraisal. I am a 51 yr old GP having qualified as a Dr in 1993 - so over 27 years in the medical profession-the 2020 appraisal was excellent in its low key format with flexibility about study requirements and an holistic nature. The question of ‘ how are you really?’ has unfortunately been a long time coming. Please listen to our comments- they are not*

*meant to be negative- they are meant to be constructive. Best wishes.”*

*“I have learned that having just a knowledge focused appraisal does not capture what is needed. The shift had started during the 2019 appraisal but who could have known that putting in physical and mental wellbeing would be the most useful tool/part of the whole appraisal in 2019 to actually cope with the pandemic. The focus needs to be on medical staff that is not tired/exhausted and stopped caring - this is more dangerous to patient care than telling a patient that one has to look up something and will come back to them with the right information (particularly in General Practice, knowing everything is impossible). When I am too tired, I make mistakes and I stop caring - the 2020 Appraisal focused more on achievement to stay compassionate at work, how to support each other and that*

*uncertainty has not stopped. The pandemic has shown us one thing - if we need to learn on the spot, we can. Let us know focus on the person who has to stand there and turn up to work every day with interest and compassion”*

Appraisers also noted it was more doctor focused and less bureaucratic. Many also commented on the wellbeing focus and its importance.

*“I think the appraiser comes in with a more positive attitude as the don't feel the process is part of a box ticking process but is focussing more on them. The biggest issue and impacts on question 2 is that it is harder to develop a supportive atmosphere when we are forced to conduct the discussion over zoom. Both my appraisees would have much preferred face to face with appropriate social distancing (which should be entirely possible)”*

*“A more relaxed appraisal atmosphere helps to foster useful discussion about important issues for the doctor, rather then delving deep into large numbers of SI items.”*

*“My appraisee found this more useful, and I certainly found it less beaurocratic”*

*“The general focus on wellbeing and self care and encouraging that as a really important feature of practice helps to gain access to what really matters to people and when that is heard in a non judgmental way, people are more open to considering challenging things. Our gPs need to know that they are being thought about and their needs are being considered in a meaningful way.”*

**7 Relevance**

There were 222 comments regarding the traditional format focussing on issues that weren’t relevant, or the 2020 format being focussed on real, relevant issues

*“It seemed a lot more personal and relevant. In the past it has felt like I need to take weeks off to prepare when in reality I would be better ha ing a week off to recharge amd not work. My appraisal may have been the only opportunity I had on the whole of last yea to have protected time to unburden my feelings and worries without feeling guilty about it. The ability to be honest and have someone who really understands what being a GP partner during a pandemic is like was amazing. My appraiser was so helpful empathetic and previously I I’ve felt that my position was not really understood and it was a case in part of going through the motions and proving something. Which i don’t think needs to be proved in that forum. I felt my appraisal helped me to re find my focus and use the strategies I needed to continue to Support others and be the dr I need to be for the patients”*

*“I spend hours and hours reflecting on items in my portfolio - it often takes me more time than I actually spend doing the learning events. This was much simpler and straight forward. I was able to reflect on the overall impact of the last year, which was more meaningful, rather than more superficial reflection on different portfolio items. I spent more time reflecting on my roles, what had been a struggle and what I was proud of achieving. This enabled me to holistically review where I was, where I wanted to be and to consider how I might get there. Much more useful that the previous tick box exercise.”*

*“The 2020 appraisal felt more personal, and less of a box ticking exercise. It felt as though the appraiser had been given permission to ask the difficult and non quantifiable questions that really get to the heart of things. This appraisal felt more real and appropriate.”*

*“I found this year there was more time to focus on my well being, personal development, priorities. Previous years have felt more about ‘checking I have done the correct courses’. I understand both elements are needed, but I felt this year spent more time thinking about the sections on ‘challenges, priorities and achievements because I wasn’t worried about counting CPD points”*

**8 Written reflection vs verbal reflection**

There were 397 comments regarding the lack of benefit in written reflection on CPD or the fact the 2020 format led to increased or more useful reflection

*“For someone who participates in lots of learning activities throughout the year, the added burden of having to reflect on everything I record is so time consuming and in my opinion does not add value. I would far rather continue to participate in those activities and self identifying needs to focus on each year and have a more informal discussion about personal wellbeing, resilience and burnout amongst Drs as a supportive discussion rather than burdensome hoops to jump through that in no way help to improve my practice which I continue to strive hard to maintain to a high standard anyway”*

