



NHS England Appraisal Summary and PDP Audit Tool (ASPAT) Explanatory Notes

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NHS England Appraisal Summary and PDP Audit Tool (ASPAT) Explanatory Notes

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1 Background and uses for the Appraisal Summary and PDP Audit Tool (ASPAT)

1.1 Introduction

The Appraisal Summary and PDP Audit Tool (ASPAT), may be found in Annex J (routine appraiser assurance tools) of the revised NHS England Medical Appraisal Policy: <https://www.england.nhs.uk/revalidation/appraisers/app-pol/>.

The ASPAT has been developed by doctors from the primary, secondary and independent care sectors and is a generic tool that may be used to audit the appraisal summary and PDP of all doctors in England. It may also be useful as a reference for appraisers as they write their appraisal summaries.

The ASPAT has been written after reviewing other available appraisal audit tools such as PROGRESS, EXCELLENCE, the East Midlands tool and the Oxford tool. This audit tool covers many similar areas to its predecessors and offers further development in certain areas. Whilst the ASPAT is not specifically intended to replace other tools where these are being used to good effect, it may act as a suitable standard tool in places where no such process has been in place before.

1.2 Uses for the ASPAT

It may be used:

- for quantitative and qualitative assessment of an individual appraiser's appraisal outputs (summaries and personal development plans (PDPs)) of the appraisals they have carried out
- as a guidance document for when an appraiser is preparing for an appraisal and writing up an appraisal summary
- as a guidance document for all doctors when preparing for their own appraisal
- as a tool for local, regional and national benchmarking when looking at the standard of appraisal outputs

1.3 Appraiser assurance

The designated body's appraisal lead is usually responsible for the quality assurance of appraisal. NHS England's Quality Assurance of Appraisal guidance notes document (available here: <https://www.england.nhs.uk/revalidation/appraisers/qa-guidance-notes/>) outlines how this quality assurance may be carried out in more detail. Annex J: Routine appraiser assurance tools, found attached to the NHS England Medical Appraisal Policy, provides further guidance and appraisal assurance tools. The quantitative and qualitative results of an audit of an appraiser's appraisal outputs using the ASPAT tool may be fed back to the appraiser as part of a process of development, and this can form part of an appraiser one to one review.

2 Using the ASPAT

2.1 Practical use of the ASPAT

Please refer to the NHS England Quality Assurance of Appraisal guidance notes document for further detail on how to approach the use of an audit tool for reviewing outputs of appraisal. The following detailed guidance is specific to the ASPAT.

This document aims to explain the scoring and some of the ASPAT questions in more detail, in order to facilitate its use.

2.2 The ASPAT scoring system

The ASPAT has a scoring system of 0-2 for each question:

- 0 - unsatisfactory
- 1 - needs improvement
- 2 - good

In time, this scoring system may be reviewed after feedback from the use of the ASPAT. For example some commentators have suggested a preference for regarding a rating of 1 to mean satisfactory, and 2 to mean excellent/best practice. Others have suggested extending it to a range of 0-5 to allow for more subtle variation in scoring between assessors.

2.3 ASPAT questions relating to specific designated bodies

Questions: Section 1.1.1

b) The evidence discussed during the appraisal is listed

The summary of the appraisal discussion should be a standalone document for the responsible officer to review. It should be detailed enough so that the responsible officer is not required to go back to the portfolio in order to review individual items of supporting information. Some responsible officers and appraisal leads therefore ask their appraisers to briefly list all the supporting information submitted by a doctor at the start of the appraisal summary. This may be particularly helpful if the doctor is peripatetic and the appraisal summary is transferred from one responsible officer in a designated body to another. However as the use of the MAG form is becoming more widespread, the need for listing the supporting information will become unnecessary as it is readily available within the MAG document.

The assessor needs to clarify with the designated body's appraisal lead/responsible officer whether the appraisers are asked to list the supporting information within the appraisal summary before carrying out the audit.

The ASPAT states that 'not all senior appraisers feel that this is necessary, so if not required score 2'. If it is not relevant, the appraisal lead may decide to remove this question from the audit.

c) There is documentation of whether the supporting information covers the scope of work

This should be a clear statement to score the full 2 marks e.g. 'the doctor submitted evidence/CPD that covers their scope of work'. Score 1 mark if the summary refers to evidence through the document that covers the scope but the appraiser does not make a clear statement as above. Score 0 if there is no reference to scope or if it is very unclear.

d) Specific evidence is summarised with a description of what it demonstrates

This question reflects the need to 'use' some of the supporting evidence to back up statements that the appraiser makes in the summary (also see f) and to further assure the responsible officer. For example, documentation of some detail of the 360 feedback should be evident (if done that year). There should be reference to how it was collected and documentation of information relating to figures, context, comments, benchmarking, as well as reflection.

