Medical appraisal and revalidation: can it improve patient care?

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Revalidation for all doctors in England, following the process defined in the Medical Appraisal Guide, finally started in December 2012 after ten years’ experience of developmental appraisal in the NHS. There has been significant debate about preserving the formative nature of the appraisal conversation in the context of the recent need for the appraiser to make explicit some of their professional judgements within the appraisal meeting. These include judgements which evaluate the portfolio of supporting information and whether it shows that the doctor is ‘on track’ to revalidate; deciding whether there are any emerging patient safety issues or performance concerns; and assessing whether the doctor has engaged appropriately in the appraisal process in reviewing his or her full scope of work. Appraisers need to gain ‘a rounded impression’ of the doctor being appraised in order to agree a personal development plan (PDP) and to judge progress towards revalidation.

As Wakeling and Cameron recognise, the appraiser and his or her skills ‘will become even more pivotal in “enhanced” appraisal’, or what is now referred to as ‘medical appraisal for revalidation’. Up to now the issues surrounding medical appraisal for revalidation have largely been considered from the perspective of the doctor being appraised, engagement in the process and the evidence presented, with little account being taken of the role of the appraiser, who now has to manage both formative and summative aspects. Lyons has argued that, in spite of concerns such as those found by Wakeling and Cameron, appraisers have not experienced role conflict to the extent predicted by the debates, though there is a lack of research into how appraisers balance these opposing demands.

Thus, it may be argued, the spotlight is moving from engagement to practice, illuminating the knowledge and skills required by appraisers to manage the different elements of medical appraisal for revalidation. This next chapter is set within a broader agenda of the quality assurance of appraisal services. Ultimately, under the umbrella of revalidation, practice across health sectors needs to be bench-marked by those delivering it. This is to ensure that all doctors revalidate to the same standards, as it is acknowledged that currently appraisal systems are variable. This shifting agenda is already evident and strands of work are emerging which describe the development of advanced appraiser skills; make explicit the knowledge and skills required for the role and formally recognise them. Other work facilitates bench-marking through the development of quality assurance tools and demonstrate cross-sector working, for instance in training appraisers.

In the light of this shift in focus towards practice and process, we argue that there needs to be a similar shift in research and development activity concerning appraisal. Up to now research concerning the benefits of appraisal is sparse and generally based upon self-reported perceptions of change by doctors being appraised. One of the key aims of appraisal for revalidation is the promotion of quality improvements in patient care through the professional development of doctors. Although the benefits of appraisal for doctors are recognised, demonstrating that it drives improvements in patient care is difficult. Hitherto the focus of research has been on the individual doctor, with change being defined in the context of the individual’s practice. There is a pressing need to look at the outcomes of appraisal not only from the individual’s perspective, but also in terms of the wider context of a practice, locality and the healthcare system: ‘[W]e owe it to patients and all other stakeholders to demonstrate that a process that impinges on time devoted
to actual patient care is of value and can fulfil the aims of the appraisal process to promote the development of GPs. The aim to demonstrate impact on patient care is both ambitious and important. Identifying and attributing such change is challenging because of the complexity of the data required and the many potential confounding factors.

Wessex Deanery Appraisal and Revalidation Service commissioned the University of Winchester to undertake innovative research into the introduction of a medical appraisal system on Jersey. The system has been introduced and established over the past four years, drawing on the expertise of appraisers in Wessex, who travel over to Jersey in order to appraise the GPs on the island. The aim of the research was to demonstrate the impact of the introduction of an appraisal system to a community of GPs which had not previously had any opportunity to reflect on their practice through a formal appraisal with a trained peer. The qualitative study gathered data through semi-structured interviews with more than half of the Wessex appraisers involved in delivering appraisals on the island. The research aimed to capture the appraisers’ experiences, and to set this in the context of a documentary analysis of PDPs and the agreed summaries of the appraisals. In focusing on concrete examples of change over three years in the appraisal documentation, this research moved beyond the existing literature, much of which looks at self-reported perceptions of change by doctors who have been appraised. Ten percent of the doctors on the island gave consent for their anonymised personal summaries of three cycles of appraisal and PDPs to be thematically analysed. Whilst this was a self-selecting group, the proportion and their spread (over 27% of all the practices on Jersey) was large enough to detect common themes developing. The evidence of impact gleaned in this way triangulated the qualitative themes emerging from the appraiser interviews.

The findings indicate that the main challenge for the appraisers arose in the first year, as the appraisal process was embedding. The need then was to ensure that achievable goals were identified for doctors’ PDPs, in order to enable the setting of more challenging goals in subsequent years. From the appraisers’ perspective, as well as the self-reported perceptions of change found in the existing literature, we found that the doctors being appraised valued the appraisers’ expertise in contributing to the process of reflection on practice. It was reported that they expressed a sense of relief and reassurance at having an external perspective that could validate their practice, and that the learning needs identified were given greater credibility through recognition by the appraiser. For appraisers, the benefits were increased confidence in their role and personal benefits from shared reflection on practice, particularly gaining insight into the unfamiliar healthcare system on Jersey. As well as evidence of the GPs’ own professional development, the documentary analysis identified of a number of positive impacts on the management of patient care over the three-year period. These reflected practice level changes which we argue would have a positive impact on the quality of patient care. As one interviewee commented: ‘[A]ctually now that it’s there, and I realise it’s not so bad, I feel I’m giving a better service to my patients’. The changes identified included:

- a broadening of the composition of the healthcare team through the increased appointment of practice nurses to deal with specific areas of patient care, for example chronic disease
- greater rigour to practice level clinical governance processes evidenced by an increase in significant event reporting and analysis and growth in audit activity to inform care. Participants reported that such data was now discussed with peers in practice and reflected upon
- improved practice infrastructure through adopting IT and patient information management systems
- evolving practice relationships through the development of practice agreements, and in some cases their introduction
- practices working more collaboratively, for instance sharing pharmacy and physiotherapy services
- sharper awareness of probity issues through discussion with the appraiser, for instance about being registered with a GP and not treating family members.

There is a need to broaden the focus of research into appraisal in order to identify the outcomes of appraisal within the wider context of a practice, locality and the healthcare system. Research into appraisal is well-developed in an educational context, however, the research agenda now needs to broaden to appreciate alternative perspectives and approaches, for instance exploring the relationship of practice organisation and processes to appraisal, or the impact on patient experience and care. Our Jersey enquiry goes some way towards demonstrating that the support and challenge channelled through an appraisal discussion can drive change in the organisation of patient care, and we look forward to the development of this research agenda in the future.

Further to this, our work has demonstrated the key role the appraiser plays in the process. Appraisers undertake the professional conversation with the doctor, and in doing so they are also well placed to recognise early signs of stress, illness and performance issues, all of which can ultimately impact on patient care, the GP and the functioning of a practice. In order to retain the formative aspects of appraisal, where the doctor being appraised is viewed and supported ‘in the round’, appraisers need to continue to be confident in challenging doctors about their personal and professional development. Thus, attention needs to be paid to nurturing the learning needs of appraisers, and, as part of their continuing professional development, time needs to given to explore tensions between the formative and summative elements of the process of medical appraisal for revalidation, and for reflection on, and development of, their professional practice.
Conflicts of interest

Dr Susi Caesar acted as an appraiser on Jersey during the three years of the study. She is Associate Dean of the Wessex Deanery Appraisal and Revalidation Service (contracted to provide the appraisals on Jersey); an Associate Director of the Revalidation Support Team (involved in the quality assurance of medical appraisals and the appraiser training work streams); and Director of Caesar and Lyons Associates Ltd (providers of medical education, including appraiser training).

References


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