*“The new appraisal process was a huge improvement on the old one. It didn't take long for me to prepare the information and I focussed much more on my reflections on the year as a whole rather than forced reflection on CPD. I am doing continuous real-time CPD at work and it has always felt like a huge and unnecessary effort and stress to write this down for appraisal. Overall this process was much better and allowed a more constructive discussion with my appraiser and I would very much support this process continuing. Returning to having to list all CPD would be a huge backward step and would cause extra stress to an already stretched to breaking point workforce.”*

*“You can focus more on what is lacking, what you have learnt. Where how you would like to develop as a dr- goals aspirations Argc with new type of appraisal as don’t have to spend dozens of hrs imputing all the learning you have done. Real waste of my time, time which I could be using to do PUND DENS, reflection etc. Was so liberating not having to do it this year and gained far more from this appraisal than Previous years a s result as was truely able to reflect without pressure of spending hrs and hrs putting stuff on clarity”*

*“Previous format was objective driven. The process BECAME the appraisal- leaving little resource for useful reflection or discussion. New format is less ‘formal’ which facilitates more honest reflection (as it was in the beginning of GP appraisal interestingly) and represents a major improvement. PLEASE don’t revert to the ‘tick box and trophy collection’ of pre 2020. Ironically the pandemic has provided the catalyst to get appraisal finally right”*

*“The new process gave the opportunity for personal reflections and emotions regarding patient care and personal development. Also in preparation. Less time was spent with useless reflections/ comments, more time was spent with very useful deepening personal reflection. Lets keep this up!! This is what appraisals are about!”*

**9 Usefulness/effectiveness**

There were 312 comments regarding the lack of effectiveness of the traditional format or the usefulness of the 2020 format

*“My latest appraisal was the most useful by far in all the appraisals I have ever done. It wasn't focused on counting numbers but on giving me a space to de-brief and reflect which as a partner when you're trying to be there for each other is really important. It's great to have a confidential space in which to talk”*

*“The previous appraisal was a bureaucratic box ticking exercise, creating a huge amount of work to very little gain. This appraisal gave me the chance to properly open up and to be genuinely reflective, something the previous one never managed to achieve. At the end of completing my documentation I felt that I had actually benefitted from the time spent, usually I just feel relieved that the damn thing is over. The only downside was having to have the discussion virtually. I imagine that appraisal will soon revert to being the bean counting exercise it was before, which I will deeply regret”*

*“2020 felt like a return the the original appraisal format where the well being of the Dr took precedence over the tedious and onerous box ticking exercise it has become. This years appraisal was an excellent, helpful and cathartic experience”*

**10 Breadth of discussion**

There were 62 comments regarding how the traditional format led to a discussion about small details such as CPD while the 2020 format led to an open, broader discussion

*“So much less formulaic and less prescriptive. There was a freedom to reflect on personal health and emotional health and the impact on the role as a GP. This had been seriously lacking in the old format. This led to a considerably superior discussion and the benefits of good health on ability to be a good doctor.”*

*“The 2020 format lends itself to proper personal reflection on progress, wellbeing, professionalism and patient care. The previous format leans heavily toward record keeping and ‘proving’ that you are taking part in expected CPD. This is far less useful”*

*“less time wasted on recording details of each unit of CPD and box ticking counting hours- Instead more time to focus on what really matters- support, pdp planning, review of professional and personal achievements and where to develop next”*

*“So much less formulaic and less prescriptive. There was a freedom to reflect on personal health and emotional health and the impact on the role as a GP. This had been seriously lacking in the old format. This led to a considerably superior discussion and the benefits of good health on ability to be a good doctor.”*

*“The 2020 format lends itself to proper personal reflection on progress, wellbeing, professionalism and patient care. The previous format leans heavily toward record keeping and ‘proving’ that you are taking part in expected CPD. This is far less useful”*

*“less time wasted on recording details of each unit of CPD and box ticking counting hours- Instead more time to focus on what really matters- support, pdp planning , review of professional and personal achievements and where to develop next”*

1. A number of doctors highlighted that the 2020 format allowed the appraisal discussion to focus on real issues which encouraged their personal and professional development more effectively than did the traditional format; and the quantitative results reinforce this, demonstrating an increase in those finding their appraisal very useful with the 2020 format in considering their development (figures 5).
2. **11 Patient Care**
3. There were 158 comments regarding the positive impact on patient care.

