

Medical appraisal:

Feedback from GPs in 2018-19

NHS England and NHS Improvement



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1. Key Findings

- 91% of GPs report that their appraisal was useful for promoting quality improvement in their work
- 88% of GPs found their appraisal useful for improving patient care
- 89% report that their appraisal was useful for personal development
- 89 - 92% report that their appraisal was useful for professional development
- 97% fed back that they were happy with the skills of their appraiser

Based on feedback from 13,440 GPs in England on their 2018/19 appraisal.

What doctors said:

'Without appraiser support I would not have continued working.'

'Perfect balance between challenge and support.'

'...will help to improve the quality of my patient care.'

'I am refreshed and ready for the next 12 months...inspired for ongoing career development. Thank you.'

'Takes a lot of time to write everything up...'

This feedback provides good evidence that medical appraisal is valued by GPs in England, who report that it made a difference to personal and professional development and patient care.

It supports anecdotal reports that appraisal supports many doctors with challenges in their professional life at a time of recognised pressure on the workforce and as the NHS embarks on the Long Term Plan¹. Appraisal is therefore making an important contribution along with existing workforce projects and direct support mechanisms such as the GP Health service².

Negative comments mostly refer to the requirements of the process. The recent emphasis on minimising the paperwork and maximising the benefit must continue so the mechanics are not a barrier to doctors gaining the full value of appraisal.

2. Background

The aim of this report is to review the available data to see what General Practitioners (GPs) are saying about their experience of appraisal across England.


Appraisal is well embedded within the professional lives of doctors with nearly all now taking part in annual appraisal across the country. Systems are in place to support the process and to collect feedback from GPs after each appraisal. Within this, there is a very large amount of both quantitative and qualitative data available on what they think of their appraisal. Each area in England uses this information to make changes to improve their systems. It also provides feedback to individual appraisers on their appraisal skills as part of the annual quality assurance process. However, this is the first time this feedback has been looked at across different areas of the country. Furthermore, the focus of this report is to look at the feedback from the perspective of the doctor's experience of appraisal.

At a time of both financial pressure and a GP workforce under stress there is a need to know that appraisal offers value for money, that it is beneficial to doctors and makes a difference to patients.

A recent workforce review put the number of GPs in England in December 2018 as 44396 (headcount)³. This figure is consistent with data from the NHS England and Improvement Revalidation Management System.

By providing data based on feedback from large numbers of GPs we hope to establish an objective view on perceptions of appraisal. This is especially important in the context of anecdotal commentary via social media and some reports in the medical press which sometimes suggest a less than positive picture.

The Royal College of General Practitioners (RCGP) revalidation surveys across the four nations in 2015⁴ and 2017⁵ have provided some valuable data in this field but response rates have been relatively low. By looking at feedback from the post-appraisal surveys the hope is to be able to provide data from a larger and more representative sample of doctors.



By providing data based on feedback from large numbers of GPs we hope to establish an objective view.

3. Sources of Data

There are two main forms currently used to collect feedback from GPs on their experience of appraisal in England. One is set out in the NHS England Medical Appraisal Policy⁶. This is embedded in the Revalidation Management System (RMS) and is used to gather feedback irrespective of which appraisal toolkit is used (including the MAG form, FourteenFish, L2P and GP Tools). Some of these toolkits, e.g. FourteenFish, replicate the questions in their own software and the doctor completes it there⁷. The second is a form embedded in the Clarity Toolkit. Some offices use one predominately, some the other, and some use a mixture of both.

The two forms are broadly similar, permitting a good degree of read-across between the results of both. However, there are some subtle differences:

- The format set out in the NHS England Medical Appraisal Policy⁴, includes questions on appraiser skills and questions relating to the appraisal's usefulness for patient care and quality improvement.
- The Clarity feedback form is broadly similar to the questionnaire in the NHS England Medical Appraisal policy but includes questions that place more emphasis on appraiser skills.

