

# Wessex Appraisal Service External Quality Assurance Review

## DECEMBER 2017

*Revalidation will give patients greater confidence that doctors are up to date in the areas in which they practise, and promote improved quality of care for patients by driving improvements in clinical governance.*

*GMC 2017*

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**Quarteds**

Co. Number 9496889

Address: Beechcroft, Underwood  
Drive, Rawdon, Leeds, LS19 6LA

Website  
Email

<http://quarteds.co.uk>  
[jabibby@gmail.com](mailto:jabibby@gmail.com)

Tel

07866599115

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## **1.Executive Summary**

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Health Education England Wessex Appraisal Service (WAS) provides medical appraisals to primary and secondary care clinicians in England, the Channel Islands and Gibraltar.

As part of their continuous improvement, WAS has commissioned an independent review to support the quality improvement of their appraisal service.

This document describes the process of the review and the findings, and provides recommendations.

## **2.Acknowledgements**

We would like to thank everyone who contributed to the External Quality Assurance Review for HEE Wessex Appraisal Service (WAS). With particular thanks to the core team for their cooperation, hospitality and support during the quality assurance visit.

## 3. Purpose / Background

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### 1) About the review

- a) HEE Wessex Appraisal Service (WAS) has commissioned an independent review of their service focusing on outcome measures and key quality assurances against commissioned requirements and national standards.
- b) The purpose was to provide validation of current practice and to inform future developments.
- c) The company Quarteds was commissioned to lead and support the review, which took place between August and October of 2017.
- d) Following an initial exercise focusing on the collation of evidence from commissioners, staff, and service users, the service hosted an external visit on Wednesday 9<sup>th</sup> August 2017.

### 2) Description of Service

WAS facilitates professional medical appraisals that meet the principles and values set out in the GMC's Good Medical Practice, for the purpose of revalidation. Wessex appraisers provide medical appraisals to primary and secondary care clinicians in England, the Channel Islands and Gibraltar.

The service also provides a full range of training from competency based new appraiser training to more bespoke individual sessions.

There are four contract types:

- 1. NHSE Wessex (the largest)
- 2. Off-shore
- 3. NHSE Southern Region RO appraisals
- 4. Independents

Each contract works to similar quality standards, although the service commissioned may differ.

### **3) Previous Review Findings**

There have been two previous external quality assurance reviews;

2009 - East Midlands Healthcare Workforce (EMHW) Deanery

2013 - East Midlands Lifelong Learning Services

Key recommendations of the 2013 review included:

- Appoint a medical deputy
- Review lines of communication to doctors
- Develop a strategic plan for consolidation and resilience
- Review marketing strategy to incorporate core values
- Write a handbook to help Appraisers manage difficult situations
- Review processes for managing disagreements regarding sign off statements and concerns
- Improve systems for transferring confidential information to LATS

## 4.Scope / Approach

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The external quality assurance review adhered to the following principles;

- An emphasis on being led clinically
- A formative approach
- Consistency

The approach taken involved;

- Desktop review:  
WAS contracts, policy documents, Annual Organisational Audit (AOA), WAS annual reports, WAS website, and previous External Quality Assurance reviews
- Questionnaire to doctors (*appendix 1*)
- Questionnaire to appraisers (*appendix 2*)
- Structured questionnaire to the WAS core team (*appendix 3*)
- Semi-structured face to face interviews (*appendix 4*)
- Semi-structured telephone interviews (*appendix 4*)
- A full day visit by three of the Quarteds team took place on August 9<sup>th</sup> 2017

The WAS service follows National Health Service England (NHSE) National reporting policies and guidance which are fully reported in the WAS annual reports. We have concentrated on the findings from the service users and used our findings along with the Pearson report to provide our recommendations for the service going forward.

## 5. Findings

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### 5.1 Implementation of previous recommendations

The relevant recommendations from the last external Quality Assurance review 2013, have been carried out. In particular, a Deputy Service Lead has been appointed. The provision of a detailed Frequently Asked Questions (FAQ) section on the appraiser section of the WAS website, along with the existence of the NHSE logistics handbook, has superseded the need for a local appraiser handbook.

### 5.2 Contracts

The overwhelming response from each of the contract holders was very positive. The provision of the appraisal infrastructure and appraisal, along with appraiser training, and provision of appraisers, were all positively received. In some cases, there had been uncertainties of moving to a service provided by WAS but each contract holder felt the quality had improved since WAS started providing the service. Good communication and quick response to queries was consistently commented upon as a positive, as was the leadership. The service was viewed as professional.

One organisation described "Already evidence of new associated systems improving patient safety"

### 5.3 Leadership

There is strong leadership from Dr Susi Caesar, informed by her wide networks and other national appraisal roles. The leadership team has been strengthened by the appointment of a deputy Lead, Dr Stephanie Hughes, as recommended in the last QA report. The core team is respected and widely acknowledged as providing an enthusiastic, efficient and supportive service. Each appraiser has a named local appraisal lead.



#### 5.4 Training and education.

##### 5.4.1 New appraiser training

WAS provide a 2-day competency based new appraiser training course which follows the principles of the Revalidation Support Team (RST). All trainers have completed a train the trainers' course. The course is regularly updated. A high ratio (at least 1:6) of trainers to prospective appraisers has been maintained, as has the summative competency based assessment.

##### 5.4.2 Update training for appraisers.

Professional development courses are encouraged for appraisers.

##### 5.4.3 Locality meetings

Three events are held for appraisers each year in each locality. These provide opportunities to improve knowledge, develop skills and an opportunity for peer benchmarking.

##### 5.4.4 Buddying of appraisers

This innovative peer support is highly valued amongst appraisers.

##### 5.4.5 Skills assessment

Every 5 years, appraisers are required to undertake a Current Appraiser Skills Assessment (CASA). This is provided by WAS.

##### 5.4.6 Annual conference

The vast majority of the appraisers attend an annual conference held in September. This year the conference was open to colleague appraisers across the South region, enabling wide networking.

##### 5.4.7 Feedback

Currently appraisers receive collated annual performance information and feedback. Only those with problems have a 1:1 interview.

## 5.5 Communication

### 5.5.1 Newsletter

Regular newsletters are circulated to appraisers, and other notification is made by email. The need for email has been decreasing. This is timely because some appraisers have found the volume of email oppressive.

### 5.5.2 Website

WAS has an easily accessible and locally developed website hosting resources for appraisers, including a detailed FAQ section.

## 5.6 Liaison with others

### 5.6.1 Local Medical Committee (LMC)

There is a strong and positive relationship with the LMCs enabling a consistent message about the supportive nature of appraisal.

WAS collaborates with Wessex LMCs in “Wessex Insight”, which supports doctors who are struggling because of mentoring or training needs. A personalised “education prescription” is co-funded 50:50 (LMC:HEE). Any doctor struggling to engage with the annual appraisal process is supported by the LMC.

WAS, FourteenFish (appraisal toolkit provider), and the LMC, work closely on supporting doctors through the findings of the multi-source feedback.