*“The new Appraisal process enables a more balanced and nuanced approach between ensuring ongoing CPD and learning,whilst ensuring that Doctors can also focus on their own well being and work/life balance.This will enable Doctors to provide the highest quality of care to our patients on a continuing basis.”*

*“For the first time had a discussion at appraisal which has stimulated useful research questions. I expect this to have a positive impact on patient care in due course.”*

*“The appraisal concentrated on the good lessons learnt from covid and the best things to take forward it was not encumbered by a deadly trawl through CPD etc so concentrated on me my wellbeing and my future and as such was invigorating in a way that appraisal used to be. The new format allows the Appraiser to appraise and the appraisee to reflect and in my case allowed me to formulate some big life decisions. Patient care will be improved we looked at how appointments system can be revised with all the covid experience, I learnt about other practices and felt cvalidated, during covid we have been out on our own and especially as a locum and working remotely the appraisal allowed me to benchmark my experience and understand more about the rislsand specific patient risks. The format was permissive as the appraiser and I were allowed to have a proper conversation noty heralded and curtailed by the emotional straight jacket that has formed around appraisal as the summative and management process have overtaken the formative in the last few years. Great.”*

*“I certainly felt more confident about managing my priorities both personal and work related. Having a less stressful mindset enabled me to deliver better patient care. After the appraisal I felt positive about the challenges ahead. For once I as a doctor felt that the appraisal system cares about us and our wellbeing. It highlights how important it is for doctors to not worry about tick box exercises and rather focus on good patient care practically. This type of appraisal allows more open discussions.”*

*“The approach this year was so much better than previous years in terms of impact on my wellbeing, and also I suspect in terms of impact on patient care. The "light-touch" approach in terms of preparation was much valued and helped me to keep anxiety and stress to a minimum despite pressures from COVID. In the past I have found the preparation for appraisal to be onerous, unnecessary and unhelpful. I would say previously appraisal was something I dreaded, and in the weeks leading to the appraisal deadline it caused a reduction in time available to me for activities to maintain my own wellbeing. It therefore most likely had a negative impact on patient care and on my own health. Previously I have found the discussion with my appraiser to be very valuable, and this was the same this year. The process of having a meeting to discuss personal, and professional issues and an opportunity to discuss career plans and ambitions has been extremely helpful and I would advocate that this should continue - without the endless requirements for gathering information and typing out reflections etc etc”*

**12 Retention of GPs**

There were 41 comments that the traditional format had made the doctor, or their colleagues consider leaving - or actually leave - General Practice

*“I still did as much cpd and reflected on it but felt relieved not to have to write 50 hours down !! it made way for discussing what felt more pressing at this time as i near retirement i would be more likely to keep going if this was the regular format !!!”*

*“I think the preparation process is much better. I am a GP who has returned after almost two years off. I returned because of Covid. I used to dread appraisal preparation, it took so long. Had Covid not come and appraisal not changed I would not have returned to practice. I am currently 52”*

*“Previous format was terrible and likely to lead me to retire early so I can skip them. Always felt like petty tick box exercise , this was a much better and more useful discussion and spared me having to log endless CPD activities, which we all do anyway. Please never revert to the old format”*

*“I think a wellbeing focus is key now and certainly for the next 2 -3 years as pandemic pressures ease. I do want appraisal to have sensible rigour. I have been frustrated in the past with obsessive collection of detail and reflection as well as inconsistent application between different branches of medicine. I think there is a question about the range of mandatory training now required and how this relates to the additional and valuable elements of appraisal. A good percentage of the value of the appraisal process depends on the maturity of the appraiser. Some have an emotional intelligence and can focus on the human aspects of being a good practitioner others are in the stamp collector camp and simply want you to prove you have covered off reflection and ticked all the boxes. With the previous appraisal process as I have got to the later part of my career I had found it increasingly burdensome , I am now feeling more positive about it and it will be a factor which may well prolong my working life . ( I have taken retirement on 24 hour terms and so could go with no problem with due notice now.)”*