e) Objective statements about the quality of the evidence are documented

The assessor should review the summary to see if the appraiser has commented on the quality of a piece of evidence anywhere, such as – 'the feedback was collected

according to GMC guidance and benchmarked', or 'the audit was accompanied by reflective writing, was a personal audit and completed a full cycle'.

h) Reference is made to whether specialty specific guidance for appraisal has been followed

The assessor needs to ascertain what rules the responsible officer has set for the designated body's doctors regarding requirements here. This needs to be documented before the audit is commenced. If the doctor belongs to a college then there should be documentation in the summary that they have followed their college recommendations for supporting information or not. This would score 2. If it is unclear then a lower score should be given as this reflects the fact that the appraiser has not captured the information either way.

i) Reference to completion of locally agreed expected information

This refers to expected information agreed between the responsible officer and the doctor. It may include, for example, subjects such as resuscitation or safeguarding training. The assessor will need to be familiar with what has been agreed and document whether appropriate evidence has been provided.

If no such information has been agreed then score 2 as a default or remove this question from the audit. If expected information has been agreed but there is no mention of it in the summary, score 0. If there is some mention but it is not clear that the requirements have been met then score 1. If the appraiser states that the doctor has presented the agreed expected information or that they have identified outstanding agreed expected information that will subsequently be addressed, or that they have reflected on why they have not presented it, then score 2.

Locally agreed expected information and mandatory training

An organisation may specify training activities for its employees. These are commonly referred to as 'mandatory training' and may include, while not being limited to: equality and diversity training, information governance, fire training and manual handling. Such activities are commonly contractually specified.

In the context of appraisal, mandatory training may or may not form part of the expected information that a responsible officer agrees with a doctor, possibly depending on whether the training is associated with the doctor's main role or a subsidiary aspect of their scope of work.

Whether or not mandatory training is directly relevant to a doctor's practice, if a doctor does not complete it, they may be in breach of their contractual obligations, which may then raise a question about their compliance with Good Medical Practice. If mandatory training requirements do form part of a doctor's agreed expected information, then the appraiser should check for this and document it in the appraisal summary as described above.

Questions: Section 1.1.3

d) Reasons why the PDP learning needs were not followed through are stated (if the PDP was completed then score 2)

If all the PDP items were completed then there is no way of knowing if the appraiser would have documented the reasons if they had not been completed. This therefore gives a potentially higher score than the appraiser might have obtained with different doctor variables. This potential problem with scoring is difficult to address but if more than one set of outputs is audited for each appraiser, the issue may not be such a problem.

g) The PDP covers the doctor's scope of work and personal learning needs

This assesses whether some of the PDP items are 'personal', i.e. that they follow through from individual professional learning needs and are not just organisational requirements. It also assesses whether the scope of work is covered. If the previous year's PDP strongly covered one area then it could be argued that the PDP might not include that area in the next year's PDP. However, this would be time consuming and difficult for the assessor to check. It is suggested that the assessor scores the current PDP on face value unless the reasons for it not covering the whole scope are obvious in another part of the summary.

Questions: Section 1.1.4

e) Please score 2 if the appraiser states in the summary that both the probity and health statements have been completed

Do not score marks if the statements are completed in the portfolio but there is no mention in the summary itself. This supports the aim for the appraisal summary to be a standalone document. This approach may be questioned if the MAG form is used as the statements are readily visible in the MAG. Some other toolkits do not allow completion of the appraisal unless the statements are signed off. A local approach to this audit question may be adopted.

2.4 Assessor scoring variability

If more than one assessor is used to review appraisal outputs then this may result in inconsistent scoring as some assessors may be 'hawks' and some may be 'doves'.

To reduce assessor scoring variability it would be useful for the assessors to meet prior to commencing the auditing work in an attempt to standardise their approach to scoring. They should agree their approach particularly in relation to the scoring for the questions discussed in 1.2.3.

Reviewing two example outputs and comparing scores before starting the audit may also help highlight any differences in their approach to scoring and facilitate standardisation.

3 Benchmarking

3.1 Using the ASPAT to benchmark across designated bodies

The ASPAT may be used to benchmark the quality of appraisal outputs across regions, and nationally. In order to do this the process of auditing will need to be standardised as much as possible. When comparing scores across designated bodies it may be useful to compare scores between similar health sectors initially. When carrying out the audit it would be helpful if assessors document the nature of the designated body, for example, the size (number of doctors), specialty and sector.

It may also be necessary to remove the scoring from certain questions which relate to the way an individual designated body's appraisal system is run when reviewing questions across organisations. This is because some questions will be answered and scored differently depending on the decisions made by individual responsible officers. Any information shared between organisations should be anonymised.

4 Development of the ASPAT

The ASPAT is a new tool and will undoubtedly require further development as feedback from assessors is received. If the tool is to be adapted and used for widespread benchmarking then systems will need to be developed to support this.

The ASPAT is currently being piloted with a view to validation.

Please contact Lead Appraiser, London if you would like to offer feedback on the use of the ASPAT: england.revalidation-london@nhs.net