### 5.6.2 Health Education England (HEE)

The WAS work complements HEE’s other areas where HEE supports general practice.

### 5.6.3 NHSE South, Wessex Local Office

Regular meetings and agreed governance arrangements exist between the Local Office and WAS.

### 5.6.4 NHSE South

Regular meetings and agreed governance arrangements exist between Region and WAS.

## 5.7 IT support.

Recently there has been a change in the in-house IT software. It was noted that working with a local software development company has provided increased resilience.

## 5.8 Quality Assurance

### 5.8.1 Annual Report

Detailed annual reports are provided for each contract.

### 5.8.2 Annual organisational audit (AOA)

The WAS service provide the appropriate information to the Responsible Officer (RO) to enable AOA completion. The issue of category 1a and 1b appraisals is discussed later in the report.

### 5.8.3 Recruitment and selection of appraisers

The recruitment and selection of appraisers is by open advert and application. Applicants are required to complete a summative two-day training course, and require a positive affirmation from the Responsible Officer that they are in good standing. Appraisers are required to demonstrate being up to date with Information Governance and Equality and Diversity training.

### 5.8.4 Independent Verification Visit (IVV) – January 2016

The NHS England Independent Verification Visit (IVV) took place on 25<sup>th</sup> January 2016, this included the work of the WAS service for NHS England South, Wessex. The standard and cost-effectiveness of the appraisals provided were praised.

### 5.8.5 Benchmarking

Externally WAS is an active contributor to the NHS England South regional appraisal lead meetings.

#### 5.8.6 Quality Assurance (QA) of the appraisal

##### 5.8.6.1 Review of outputs

The PROGRESS tool (2017 version) is used to assess appraisal outputs for two appraisals per appraiser each year. If the scores are low, the review is repeated by another appraisal lead. Where both leads agree, the next appraisal is also assessed, and the appraiser remains “supported” until two scores are satisfactory. Feedback of PROGRESS scores is given as soon as completed.

The summaries for QA are selected randomly, then targeted to those appraisers who have shown that they have difficulties.

Appraisal leads reported that enormous improvements have been delivered by the use of the “PROGRESS” tool.

The NHSE South regional appraiser service undertakes its own assessment using the ASPAT tool.

##### 5.8.6.2 Feedback from doctors appraised

Feedback is collated and presented in the Performance Development Review summary document, at the end of the year. The intention going forward is to provide appraisers with any negative feedback in a more timely fashion.

#### 5.8.7 Appraiser Training

All Appraisers are required to successfully complete new appraiser Training (or CASA if they are fully trained appraisers from another area)

All appraisers are also required to successfully demonstrate their continued competence at CASA within the first three years of becoming a new appraiser, and then every five years thereafter.

Appraisers are required to demonstrate that they have reflected on six hours of CPD relating to their appraiser role per year.

Appraisers are required to demonstrate that they have reviewed and calibrated their professional judgement with their peers on at least two separate occasions.

Information Governance and Equality and diversity updates are included as part of the annual conference.

#### 5.8.8 Significant Events.

These are discussed at locality and team meetings.

### 5.9 Policies and Processes

WAS follows NHSE guidance for those working in the UK. There is at present a liberal interpretation of working within UK general practice (1 session per year); this is under national review. There is a published code of conduct between appraiser and doctor. Internal guidance is followed for returns from maternity leave, and postponement of appraisal.

From the survey of appraisers, 26 respondents did not always use NHS email. It may be the use of non NHS email is largely restricted to non-confidential communications, though one doctor did complain in a text entry that his appraiser did not use NHS email for secure transfers, and therefore this remains an important issue for WAS to explore during the coming year.

WAS follow the GMC guidance that a doctor must use a toolkit that is most helpful to the doctor's professional development and is presented in a format that is clear and allows necessary output statements based on Good Medical Practice.

#### 5.10 Governance arrangements

Both the local office and regional team feel assured with the effectiveness of the governance arrangements. The separation of appraisal and performance issues is generally seen as positive, although it has been commented this could lead to a loss of local intelligence.

The revalidation portfolio review in the revalidation year is considered robust.

Despite the separation of the service from the local office, most appraisers did not feel this caused issues, and felt confident in knowing whom to contact if a professional concern arose. WAS and the local office did not feel this was an issue. However, there was a considerable variation in who would be contacted.

### 5.11 Research

WAS has a history of being active in research. Currently there is ongoing research via the University of Winchester and the University of Dundee. The students undertaking the qualifications of Postgraduate Certificate in Medical Education (Appraisal), Diploma (Appraisal), and Masters, provide a source of research projects, posters, and presentations.

### 5.12 User experience of WAS via external survey (*appendix1&2*)

#### 5.12.1 From Doctors

325 Doctors responded. Numerical and free text responses from the doctors surveyed demonstrated a very high degree of confidence in the WAS appraisal system at a time when many doctors are disillusioned with the NHS in general. "GP Appraisal in Wessex is a positive professionally empowering process" was a typical of the free text comments.

From the comments, a minority of doctors (15) appeared to view appraisal as a tick box exercise, or to misunderstand its purpose. A few (10) described the preparation time for appraisal as excessive, and a small number (5) commented upon the variable standards between appraisers.

Nine doctors felt their full scope of work was not covered (detail in appendix 1).

#### 5.12.2 From Appraisers

The 92 Appraisers surveyed also exhibited a high level of satisfaction with WAS. A significant number of NHS appraisers did not always use NHS email, though the clear majority of non-use appears to be for non-confidential communication. Other areas where there may be opportunities for improvement included shortage of and high staff turnover; the rationale for using PROGRESS; choice of locality event; clarity in who to ask when in doubt; and the timing of feedback (details in appendix 2).

## 6. Discussion

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### 6.1 Strengths

- 6.1.1 Separating appraisal from the 'statutory Responsible Office' function, supports objectivity, transparency and retains a formative approach to appraisal
- 6.1.2 The culture of Health Education is clearly embedded within the service. HEE have good credibility with GPs through a history of GP support and PG training. The HEE relationship provides developmental opportunities e.g. PGCE certification, the Appraisal Diploma & Masters for Appraisers.
- 6.1.3 The links between HEE, LMC, GP Induction & Refresher Scheme (I&R) and the GP Retention Scheme provides many benefits.
- 6.1.4 The service delivers strong clinical leadership, evident through the investment in the appraisal workforce. There is much emphasis on appraiser training, development and support.
- 6.1.5 There are robust mechanisms for the support provided to doctors, ensuring they feel safe and supported especially when facing difficulties.
- 6.1.6 The service has expanded over the last couple of year and there is a real appetite within the service for further development.
- 6.1.7 WAS manage variation across the various contracts well, and the team based in Wessex have strategies and procedures in place to facilitate this.
- 6.1.8 The service is very much an example of devolution at work.
- 6.1.9 The appraisal service is involved with portfolios and systematic review for the purpose of Revalidation.
- 6.1.10 A very hard-working team, who work in a formative way. The service has a largely 'educator' and not 'regulator' emphasis.
- 6.1.11 The opening up of the annual conference to all appraisers in the South across all sectors.