*“thank you for having this opportunity to finally get this off my chest! Speaking to follow gps over the years, including those nearing retirement, most of us have felt that appraisal has been a largely academic exercise that has taken us away from our clinical workload, harmed morale, increased stress and helped push people to retire earlier. we understand the need for continuous learning, we do that all the time in our own way. the onerous way we have had to account for this learning has been an unnecessary burden in an already demanding job. many of us dread the time of year when appraisal comes around, not because it is hard, but because it is pointless, and we have to find this extra time and energy we don't have to do it. our daily coffee meetings, regular clinical meetings and practice meetings where we share our learning and talk about cases are far more useful, where we can learn from each others knowledge, rather than be yet more siloed, keeping our heads down getting through appraisal. If we are stressed we will make mistakes, lose morale, get sick, retire early, and our patients will suffer. this years appraisal was the first in years where I actually did feel psychologically refreshed and happier about being a gp, rather than just relief that it is over for another 9 months, before the preparation process begins again.”*

*Much less routine and sterile data entry and collection of ultimately meaningless information just to "feed the machine" / jump through hoops. It was a much more thoughtful consideration of the last year and the future plan. For a change I didn't feel it was time to throw in the towel and retire”*

1. Given the impact of the pandemic on doctors’ wellbeing and development, the opportunity the 2020 format gave was seen by most doctors as useful in debriefing their pandemic experience.

**13 Outputs**

1. Appraisers provided comments on their experience of conducting appraisals remotely, and on the challenge of drafting a satisfactory summary with less preparatory information to rely on.

*“did not enjoy the remote meeting as much as visiting practice and F2F contact. the new process is beneficial to the doctor but probably harder for the appraiser in terms of documentation and demonstrating evidence etc. but i feel process should be more about the doctor, so this is probably appropriate - hopefully moving forward the need to demonstrate rigid evidence will change to more formative process”*

*“I found it more challenging to write up such a comprehensive appraisal summary as I had few reflections and notes to refer to after our discussion from the portfolio evidence. Although I take notes, this is a balance as doing it remotely means you need to pay more attention to appear you are doing the active listening/right body language I have found, so you cannot write too much. Perhaps I shall get better, at asking, exploring, challenging, capturing the answers and remembering them in future! I do think the appraisal summary has become unnecessarily excessive, and like the appraisal prep should be stripped down.”*

**14 Emotional experience**

A lot of comments identified emotions involved in appraisal. Phrases like “Spanish inquisition”, “child in detention”, “proving I’m not Harold Shipman” emphasise how the traditional appraisal format made some doctors feel. The emotions appraisal engendered clearly came through in the results.

1. There were 582 comments regarding the stress the traditional appraisal format caused, while the 2020 format was less stressful or even enjoyable. The ability of appraisal to positively impact a doctor is clear in the comments, but what has had even more personal impact has been the number of respondents negatively impacted by the traditional format who have benefitted in a positive way from the 2020 format

*“The approach this year was so much better than previous years in terms of impact on my wellbeing, and also I suspect in terms of impact on patient care. The "light-touch" approach in terms of preparation was much valued and helped me to keep anxiety and stress to a minimum despite pressures from COVID. In the past I have found the preparation for appraisal to be onerous, unnecessary and unhelpful. I would say previously appraisal was something I dreaded, and in the weeks leading to the appraisal deadline it caused a reduction in time available to me for activities to maintain my own wellbeing. It therefore most likely had a negative impact on patient care and on my own health. Previously I have found the discussion with my appraiser to be very valuable, and this was the same this year. The process of having a meeting to discuss personal, and professional issues and an opportunity to discuss career plans and ambitions has been extremely helpful and I would advocate that this should continue - without the endless requirements for gathering information and typing out reflections etc etc.”*

1. This was also something commented on by appraisers.

*“I think the reduced pressure in terms of preparation time for the appraisee is much better. It allowed a good debrief of a difficult year and still allowed me to be happy there were no concerns about the doctor, that they are practicing and developing themselves to a high standard, and support them in planning their development needs and goals. I expected it to make the write up harder, but having only done one appraisal for a doctor with no issues , I found it was no different from previous years.”*

**15 Scrutiny vs support**

There were 718 comments stating either that the traditional format felt like policing, or an inquisition, or that the 2020 format felt more supportive and less dogmatic

*“Less arduous box ticking. The new format feels more supportive and less like the Spanish inquisition”*