The RMS system is not currently configured to collate the feedback data automatically. Wessex data is collated by the FourteenFish system and the Clarity Toolkit collates the data it gathers from its form.

4. Results

- 10 of 16 NHS England Local Offices were in a position to supply information in the timescale set out for the project.
- Feedback was provided by a total of 13,440 GPs.
- Feedback was collated from 6,331 RMS and Wessex feedback forms and 7,109 from Clarity.
- Together this represents the views of an estimated 30% of the GP workforce.

4.1 Quantitative Data

4.1.1 Data from RMS and Wessex feedback

Areas providing data:

- Cumbria and North East
- Lancashire and South Cumbria
- Yorkshire and the Humber

- North Midlands
- Wessex (Hampshire, Isle of Wight and Dorset)
- South West (Isles of Scilly, Cornwall, Devon, Somerset, Bristol and South Gloucester)

The RMS system is not formatted to request feedback from the doctor in the same way in all offices. Some areas analysed feedback from a random sample; some sought feedback from all their doctors; not all doctors completed all the questions. As the feedback forms followed the same format, NHS England Wessex results were grouped with the other RMS results.

Feedback forms completed	6331
Feedback response rate	61% (range: 52%-75%)

Duration of the appraisal discussion

Hours	<1	1-2	2-3	3-4	>4
Numbers	78	2688	3111	382	11
%	1.2%	42.9%	49.6%	6.1%	0.2%

Venue, protected time and appraiser

	Yes (%)	No (%)
Was the venue private and professional	6284 (99.3%)	44 (0.7%)
Was the protected time sufficient	6245 (98.6)	86 (1.4%)
Would you be happy to have the same appraiser again	6229 (98.8%)	75 (1.2%)

About your appraiser

	Poor	Borderline	Satisfactory	Good	Very Good
Establishing rapport	4	12	119	1038	5092
Demonstrating their preparation for your appraisal	6	13	118	963	5085
Listening to you and giving you time to talk	6	16	94	821	5235
Giving constructive, helpful feedback	9	26	148	1036	4962
Supporting you	10	18	154	1058	4942
Challenging you	5	17	235	1779	4147
Helping you to review your practice	6	19	174	1464	4517

Helping you to identify gaps and improve your portfolio of supporting information for revalidation	11	14	174	1541	4446
Helping you to review your progress against your last personal development plan	4	11	134	1012	4795
Helping you to produce a PDP that reflects your development needs	5	16	152	1184	4821
Managing the appraisal process and paperwork	13	26	141	1053	4961

Did you find the appraisal useful for....

	Yes (%)	No (%)
Improving patient care	5477 (88.3)	728 (11.7)
Promoting quality improvements in your work	5667 (91.2)	544 (8.8)
Your personal development	5539 (89.2)	668 (10.8)
Your preparation for revalidation	5996 (96.6)	211 (3.4)
Your professional development	5741 (92.5)	467 (7.5)

4.1.2 Data from feedback from GPs using the Clarity Toolkit feedback form

Areas providing data:

- North West (Lancashire and South Cumbria)
- North East London
- North West London
- South London

Feedback Response Rate

Total appraisals carried out	8263
Feedback forms completed	7109
Feedback response rate	88% (range:70%-90%)

Organisation Systems

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was given adequate notice to allow preparation for my appraisal	181	29	113	2152	4414

I received the support and explanation I need to prepare for my appraisal	157	58	588	3063	3243
I am happy about the confidentiality of the appraisal process	192	67	440	2642	3768
Overall the organisation supported my appraisal	152	75	777	3139	2966
The software I used supported my needs to record and manage my portfolio and appraisal	145	50	293	3531	3090

Appraiser Skills

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The appraiser adequately reviewed my progress against my PDP and the supporting information for the appraisal	131	11	69	1742	5156
My appraiser's skill in conducting my appraisal was adequate	131	12	74	1577	5314
Overall my appraiser conducted a successful appraisal	124	15	80	1610	5280
I am happy to have the same appraiser again	135	33	123	1434	5384