## 6.2 Opportunities

- 6.2.1 The service is in a unique position to capture and share best practice across a wide geography and across sectors. Mechanisms to enable this already exist, for example, the annual conference, newsletter, and website.
- 6.2.2 GMC Pilot site.
- 6.2.3 New Appraiser Training for Clinical Nurse Matrons.
- 6.2.4 Pilot of Pro Bono Appraisals.

## 6.3 Threats

- 6.3.1 The uncertainty of Health Education England's future.
- 6.3.2 Health System Transformation.

## 6.4 Challenges to consider

- 6.4.1 The issue of 1a and 1b appraisals has been a challenge for the service in the past year with a high number of appraisals falling into the 1b category. Processes are now in place to ensure the criteria for 1a appraisals will generally be met for appraisals going forward.
- 6.4.2 Clearly defining the responsibilities and accountabilities of the commissioner and provider role, ensuring boundaries are clear, communicated and managed.
- 6.4.3 Ensuring there is appropriate IM&T provision to meet the needs of the future service.
- 6.4.4 Ensuring leadership and management capacity.
- 6.4.5 As the service evolves to meet new challenges including the Pearson report, it is important to consider the roles, responsibilities and development of the core team. Consideration should be given to the appointment of a strategic manager.



### 6.5 Impact of the Pearson Report

Recommendations relevant to appraisal provision:

1. Identify a range of measures by which to track the impact of revalidation on patient care and safety over time
2. Continue work to drive up the quality and consistency of appraisal and make sure the process is properly resourced
3. Explore ways to make it easier for doctors to pull together and reflect upon supporting information for their appraisal. This might occur through better IT systems or investment in administrative support teams
4. Ensure effective processes are in place for quality assurance of local appraisal and revalidation decisions
5. Mechanisms for capturing feedback on doctors from patients and colleagues should be strengthened

## **7. Recommendations**

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These recommendations are based around the opportunities and challenges noted in the discussion above:

- 7.1 Ensure provision of timely feedback to appraisers.
- 7.2 Review procedures and processes as the requirements of the commissioners / regulator change.
- 7.3 Regular meetings with Commissioners, recommended quarterly.
- 7.4 Increase the strategic management capacity.
- 7.5 Collate and share examples of good practice.
- 7.6 Introduce Lay Involvement into the local WAS QA process.
- 7.7 In view of the unique position of WAS as an appraisal provider there is an opportunity to explore how the capture of patient feedback on doctors can be strengthened, as suggested in the Pearson report.



## **8. Company Information**

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### **Quarteds**

We provide medical appraisal services.

This includes the training of medical appraisers, medical appraisal, quality assurance of medical appraisal, and an introduction to appraisal for doctors leaving a training scheme.



**Dr John Bibby**

Director Quarteds



**Dr John Moroney**

Director Quarteds



**Professor John Lord**

Director Quarteds



**Dr Jonathan Dixon**

Director Quarteds



**Miss Rachel Stephenson**

Project Support

## **9. Appendix 1 Doctors Questionnaire**

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325 Doctors responded to the online questionnaire.

2 replies were from doctors with a connection to NHS England South, 4 did not know their DB, and the rest reported it to be NHS England South (Wessex). The replies from those reporting other than NHS England South (Wessex) were little different in range or means of opinion than the other doctors.

The proportion of doctors reporting that the process was successful/positive/ was very high. A small proportion disagreed with this in three areas:

Q 3 Your last appraiser helped you to develop your professional practice more effectively

86.4% (278) found their last appraiser helped them to develop their professional practice more effectively, but 13.6% (44) did not, and a few of these stated their case forcefully in the free text section.

Q 5. Your last appraiser helped you to streamline / improve your portfolio of supporting evidence

80.8% (260) found their last appraiser helped them to streamline / improve their portfolio of supporting evidence, but 19.3% (63) did not, and again a few of these stated their case forcefully in free text.

Q 11. Your last PDP been useful to you.

83.6% (271) found their last PDP to have been helpful, but 16.4% (53) did not. Some felt a PDP didn't suite their learning style.

87 Free text comments were received: these generally indicated a high degree of satisfaction with the service.

There were 37 highly positive free text entries for example:

*I have always been fortunate in having excellent appraisers and feel very confident in the process*

*GP Appraisal in Wessex is a positive professionally empowering process*

There were 16 negative statements. These largely focused on the belief that appraisal was a tick box exercise, or that the opportunity cost in terms of preparation time was too great. Some of these showed a lack of understanding of the purpose of appraisal.




There were 25 comments about methods. Mostly this again concerned the opportunity cost in terms of preparation. Six doctors felt that the PDP was not a suitable vehicle in which to focus their personal learning. Two of these felt their circumstances might change mid-year. One doctor was concerned about having to share information with other agencies. A few (5) reported variable standards between appraisers. Often the negative comments included a negative view of the whole NHS and its future. Nine doctors that felt that their scope of work was not covered in their appraisal.



We had deliberately avoided the opportunity to sit on the fence, by having no neutral box for neither agree nor disagree, 3 doctors complained about this.

Overall we feel that this represents a very high degree of confidence in the appraisal system at a time when many doctors are disillusioned with the NHS in general.



## 9. Appendix 1 Doctors Questionnaire





The specific values for each question follow below:





1. For which authority/employer does Wessex Appraisal Service (WAS) provide your appraisal? for mainland UK GPs this would usually be NHS England South (Wessex). 325 answers 0 skipped			Response Percent	Response Total
1	NHS England South (Wessex)		98.15%	319
2	NHS England South.		0.62%	2
3	Gibraltar Health Authority		0.00%	0
4	Guernsey Primary Care Company		0.00%	0
5	Jersey Primary Care Body		0.00%	0
6	St Magnus Hospital		0.00%	0
7	Solent Medical Services		0.00%	0
8	Don't know		1.23%	4

2. Your last appraisal has been a positive and encouraging experience. 324 answers 1 skipped			Response Percent	Response Total
1	Strongly Agree		44.8%	145
2	Agree		47.2%	153

## 9. Appendix 1 Doctors Questionnaire





2. Your last appraisal has been a positive and encouraging experience. 324 answers 1 skipped			Response Percent	Response Total
3	Disagree		6.5%	21
4	Strongly Disagree		1.5%	5





3. Your last appraiser helped you to develop your professional practice more effectively. 322 answers 3 skipped			Response Percent	Response Total
1	Strongly Agree		30.7%	99
2	Agree		55.6%	179
3	Disagree		12.4%	40
4	Strongly Disagree		1.2%	4




4. Your last appraiser ensured your appraisal was confidential, and protected from time constraints and interruptions. 323 answers 2 skipped			Response Percent	Response Total
1	Strongly Agree		68.1%	220
2	Agree		30.3%	98
3	Disagree		0.9%	3
4	Strongly Disagree		0.6%	2