*“It was much more helpful; It is a real chore having to prove 50 hours of CPD - it is not useful and is also stressful and very time consuming to collate all of the information. We know GPs are under more pressure and stress than ever- keeping the 2020 template would be one simple, effective and positive step you could make to help improve the morale of GPS. I have not found previous appraisals to be a positive experience. The one I have just had with the 2020 template was a revelation in how an appraisal can be a very positive experience. It is important to continue to do CPD but focusing on our mental wellbeing and any significant events/complaints was far better than having to count 50 hours of learning. I really hope that you keep the 2020 template in the future.”*

*“The 2020 format was a breath of fresh air. the appraisal could concentrate on issues and areas of development rather than the "tick box" exercise required of the "old" format. it is far more relevant to have a discussion with a local colleague within a mentor/support capacity than to look through a load of materials required to "prove" that you are keeping up to date and a "good" and/or "safe" GP. most partners in a practice know whether you are safe/valued or a problem and will discuss as appropriate; an appraiser doesn't have that intelligence and the appraisal interface should be searching/probing on one's personal and professional development/needs”*

*“more helpful to patients for me being a doctor than writing reams of what I’m doing to be a better doctor. it felt less like a test and gave me confidence to disclose personal challenges I’ve been having. previous appraisals felt more like we started from a place of what can I do to be better, and that I wasn’t already good enough. This time it felt more like I was being valued for being a hard working GP and how can I be supported to be the best safest version of myself, and if I have aspirations to take on new roles how can I be supported and develop a plan to get there.”*

*“Appraisal had moved so far from the supportive formative process it was originally supposed to be. It took hours and hours to simply gather evidence of all the CPD hours we’d completed. Endless reflecting on our reflections & ‘showing our working’ of the sort of things we had always done in a less formal way. Appraisal felt like a frustrating and incredibly poor use of our time and it was apparent that it had become a stick to beat some doctors with.*

*The 2020 format was so much more straightforward. We’re professionals who take pride in our jobs and the vast majority of us do keep up to date because you can’t practice medicine otherwise. It was nice to be treated as such for once. Please please don’t go back to the old system. Morale is bad enough as it is”*

Appraisers also commented on similar themes.

*“I think it helped with engagement to make it more supportive and less 'points counting', I hope this continues beyond 2020!”*

*“plus more able to focus on personal challenges and achievements, more able/time to give support and suggestions. Better for appraisee professional and personal development. More time consuming for appraiser to prepare and write up after, but more satisfying to feel given more useful support and help.”*

*“I have canvassed the views of the appraisees I have appraised and without exception they prefer the new format and it did not detract in any way from the quality of the appraisal and the discussion . All positive - in many way the template is more doctor focused .They would all prefer to continue with it . I found the appraisal process and the support we have been given very useful”*

*“Very pleased that the focus of appraisal is more supportive than hurdle jumping. This feels more effective in motivating doctors and is certainly more enjoyable doing the appraisals.”*

**16 Recognition of professionalism**

1. There were 140 comments regarding the traditional format making the doctor feel like a child, or that the 2020 format treated them like an adult or trusted professional

*“The process was much less box ticking and more time spent actually addressing the issues we face as GP’s. Its nice to not feel so much like a child in detention and more like an adult to adult helpful interaction. Much improved.”*

*“I felt this year’s Appraisal was what Appraisal is meant to be: a confidential supportive discussion rather than a “tick-box” performance management tool. At the same time my Appraiser covered all statutory requirements. Overall this year’s appraisal has been much less time-consuming in terms of preparation and I felt trusted and valued as a clinician in the NHS. At the same time I was stretched and challenged in a positive way. Thank you. “*

*“It felt a more professional process, it was how appraisals should always have been, much more supportive and less time consuming. The previous format was time consuming and makes us feel like children with homework to do - having to write down what you need to know, how are you going to learn it, what have you learnt, how you are going to apply it then describe examples of how you have applied it has always felt unnecessary for a professional”*

*“This year, the appraisal felt much more like a supportive discussion between people who did the same work and wanted to do it well. Previously, it has felt like preparing for a GCSE, when lots of completely useless hoops have to be jumped through in order to tick a final box. It has absolutely nothing to do with improving the care and health of our patients and feels very much designed to trip up the unwary. The appraiser was excellent in leading the discussion and focusing on relevant clinical elements. I have been in this role for over 30years and have always striven to improve patient care. This appraisal seemed to be about that, rather than on whether I could find the bit of paper with eg my CPR training recorded. For the first time in years, I felt I was treated as a grown-up. This is not to suggest previous appraisers have not done their job well,but they had a different agenda and it was not of their choosing”*