The Appraisal

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The appraisal challenged me to consider new areas for development	121	86	514	3306	3082
My PDP for the coming year reflects my priorities	109	15	188	3223	3574

Overall the appraisal was useful in my professional development	141	90	552	3025	3301
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4.2 Qualitative data

Most of the free text comments were positive in nature. One area (Cumbria and North East) analysed total comments into positive and negative and reported 85% positive. Many of the positive comments across all areas related to the appraisers' skills. Many comments related to the value of the appraisal meeting and discussion. Many commented about the appraiser supporting doctors through difficult times. The much smaller amount of negative feedback was mostly about process and a number about difficulties with using MAG and other toolkits. Some were about the time burden and whether preparing for appraisal was time well spent.

A more detailed and formal analysis of all the free text would be very worthwhile. Examples of comments made are grouped here in the main themes that emerged.

4.2.1 Appraiser skills, coaching and mentoring

'Excellent appraiser. My appraisal conversation was an enjoyable and extremely worthwhile learning and development opportunity.'

'Excellent insightful appraiser with excellent communication skills.'

'Flexible, efficient, approachable and supportive'

'Perfect balance between challenge and support.'

'A helpful and positive experience. I felt enthused for the year ahead rather than just relieved that another year was over at the end of the meeting.'

'She focuses on the discussion rather than ticking boxes.'

'A very helpful and approachable appraiser who was genuinely interested in the work I was doing [and] did not view this appraisal as a tick box exercise.'

'An excellent appraiser who motivates and encourages excellence in me.'

'An excellent appraiser who motivates and encourages excellence in me.'

4.2.2 Support with career, personal and professional development

'I had one of the best appraisals with an appraiser who was understanding and guided me with looking at my reflection and signposted me towards tools and resources to continue my career progression.'

'Extremely helpful and productive meeting, he was very encouraging and positive about my return to practice which is the biggest work change I have faced in 10 years, I felt motivated to persist in my efforts. He was extremely constructive and professional.'

'It was a very constructive appraisal. Very calm and professional approach and open discussion about various roles in my career.'

'Very supportive and encouraging. Helps to step back and look at my past year and also enables me to formulate my goals for the coming year. I left the meeting feeling very encouraged and generally boosted about my career.'

'I left the meeting feeling very encouraged'

4.2.3 Resilience, work-life balance, support through difficult times

'Took lots of time and care to understand the complicated year I have had. Made me feel at ease and safe sharing and discussing the complications and working through some things in my own mind. Couldn't have wished for a better appraiser. Thank you very much.'

'I felt [appraiser] had shown great sensitivity toward my particular and difficult circumstances.'

'Appraiser was simply outstanding. I had been through a very difficult period just prior to our first appraisal resulting in a long period of leave. At the time I was terrified of everything. The initial appraisal was hugely supportive, non-judgemental and well-paced. It gave me hope and positivity where there was none. As my situation resolved/improved, the appraisals changed and became more progressively challenging. I cannot recommend [appraiser] more highly.'

'It gave me hope and positivity where there was none.'

'I found my appraiser inspiring and helped me reflect on my work-life balance in a meaningful way. He has helped me think about my personal resilience and this will be my focus for the next appraisal. This was a very successful appraisal for me.'

'I was feeling weighed down by my current workload, but having an appraisal helped me feel a bit better about it afterwards.'

'[Appraiser] was very astute and provided me with insight to how I can make changes to my consulting. I came out of the appraisal with fresh hope that I can make changes which will make general practice more manageable for me.'

'My appraiser picked me up 3 years ago when my life had been somewhat out of the ordinary of someone my age. However, he didn't let this hold me back and here we are 3 years later and things feel so much more normal again.'

'She was extremely supportive during a particular difficult time.'

'My appraiser helpfully highlighted work-life balance as a priority to discuss and included this in the PDP – made sure we didn't skate over it!'