## 9. Appendix 1 Doctors Questionnaire





5. Your last appraiser helped you to streamline / improve your portfolio of supporting evidence. 322 answers 3 skipped			Response Percent	Response Total
1	Strongly Agree		28.9%	93
2	Agree		51.9%	167
3	Disagree		17.7%	57
4	Strongly Disagree		1.6%	5





6. Your last appraisal covered the whole scope of your professional work. 321 answers 4 skipped			Response Percent	Response Total
1	Strongly Agree		47.0%	151
2	Agree		50.2%	161
3	Disagree		2.5%	8
4	Strongly Disagree		0.3%	1

7. The appraisal office been helpful and supportive 319 answers 6 skipped			Response Percent	Response Total
	Strongly Agree		35.1%	112
2	Agree		58.0%	185
3	Disagree		4.7%	15





## 9. Appendix 1 Doctors Questionnaire





7. The appraisal office been helpful and supportive 319 answers 6 skipped			Response Percent	Response Total
4	Strongly Disagree		2.2%	7

8. The process of allocating you an appraiser been a straightforward experience. 323 answers 2 skipped			Response Percent	Response Total
1	Strongly Agree		45.2%	146
2	Agree		52.3%	169
3	Disagree		1.9%	6
4	Strongly Disagree		0.6%	2

9. The process of agreeing a time for your appraisal been a straightforward experience 323 answers 2 skipped			Response Percent	Response Total
1	Strongly Agree		46.4%	150
2	Agree		49.8%	161
3	Disagree		2.8%	9
4	Strongly Disagree		0.9%	3

10. Your appraiser been responsive to your particular needs. 329 answers 6 skipped			Response Percent	Response Total
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10. Your appraiser been responsive to your particular needs. 329 answers 6 skipped			Response Percent	Response Total
1	Strongly Agree		47.6%	152
2	Agree		48.0%	153
3	Disagree		4.1%	13
4	Strongly Disagree		0.3%	1

11. Your last PDP been useful to you. 324 answers 1 skipped			Response Percent	Response Total
1	Strongly Agree		25.9%	84
2	Agree		57.7%	187
3	Disagree		13.0%	42
4	Strongly Disagree		3.4%	11

## 10. Appendix 2 Appraisers Questionnaire

92 Appraisers responded to the online questionnaire

2 replies were from appraisers who worked for either Jersey Primary Care Body or NHS England South respectively but not for NHS England South (Wessex). 9 appraisers worked for more than one body. None of these 11 appraisers had outlying responses.






General satisfaction with the service was very high. Less satisfaction was reported for Q14 mentoring / 1:1 support.

The appraisers were generous in spending time entering a large amount of free text. Much of this expressed praise or satisfaction.

A significant number of appraisers do not always use NHS email. Their comments indicate this is often the case for general communication though 1 commented they don't have access and 2 use Drs.org. On the doctors questionnaire in 1 text comment a doctor mentioned their appraiser not using nhs mail.


They raised many other issues, particularly shortage and relatively high turnover of WAS staff, seeing little value in PROGRESS; timely feedback; more local group meetings or more flexibility in choice of event. There was a considerable variation in how professional concerns would be brought to the attention of authority.

The specific values and comments for each question follow below:

1. For which bodies do you undertake appraisals on behalf of Wessex Appraisal Service (WAS) 92 answered, skipped 0				
			Response Percent	Response Total
1	NHS England South (Wessex)		97.83%	90
2	NHS England South .		3.26%	3
3	Gibraltar Health Authority		8.70%	8
4	Guernsey Primary Care Company		4.35%	4
5	Jersey Primary Care Body		3.26%	3




**1. For which bodies do you undertake appraisals on behalf of Wessex Appraisal Service (WAS)**

92 answered, skipped 0

			Response Percent	Response Total
6	St Magnus Hospital		3.26%	3
7	Solent Medical Services		0.00%	0

**2. How effective is the WAS process for allocating appraisals?**

Answered 91 Skipped 1

			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		3.3%	3
3	Good		44.0%	40
4	Very Good		52.7%	48

**Comments: (17)**

No problems with the allocations

Did not receive my Appraisal allocation until I asked for it at the end of April.

I was allocated 75% of the number of appraisals I sought to do this year. I have had an enquiry from one doctor who is expecting me to appraise them but this doctor isn't on my list of appraisees and I await a response as to whether I am to appraise them or not.

Gave me a very difficult and complicated doctor to appraise as my 2nd one ever - way out of my depth. Much better since.

It \*was\* excellent - but got bit dodgy since new reminder system introduced earlier this year

usually pretty straightforward

I have appraised since the first year here in Hampshire. The team has always been well led, never mores than now. The system works well, reminds in a timely fashion, adapts where necessary and keeps appraisers up to date, engaged and informed

Several GPs allocated who have not worked for many years or had appraisals. This may not be appraisal service problems but the performers list administrator

Efficient with good reminders

n ow done by computer, no flexibility if difficult appraisee/new appraisee

Removing appraisees who no longer want an appraisal (eg retired) is a little slow. Inability to find replacements for Gibraltar doctors who decline an appraisal has meant travelling to Gibraltar whilst one appraisal down for the last two years.

Disappointing that wishes for number of allocations no longer being taken into account though

But sometimes we have 3 appraisals in one month and one in another month. I am not sure how this

can be sorted though as allocated in birthday month.

would like more

I make myself available for appraisals from Sept to March, yet most of my allocated appraisals were for January and February, with only 2 outside these 2 months.

As a full time GP, this makes it virtually impossible to book appraisals within the appraisal month and places unnecessary stress on the Appraiser.

The system seems to allocate appraisal as far away as it possibly can in the area I cover,

happy with the way it works

3 How responsive is the WAS team to dealing with any queries that you have? 92 answered, skipped 0			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		1.1%	1
3	Good		30.4%	28
4	Very Good		68.5%	63

#### Comments: (13)

Quick & timely email responses

Email responses have been slower this year than previously and sometimes an automatic email has asked for information I have already supplied eg dates booked for Appraisals. Telephone queries are dealt with promptly.

Generally good, though sometimes absence from office delays responses as in the example above.

Processing of emails sent eg with dates of appraisals, is at times so slow that reminders are sent by the automated system, even though dates have been submitted 2 weeks previously.

Usually but turnover of staff is high and frequently automated emails come which do not account for previously agreed changes

Have helped me with a couple of postponements this year

always prompt and sensible responses

Volume of work made some response time a little slow but the queries were dealt with well

Responses usually fast and helpful





When I had too many appraisals allocated for one month, they were able to appropriately re-allocate.

Generally good, although response has deteriorated since the early days.  
Responses are often delayed and I sometimes have to chase up responses from the team.

always excellent responses in a timely manner. Very supportive

Every member of the team is very helpful, and responses are very quick/immediate.

## 10. Appendix 2 Appraisers Questionnaire

4. How effective is the WAS process for delivering feedback on your performance? 90 answered, skipped 2			Response Percent	Response Total
1	Very Poor		2.2%	2
2	Poor		6.7%	6
3	Good		41.1%	37
4	Very Good		50.0%	45

### Comments: (21)

The feedback on reports is discussed at regular meetings

Our locality leads assessment of my appraisal summaries are well-considered and fair.