*“It feels like a more grown up approach, less mindlessly bureaucratic, more connected to the principles of adult learning, and more respectful of professional integrity.”*

Appraisers also noted it was treating the appraisal as a discussion between two professionals

“*The emphasis on the supportive nature of the appraisal rather than concern regarding documentation was liberating and felt more appropriate to a fellow professional.”*

*“Apart from not being able to meet the appraisee face to face, which is so important for rapport and creating a safe space, I would say the 2020 process is much better. It focusses much more on the doctor's needs and takes away a lot of the box ticking aspects of appraisal. It restores trust in doctor's professionalism and takes away the pressure to produce a lot of evidence. In fact in the two appraisals that I have done the doctor's have produced a lot of supporting information anyway.”*

**17 Safe space**

There were 30 comments regarding appraisal providing a safe space. Most of these were positive:

*“Was super to be able to talk about the whole impact of Covid on docs. Has felt beneficial to have a safe space to do this”*

*“Previously just a tick box exercise. What is the purpose of appraisal- it it to identify struggling doctors/ Shipmans of the future? If so appraisal would not work for that. If instead appraisal (as it should be) is to provide a safe space to nurture and ensure that doctors are feeling valued and ensuring continuing professional development this exercise feels more likely to fulfil that.”*

1. although some explained why the doctor felt mistrustful of the confidentiality of their appraisal:

*“Appraisal is not a safe space to discuss personal and confidential matters and this is to do with some doctors who are appraisers. There are a cohort of appraisers who are ‘computer says no’ people who don’t relate well to others, but love the power of the process. There are some appraisers who are exceptional and you could feel that you could tell them confidential stuff, but let’s not kid ourselves that the process is confidential, because it is not. I once told an appraiser, who was a lead appraiser something confidential that offered context to my situation but wasn’t affecting patient care- they then wrote it in the appraisal summary and then got snotty with me when I asked them to remove or rephrase the statement. I have met some amazing appraiser, but I have also had some substandard ones.”*

*“The process supports revalidation. I do not trust NHSEI appraisal processes with my confidential wellbeing data. I would not share with someone allocated to me without choice. And I do not trust the GMC regarding my health. Adding wellbeing will drive those of us that are sick underground”*

**18 Negative comments**

1. While most comments were positive regarding the 2020 format, this was not universal.

*“Nearly all institutions on the planet have abandoned appraisal as it rarely yields anything useful. It is a very time-consuming irritating process and it’s only real value is to provide employment to the appraisal stasi and the college clowns.”*

*“The appraisal process is largely seen by frontline GPs as a vexatious, non-evidence based waste of time. The most evangelical supporters of appraisal are those paid to enforce it. To protect the UK's future clinical frontline workforce, I would suggest you do not return to the previous process.”*

*“I’ve already said that the appraisal process new or old is pointless. I usually end up counselling my appraiser. I don’t need the demeaning and patronising appraisal process as it does not help me in any way and robs me of time that I could use for other purposes in life like seeing patients.and spending time with my family”*

*The appraisal process has gone too far. The absurd reflection is time consuming and often superfluous. The process is straying too far into our personal lives, asking nonsense questions about “wellness” and the like.”*

*“my colleagues, with whom I have discussed the process completely consider it a waste of time, and we feel the same way since its inception, especially as Harold Shipman wouls have sailed through”*

*“Appraisal seems to be a method of elitist people who do not do any real work - judging hard working GP's who do more patient care than the elitist. it is a paper exercise that does not make any difference in reality”*

1. Some doctors, who view appraisal negatively, prefer the 2020 format because it is less time consuming. A reduction in administrative burden is an essential reason to change appraisal format to ensure the benefits of appraisal are maximised and are in keeping with national aims (DOHSC 2020 [online], GMC 2020 [online]). This is backed up by the quantitative results (figure 2). Doctors also generally found the preparation process easier, again backed up by the quantitative data (figure 3). Although a minority, there were some doctors who found the 2020 format worse.