Feedback is very delayed and by the time it is received it is too late to remember the appraisal meeting so it is not very useful

Received feed back by Senior Appraiser for my first 3 appraisals. But no feedback yet from appraisees.

Useful feedback on my summaries but no feedback yet from appraisees.

I had to request feedback as I had done my first five appraisals with no feedback

Not had feedback from last year April - March yet so not able to discuss at my own appraisal (July)

I only have had feedback on one appraisal this year, and was told as it was fine, no further would be looked at. I haven't been sent the feedback from my appraises for the past year.

I am now nearly 4 months after the end of the appraisal year ended and have not received any feedback from the appraisees that I hope WASi s collecting.

The feedback using PROGRESS tool is used subjectively by the locality leads and only completed on some appraisals. Therefore for most of the appraisals i have done in my first year I have had no feedback at all and have already done the secondappraisal this year for two doctors who I appraised last year.

Haven't had the PDR this year , though my appraiser Lead has been excellent re PROGRESS feedback

regular, supportive and constructively critical in a fashion that facilitates

It is difficult to learn from PROGRESS reports when you don't know which summary it relates to. We have asked for this information to be included on several occasions before

Only done 2 appraisal and still waiting for feedback

Number given on progress score reduces learning

Numerical scores (PROGRESS) are less helpful than specific written feedback

I receive regular PROGRESS reports with helpful comments.

Have only just completed training. No appraisals completed yet.

Last year there was a delay in receiving PROGRESS reports. Some were completed months prior so not so easy to remember the appraisal. The feedback would be more useful if it was a recent appraisal




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and spread across the year to give the appraiser chance to improve future write ups.

The feedback is good as far as it goes but follows a protocol of what they see and I understand it has to. But there is much unseen in an appraisal and the don't always realise the context of the appraisa or if they do choose to ignore it.

Only get automated feedback once a year. It would be helpful to see feedback from appraisees throughout the year in case I need to make changes.

Long delay from submission of appraisal summary to receiving PROGRESS report - sometimes over 3 months

5. How satisfied are you with the information that you receive from the office to support your appraisals? 89 answered, skipped 3			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		1.1%	1
3	Good		42.7%	38
4	Very Good		56.2%	50

### Comments: (7)

I would say OK but we have had several changes to administrators

Not sure what this question means but information coming out about appraisals is often inaccurate eg: with regard to month of appraisal




I have yet to fault the service

Have had a few Doctors change appraiser. It would be good to know why.  
Good help from office, WAS and locality lead

Some feedback seems too critical. Need to soften it slightly.

Only get notifications, nil else

Its Ok but we really need more info about referrals to ROs etc

6. How useful is the written / online guidance provided by WAS to appraisers? 89 answered, skipped 3			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		3.4%	3
3	Good		59.6%	53
4	Very Good		37.1%	33

### Comments: (6)



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The advise regarding the migration to a new MAG/MAF version was a little tardy.

great communications at all levels

Not referred to it recently

Have not really accessed it. Does not give clear outline of required cpd eg how many locality meetings we have to attend

Not sure what you mean

I do not really make use of this so unable to grade

### 7. Have you been given an up-to-date contract? 89 answered, skipped 3

			Response Percent	Response Total
1	Yes		88.76%	79
2	No		11.24%	10

### 8. Do you always use a secure NHS email for Appraisal business? 90 answered, skipped 2

			Response Percent	Response Total
1	Yes		68.89%	62
2	No		31.11%	28

### Comments: (18)

Always for when sending appraisal folders but not for general administration and organisation.

We are not part of the NHS

Send mag forms through NHS but not general emails

Use NHS.net for sending for confidential information, my own email for all other comms with appraisees, eg. Arranging (clunky and difficult to use on any device other than windows pc! but sometimes NHS.net won't send Mag forms as ?atta Have had to resort to sending non-securely as otherwise couldn't send! Appraisee agreed.

Most doctors who we appraise do not therefore not any point responding by a different mail system

when communicating sensitive information I do, but otherwise I use my usual email so I can respond more quickly

Not for arranging appraisals but for sending any appraisal information

Some appraisees insisted on using non-NHS mail despite trying to encourage them otherwise

The appraisal service use a non nhs.net address, and many appraisees also request non-nhs mail addressess

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Any documentation sent via NHS mail or fourteen fish web site. Questions about bookings etc on ordinary mail

I prefer a Drs.org email for communication. So much easier to use.

Occasional emails sent to and from home and to other GP's home addresses, which do not contain appraisal document contain date/time details.

Yes for all Dr/ Appraisee specific information but not always for admin queries

I do not have access to nhs.net

I use a secure nhs e mail for any appraisal material , not for general correspondence

Yes for anything that is confidential. They usually make contact on my non NHS email to arrange a date.

Use doctors.net as now retired

I use personal email for organizing the dates and NHS email for any attachments and appraisal information sent or rece

9. How do you score your pay arrangements? 89 answered, skipped 3			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		6.7%	6
3	Good		53.9%	48
4	Very Good		39.3%	35

### Comments: (26)

Payment is prompt.

No cost of living rise in appraisal fees for years. Not really sure how this can be justified.

I bill the same day as the appraisal is completed and always receive acknowledgement promptly and payment with only moderate delay.

There have been some delays which I've had to chase up.

SI slow to pay at times

do seem to take an age to come through

As the administrator is slow at processing his emails, this has led to delays in him submitting my invoices to the finance section, and on one occasion a delay in payment, which had a significant impact on my finances.

Pool invoices to make it easier to track them I know this frustrates the admin team but it makes my life a lot easier.

very prompt

helps supportive engagement...top marks and thanks a lot...Gill Watson is a credit to the service

The office is good but NHS England seem unable to change bank details however many times they are asked. Easier just to do it myself!

Can sometimes be a little slow but not problem with WAS more with the payment processing beyond this service

not paid yet as done 2 appraisal

But took a long time and many phonecalls tpo sort out. They kept confusing me with my husband

Process is great ..... right up to the point when SBS got involved

Works fairly efficiently. However no increase since I started years ago!

No increase in several years.

Occasional delays in paying of invoices

Lots of form filling and calculations to be done.

It's OK

sometimes a bit of a delay on the payment

Have not done any yet.

As a locum GP if an appraisal is at the end of the month and the appraisee does not sign off for a month and then another month to be paid there is a chance that the GP will be out of the 10 week NHS window to pension their earnings. I don't think this should be allowed to happen.

As of July 31st I am outstanding payments from June 30th, July 10th and July 17th.

Payments can take quite a time to arrive

The fee has been £500 for several years now. There ought to be a pay rise, seeing as other comparable work would normally have an annual rise!

**10. Did you undergo competency-based training prior to starting work?** 90  
answered, skipped 2

			Response Percent	Response Total
1	Yes	<div></div>	97.83%	90
2	No	<div></div>	2.17%	2

### Comments: (7)

This was quite good, but the goal posts for final write up keep changing and are far in excess of GMC requirements

Yes and have completed current appraiser skills training- will hope to do advanced appraiser skills

prior and tri-annually since starting 2003-4 year

Some years ago

yes this was in 2003.

Presumably you mean work as an appraiser.

## 10. Appendix 2 Appraisers Questionnaire

I have been an appraiser since 2003, I think. I am not sure if the training was competency based then.

### 11. Have you received adequate update training? 90 answered, skipped 2

			Response Percent	Response Total
1	Yes		97.78%	88
2	No		2.22%	2

#### Comments: (8)

Not needed yet as I am a new appraiser.

Due later this year

very good

annual updates and every other month appraiser meetings




July14 and Nov 15

appraiser retraining this year

Quarterly meetings. Annual Conference. Training days. Access to Advanced Appraisal skills training.

N/A

### 12. How effective are opportunities for peer support/networking 88 answered, skipped 4

			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		2.3%	2
3	Good		50.0%	44
4	Very Good		47.7%	42

#### Comments: (14)

Good support groups and Appraisal lead.

Our locality group is well attended by skilled (and new) appraisers and there is free exchange of supportive ideas.

Often can't get to local appraisers' group. Always lunchtime on Friday. Worst day!

I find this the most useful education in relation to being an appraiser.

Except that I have persistently asked to change locality support group to a more local accessible group and this has not been granted

excellent we have a very supportive and open group who meet quarterly

as 11

Thrice yearly meeting and the excellent appraisal lead makes for good support

Appraisal lead Suzi is excellent and I call/email her for any queries

Peer group meets regularly



Can be difficult to get to due to other pressures

But needs improving, once every 2-3 months locality meeting is inadequate. Need regular mail access to support.

enjoy appraiser meetings + conference can be useful

In meetings and by email.

### 13. Do you receive annual feedback on your performance? 90 answered, skipped 2

			Response Percent	Response Total
1	Yes		93.33%	84
2	No		6.67%	6

### Comments: (16)

Not yet, maybe too early.

Not yet, this is my first year as an appraiser

Haven't been an appraiser for a year yet.

Very good Steve, thank you

but not been working as an appraiser for more than a year yet

See above - not received yet for last year

Yes, although I haven't received the feedback from my appraises for this year yet.

Not yet and i have been appraising for 15months now

Yes usually - do get the PROGRESS feedback , but not had the WAS feedback yet this year

twice annually

Useful as I have recently restarted in the post




Always well thought through and helpful

only done 2 appraisals so far

always interested to see how I do in the Progress reports!

I find this very helpful

There was an IG breach this year and I was sent another Appraiser's annual feedback

14. How effective are systems for providing mentoring / 1 to 1 support to you? 82 answered, skipped 10			Response Percent	Response Total
1	Very Poor		0.0%	0
2	Poor		11.0%	9
3	Good		59.8%	49
4	Very Good		29.3%	24

#### Comments: (18)

Never used this service, bit appraisal lead always available.

I have never asked for any.

Not used

I have rated this good without personal experience of seeking such support. The basis for this response is conversations I have had with colleague appraisers who have sought such mentoring or support.

stupid answers! do not have this available to me as far as i am aware

My local Appraisal lead has been very helpful and approachable by phone/email re individual issues. Not aware of any other 1-2-1 support

My line manager is approachable and supportive.

I have not felt I need to use this.

Never required or used this

It is there should I need it.

Not required

Suspect good, but I've not requested 1:1 mentoring.

Not accessed




Not aware available for appraisers!

I can get support from appraisal lead, not sure what else you mean

not used a lot but always available when I need guidance

Although I have been fortunate not to require this.

I am not aware of this service

15. How much have you refined / improved your performance during the last year? 88 answered, skipped 4			Response Percent	Response Total
1	Not at all		0.0%	0
2	A little		42.0%	37
3	Quite a lot		47.7%	42
4	Large amount		10.2%	9

**Comments: (16)**

I hope I have taken onboard required changes.

My write ups score 19 +/- 1 so difficult to improve!

Particularly in improving the PDP with reference to making it more SMART and comply with the PROGRESS standards

Not my appraisal skills but changing my write up to suit WAS demands

I keep adding to my experience and performance supported by topics and developments gained through every other month appraiser meetings and the annual event

Always trying to do better and responsive to the feedback

an ongoing process surely

First Clarity appraisal. New Mag.  
Crisper with turn round and new dates rules.  
More careful about writing about evidence rather than opinion.

On back of PROGRESS reports and advanced appraiser training

maybe. I have been doing appraisals since they started, so it is difficult to make significant improvements every year.

Doing added course

I've been doing this for a while - I@m sure it is much the same

I have been an appraiser for nearly 14 years , there are always things to learn



less change year on year as I have now been doing appraisal approx. 8 yrs , I find the feedback very helpful and try and take note of any changes required from this

There is always room for improvement and as there is a constant turnover of "new appraisees" each year (after their three year term), there is always the potential for new/different challenges.

Made efforts to improve the quality of agreed PDP items (SMARTER etc).

16. How confident do you feel about delivering high quality appraisals going forwards? 92 answered, skipped 0			Response Percent	Response Total
1	Not at all		0.0%	0
2	A little		3.3%	3

## 10. Appendix 2 Appraisers Questionnaire




16. How confident do you feel about delivering high quality appraisals going forwards? 92 answered, skipped 0			Response Percent	Response Total
3	Quite a lot		47.8%	44
4	Large amount		48.9%	45

### Comments: (3)

I was assisted by doing a PGCME in medical appraisal which stimulated ideas for quality improvement in several domains.

This is a positive service, facilitates appropriate level support for appraisers and appraisees

I rarely feel confident about my work, but that's a reflection of me.

17. How successful are you in supporting doctors professional development in your role? 92 answered, skipped 0			Response Percent	Response Total
1	Not at all		0.0%	0
2	A little		5.4%	5
3	Quite a lot		60.9%	56
4	Large amount		33.7%	31

### Comments: (10):

I am well briefed and experienced in such a role.

Certainly that is what they say to my face at the end of our meeting and sometimes by email

I have had feedback in emails informally from doctors but as recorded above nothing formal yet

thought in the current climate an awful lot of support is required and the professional development more often involving reducing clinical work

I am a GP trainer, had a 7-year stint as Clinical Governance leadership and can share my knowledge and experiences...however, I often learn just as much in return!

I think I do a good job

Again not for me to assess, but I try hard.




always difficult to know! some very positive comments from appraisees. I think this is as much about the appraisee as about how well I do my job as appraiser

I have many years experience of General Practice, but also understand change and can support appraisees following a variety of different career paths.

This is guesswork really!



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18. What is the current likelihood of you continuing in this role in future years? 90 answered, skipped 2			Response Percent	Response Total
1	None		0.0%	0
2	Small possibility		4.4%	4
3	Fairly likely		32.2%	29
4	Very likely		63.3%	57

### Comments: (12):

I have reduced my working commitment as a GP from partnership to salaried employment and am considering retirement completely, though my plans for the future are health maintenance dependent.