*“Whole process is an utterly pointless bureaucratic exercise which is driving good people away. It favours doctors with an accountancy mindset and those on the autistic spectrum whilst penalising creativity and spirited free-thinking. In the tech age it is the human qualities of the latter that medicine most needs since the former will be displaced by A.I. Since the GMC is currently run by a bunch of overpaid bureaucrats appointed by the Dept of Health I don't expect anything to change any time soon. So yes, if we have to continue with this administrative burden which is just another stick to beat us with, then the less time spent on it the better!”*

*“Appraisal has no evidence base. As an intellectually bankrupt system it should be scrapped. Less time require to prepare for it is not better, just less bad. I am also disgusted by the RO who tried to con people into believing that appraisals were mandatory after a letter from NHSE stated that they were not. With dishonest people like that in charge there is no hope that anyone will trust appraisers of the appraisal system.”*

*“I am not convinced appraisal plays any role in my personal development so this year luckily it was less painful than usual which is good.”*

*“it was always a waste of time this just makes it less of a waste of time”*

1. Although in the minority, some doctors felt the 2020 format was worse than the traditional.

*“The appraisal is much too lax and geared towards soft psychological and mental health nonsense. Ridiculous!! Needs to be tough and rigorous- I would suggest some MCQs and knowledge test to weed out the useless doctors. Please stop the mental health touchy geeky nonsense - GPs are doing it all remotely they have been protected and don’t need all this crazy support I felt this years format although timely and appropriate all a bit too non structured”*

*“It sucks! The normal appraisal process is time-consuming but I can see the point of it. In the time of COVID-19 I think it is so ridiculous that you are wasting my time like this. Okay I get it that you’re not wasting as much of my time as you could’ve done but you are still taking time away from patient contact that is essential.”*

*“felt like a tick box exercise this year - but still had some benefits - however on the whole it would have better for me to have a proper appraisal - deferred until a suitable time for all concerned”*

*“It has been reduced to the point that it really is a worthless exercise. Except that it will satisfy certain bodies that their appraisee's are being aporaused”*

While it will never be possible to ensure every doctor agrees with or benefits from appraisal, it is vital that any negatives are considered to ensure appraisal brings overall benefit.

1. Whilst recognising these views, the voice of the majority of respondents is clear: most find the 2020 format is beneficial. Given the choice, most doctors would choose the new format (figure 10).

*“I loved not having to take so much time to do filling / admin around presenting a portfolio which I think is arduous and not helpful in terms of patient care or our development. The new format gets to the nub of this issue- it keeps the value added and cuts out the needless soul destroying waste of our energies. Please keep it as it is. It achieves what I believe you hope it does and cuts us a bit of slack- thanks”*

*“The discussion was much more relevant to what was actually happening to me and more based around my worries and expectations rather than a formulaic discussion about courses and learning I had done in the previous 12 months. It lead to a much broader discussion. The preparation was relevant and less time consuming. I enjoyed this appraisal and feel I benefitted so much more than my previous ones. It would be a travesty to go back to the previous format.”*

# Conclusion

1. Feedback on the 2020 format was strongly positive. There were many comments describing the 2020 format as supportive, doctor focused, open and focusing on a more relevant discussion regarding real issues and their development- treating the doctor as trusted adult professional, compared with the previous appraisal format being process driven, requiring doctors to prove themselves and tick boxes.
2. Whilst extremes of opinion about appraisal remain the data suggests that the Appraisal 2020 model is of benefit to the large majority. That said, more should be done to explore and understand the perspectives of those who continue to view the activity negatively; while recognising the need for assurance of compliance with Good Medical Practice, consideration should be given to the potential flexibilities available within all professional standards processes so that they offer something constructive for all.
3. The positive reception by doctors to the Appraisal 2020 model hinges on the improved focus of the conversation on the doctor’s priorities and on their confidence in appraisal as a safe space to discuss these, and on the reduction of their preparatory effort. This combination has sent a message that they are valued and trusted professionals whose time is precious. Three broad areas of continued development will reinforce these aspects:
	* continued and consistent clarity of the message that the prime focus of appraisal is as a catalyst of development;
	* continuing to focus on the skills and behaviours of appraisers to facilitate a useful, confidential professional exchange;
	* developing governance processes that will generate governance information that the doctor can reflect on, not that they have to produce themselves.

Progress in these areas will continue to increase the effectiveness of appraisal in supporting doctors as valued professionals and thereby enhance the care they offer to patients

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