Now retired from clinical practice so unlikely to continue for more than a couple of years

I have now retired from clinical practice and have agreed to complete the current 3 year cycle and will give up appraisals in 2020.

Plan to continue till 2019 when I will retire

Unlikely to continue beyond 2019.

As long as it retains the positive supportive aspects of appraisal.

I'm committed to 2017/18, but will review prior to 2018/19.

GP workload is increasing and I will need to make some adjustments to my work/life balance. As Appraisals are the most poorly remunerated component of my portfolio and a significant time commitment they will be the first to be cut.

not for ever though

enjoy the role

I will gradually reduce my number of appraisals over the next 3 yrs

I have now retired from General Practice, but believe that I still have something to offer the service.

until 2019

### 19. In what way could WAS offer you more support? 54 Responses

36 responses of none / no / good support already

#### 19 other responses:

Quicker directed feedback to each appraisal report

Timely feedback from appraisers

## 10. Appendix 2 Appraisers Questionnaire

Timely feedback throughout the year

Would like emails dealt with quicker.

I think that they offer abundant support and wouldn't ask them for any further input. I think that regular communications and updated views are already supplied and don't think that WAS should be further burdened with formal 'more support requirements' (I have no vested interest in this matter).

Provide next revalidation date for allocated appraisees and advise which toolkit/ proforma they are using when allocation made

Need some permanent staff.

Attending quarterly local group meetings, all day conference and skills assessment every 3 years - lot of unpaid time for mandatory requirements. Then additional time off for advanced course! Could any of this be supported financially?

More local peer support group and timely feedback after each appraisal

Ensure allocation is within my abilities to provide; work as full time GP so can only fit in 1-2 appraisals/month, never more.

continue to update re supporting evidence requirements and recommendation

more reg local group meetings

Improved invoice template or administrative support of some sort for invoices.

The level of remuneration no longer reflects the time commitment to complete an appraisal.

Establish a COP for appraisers for each locality or better or later across Wessex (WAS)

please don't use 3 letter acronyms. what is worn with calling your self Wessex Appraisal Service

Gill Watson is excellent.

In my group we have had a high turn over of admin support. They have been ok but keep changing.

Train us as mentors to extend improve our role perhaps to other drs not just GP's

more training updates, half day workshops etc

### 20. Is there any activity or function that WAS should stop doing? 45 Responses

#### 36 Responses of no / none

#### 2 of numerical PROGRESS scores

#### 7 other responses:

I find the automated emails chasing you up to submit paperwork come very quickly, are quite critical and make me feel "under pressure". I always write up my summaries within 2-3 days, but then ping

them back to the appraise for them to agree. They could be on annual leave, or not respond in a timely manner, or want to change something and i'm receiving the chasing emails. I then feel I have to chase them, and were there a bit more slack in the system, none of the chasing or stress would be necessary.

Check what's in the pipeline before sending automated emails. Also one is enough. This week I had 4 reminders the same day to book an Appraisal date!

sending too many emails

annual conference should be biannual? ( unless new major changes)

Why is there such a high turn over of appraisal support officers ?

Asking me to complete too many questionnaires ?????

perhaps negotiate more flexibility for organising appraisals outside the appraisal month without having to request postponement

## 21. What suggestions do you have for an improvement in systems or processes?

41 Responses

### 23 Responses of None / nil

#### 3 comments of praise:

Systems are good

admin already very efficient.

Always irritating to receive automatic request that toolkit return is overdue when it is sitting in in-tray of staff member on leave Happens to me about 3 times each year.

maintain the formative facilitative approach

#### 14 other comments

The payment for appraisal has been fixed for the last 7 years. I don't know of any other employer who has offered such a poor remunerative deal. Additionally, I have taken fixed protection from the NHS pension scheme and most appraisers have not. This means that I do not receive any pension contribution from WAS. This means too that, in effect, I am rewarded less than peer appraisers who receive contributions. I think this inequitable and that those who do not receive pension benefits should have this made up in per appraisal payment.

Could improve on up to date contact details and knowing who has moved out of area, I've had a few people who have moved out of area but are still on my list.

Timely reminders re future appraisals - 3 month warning seems to have stopped last few months. Seems to be high turnover of staff in office - every year a new administrator that we have to learn to work with, new contact details etc! What is going on in the office?!?!

Timely response to emails by admin team

Send the doctors feedback straight to me after an appraisal so I can assess my delivery whilst I can remember the appraisal

Appraisals are becoming more and more prescriptive. Keeps it simple and effective.

The allocation automatic emails can be a bit random and the Gibraltar ones have been sent to me repeatedly

More even distribution in allocation of appraisals across the available months.

less emails when allocating appraisees.

A short checklist could be sent out to the appraisee prior to their appraisal so they can make sure they have completed everything . I know a longer document is sent out.

Ensure prompt admin review of completed appraisal documentation and invoices. This is to avoid unnecessary extra emails and work for both appraisers and admin.

I think we should be allowed a confidential score on the Appraisees. Why should it only be the Appraisers who are marked?

Developing more contact with appraisees in 3 yr cycle

None only speedier payment

## **22. Who would you contact about a doctor when a professional concern arises?**

78 answered, skipped 14

### **32 Responses of Appraisal lead**

#### **11 Responses of Appraisal lead or RO / then RO**

#### **6 Responses of RO**

#### **3 responses of Steve Scott**

#### **2 Responses of Area team / WAS/ appraisal lead**

#### **Other responses**

Steph Hughes and our Responsible Officer in the first instance

WAS service /deanery, defence organization, appraisal lead or project lead.

In first instance locality appraisal lead ( and then LMC if appropriate)

Depends on the level of concern! If serious I would suspend the appraisal and either discuss with my appraisal lead or the service lead to ensure that we can do our best for the doctor.

## 10. Appendix 2 Appraisers Questionnaire

There are a number including appraisers in my local support group, the local lead, the WAS and the LMC

the wessex appraisal office, or the gmc depends on the concern

WAS or other agency as appropriate

I would speak first to my locality appraisal lead and then to NHS England/ LMC

Initially Will Liddell

Susie Caesar and Sue Bowen

appraisal lead or Susi Caesar

I would speak to someone higher up the chain.

I would chose from:

1. Appraisal Group Lead.
2. Head of Appraisal Service
3. RO
4. LMC

suzi Cesar or Karen Arney initially

It depends - possibly our locality lead - but may also contact Deanery / LMC / NHS England / Susi Caesar depending on the problem

RO, lmc depends on issue

Appraisal lead. Susi Caesar.

Another Lead or Susi Caesar or Gill Watson

LMLC

I would initially discuss with my appraisal lead Ed Sheridan.

I have had need to request advice from the Revalidation Officer on one occasion.

The local lead for advice, otherwise the wessex lead or the GMC

Susi Caesar

If just a concern, area coordinator.

I would contact the Head of the Appraisal service or her deputy for advice as to how to proceed.

**23. How reassured do you feel that professional concerns about doctors will be dealt with effectively?** 76 Responses

**29 Responses of Absolutely / very / well**

**32 Responses of Good / confident / happy / fairly confident / reassured**

**7 Responses of not yet happened / tested.****9 Other responses**

At the moment we have Practices where you cannot see a Dr for 3-4 weeks and it takes a week for a telephone call. At appraisal the Dr provides evidence of how wonderful they are but the local media websites can often be damning and we ignore this. General Practice is, in places, (not all) crumbling about us. No one gives a damn so I will not waste more time on this question.

Not very. Clunky system that only weeds out the truly awful but that's a fault of the NHSE and GMC setup

Don't think comments are read until revalidation... would have to contact ro directly

I feel this is improving but not perfect

I feel I would get appropriate advice, but have learnt from Annual appraisers conf. that as the appraiser I might not get any feedback about the on-going process or outcome of the doctor under concern.

Unsure.

Some appraisers are worried about putting SEAs in folder as they are unsure about the number of people who can access their folder.

As we get no feed back I have no idea.

Assured having listened to presentation by Mandy Copage

Moderately - although it would be good to have feedback after reporting a concern which, to-date (on doing so) I have not had. This would be particularly beneficial for further appraisal of the same doctors by the doctor who has raised the concern

**24. Any other comments? 27 Responses****10 responses of praise:**

Carry on the excellent work.

I enjoy working for the service and feel well supported I what I believe to be perhaps the most professional appraisal service in the country. I feel proud to be a part of it .

Am pleased to be appraiser in Wessex - sufficient emphasis on supportive appraisal as well as ticking necessary boxes for revalidation.

Sadly we hear of terrible things happening with appraisal/revalidation from colleagues in other parts of the country, eg. non-clinicians appraising GPs, bullying by appraisers with conflict of interest in CCG roles.

Please keep it up! Supporting appraisees in these troubled times has never been more vital if we are to

## 10. Appendix 2 Appraisers Questionnaire

try to halt the exodus.

Excellent service!

Just to re-iterate that the team are dedicated, supportive, hard-working and diligent

well done

Good balance between the regulatory and formative - long may that continue

Great service to work for.

I think Wessex gives a robust appraisil service, even compared to otehr ones, I know about nationally

I wish that the appraisal process remains supportive, streamlined and useful for the individual Doctor.

**8 responses of None / NA / No**

**3 Complaints about absence of 5th neutral column in questionnaire**

**6 other responses:**

The pay has remained status for over 3 years now, this needs review

Friendly helpful staff who are overworked and I suspect need more staff.

The proportion of time devoted to training is probably disproportionately high (four locality group meetings (8 hours total)/year, annual conference (travel and full-day) and triennial skills assessment (full day) together with email updates from WAS, for those doing small number (e.g. 6/year) of appraisals per year.

Would like to know where the appraised practice is located before accepting the appraisal allocation please. Will help immensely for travel plans and child care etc.

We should have a list and contact numbers of all locality appraisal leads on a credit card style , to allow easy access and contact especially now that we have cross boundary appraises!

Yes, many if I thought they would be listened to!





## 11. Appendix 3 WAS service Questionnaire

Please consider the following and answer questions where applicable	Supporting information
<b>Appraisal</b>	
Accountabilities for Medical Appraisal <i>'Consider and supply information concerning WAS, Responsible Officer, Clinical Appraisal Leads, Medical Appraisers, Doctors, Commissioners, HEE'</i>	
Describe your appraisal process. <i>'Including number of doctors, the review of a doctor's portfolio, dealing with non-participation/deferrals, exemptions, templates and timings, how you triangulate information, seek declarations that there is no potential conflict or presence of bias.'</i>  <i>Consider including an example where a case was particularly complex and local documents/guidance as evidence</i>	
Describe the information flow in terms of appraisal. <i>'Consider appraisers' use of electronic systems, sharing of professional performance concerns, is there a process for triangulation of information for both appraisal and concerns'</i>	
How do you use appraisal to drive quality improvement? <i>'Consider the doctors contribution to the quality and improvement of services and</i>	

<i>priorities delivered locally, mechanism for patient &amp; public involvement'</i>	
<b>Guidance</b>	
Do you have locally developed guidance for example consider  <i>'Doctors working abroad, managing absence including maternity leave and approved missed, postponement of appraisal, low volume of work'</i>	
<b>Quality</b>	
Describe your quality assurance process.  <i>'Consider approach, tool, sampling, both inputs &amp; outputs, RO assurance, education'</i>	
Describe your appraisal data  <i>'Consider annual organisational audit, classification of appraisals, appraisal uptake rate, number of doctors, deferral, approved missed, timings. You may wish to include AOA data, annual report and any other relevant information'</i>	
Support for doctors  <i>'You may wish to consider LMC involvement, signposting, local guidance, websites, feedback rate, methods of communication'</i>	
Support for appraisers  <i>'You may wish to consider, remuneration mechanisms, feedback, 1:1 meetings, peer support group, framework for managing poor performance, networks, methods of communication, ongoing support'</i>	
Recruitment of new appraisers  <i>'Consider the recruitment process including</i>	

<i>job description, training programme, '</i>	
<b>Liaison with designated body/Responsible Officer/Commissioners</b>	
Is there a clinical governance framework? Who has responsibility for which parts?	
<b>Research</b>	
Please can you describe progress on and new research projects since last report?	
<b>Other processes</b>	
Discuss significant events and learning log	
<b>General</b>	
Elements of programme to consider: - succession planning WAS personnel - good practice - any areas of immediate concern that require further consideration - aspirations	

## **12. Appendix 4 List of interviewees**

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Dr Susi Caeser, Service Lead

Dr Stephanie Hughes, Deputy Service Lead, Clinical Lead and Appraiser

Ms. Gill Watson, Programme Manager

Dr Nigel Watson, Chief Executive Wessex LMCs

Peter Hockey, Postgraduate Dean

Richard Weaver, Head of School

Ruth Monger, Local Director for Health Education England, Wessex

Dr Liz Mearns, NHSE Responsible Officer, Wessex

Dr Vicky Banks, NHSE South Associate Medical Director Revalidation

Anne Younger, NHSE South Senior Revalidation Manager

David Shill Wessex Appraisal Team

Chris Davis Wessex Appraisal Team

Tara Martin Wessex Appraisal Team

Sarah Lang Wessex Appraisal Team

Dr Shehla Jamil, Locality Lead & appraiser

Dr Steve Scott Locality Lead & appraiser

Dr Karen Bentley Locality Lead & appraiser

Dr Danny Cassaglia Medical Director, Gibraltar Health Authority

Dr Tony Chankun Appraisal Lead, Guernsey Primary Care Company

Clare Fitton Primary Care Manager, Jersey Primary Care Company

Karen Street, Head of Services Solent Medical Services

Dr Patrick O'Sullivan Medical Director, St Magnus Hospital

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