4.2.4 Quality Improvement and improvement in patient care

'Excellent. Helps improve patient care.'

'Very useful. Very effective and will help to improve the quality of my patient care.'

'She is supportive and astute with a good balance of encouragement as well as seeing ways to help improve my practice.'

'Insightful, supportive and able to challenge me in order to help achieve excellence in my professional development and patient care.'

'It was good to reflect on what I had achieved in the year and apply it to improvement of patient outcomes.'

'A chance to discuss new ways of working and sharing ideas. Clearly these will improve patient care.'

'We exchanged ideas of how to improve patient care'.

'It was good to reflect on what I had achieved in the year and apply it to improvement of patient outcomes.'

4.2.5 Time burden

'I feel a bit frustrated as it involves lengthy preparation, time and effort to prove that I am doing what I am meant to be doing, in other words it is not making me do things differently just taking up extra time which could go towards further learning or patient care or even time off!'

'Takes a lot of time to write everything up, time I feel would be better spent learning...I feel I'm often repeating work that I've read about in the workplace and then writing up again at home. So it still feels time heavy.'

'I personally feel annual appraisal is too much and have thought so for a long time – perhaps every 3 years would be better in my opinion.'

'Still takes excessive time to compile all information required. Laborious process.'

'The appraisal takes up a huge amount of time and effort and I don't think it results in worthwhile improvement.'

'...it still feels time heavy.'

4.2.6 Platform used for appraisal

'Clarity remains satisfactory as a toolkit'

‘Too many areas for reflection and some are duplications’
[Clarity]

‘The appraiser was putting extra pressure on me to get into Clarity appraisal system which he uses which caused discomfort for me.’

‘I used the [Clarity] AMP app this year for the first time – excellent!’

‘Used FourteenFish this year that was much better than the MAG form’

‘This time I used FourteenFish which I found a lot easier.’

‘FourteenFish is excellent’

‘FourteenFish significantly easier to run than MAG’

‘MAG form cumbersome’

‘The MAG form remains ridiculously time consuming’

‘I find MAG form difficult and cannot attach everything as it gets full. I am not aware of any IT support for this and find it the most stressful part of the appraisal process.’

‘Too many areas for reflection and some are duplications.’

5. Discussion

The data speaks for itself. There is overwhelmingly positive feedback from over 13,000 doctors: 39% of the GP workforce. This is a testament to appraisers and the support teams across the country. The review provides evidence of the value placed on medical appraisal by GPs in England.

Feedback rates were higher for those completing feedback on the Clarity system (average 88%) than those completing it on RMS (61%). The Clarity feedback form is perhaps a little shorter and it can also appear as if is mandatory to complete the sign off process, though it is not. These may be contributing to higher completion rates from Clarity appraisals. RMS factors are that not all offices prompt the doctor to provide feedback or send a follow-up prompt when feedback is not given. Nevertheless, annual response rates of around 60-90% for a survey of this type are high.

The quantitative and qualitative data demonstrate high level of skills among appraisers across England. Doctors comment that they feel supported and motivated through discussions with appraisers. In numbers, 89% (via Clarity feedback) and 92% (via RMS) report appraisal to be useful for professional development.

Rather than appraisal pushing people out of general practice, there are many that feel it has helped them remain in work or in a return to work.

Many doctors comment specifically about being supported by their appraiser through difficult times, which is a reminder of the widely reported pressure on general practice. The Conference of Representatives of UK Local Medical Committees recently passed a motion to shift the emphasis of appraisal 'from information gathering meetings to pastoral care and mentorship by appraisers' and to 'take opportunities to offer practical support and assistance to colleagues in distress'⁸. Of course, this is important, and we should continue to work with others on this, but there is evidence to suggest that this is already happening, in keeping with the messaging to doctors and appraisers from the NHS England Professional Standards Team since April 2018^{9, 10, 11}. Rather than appraisal pushing people out of general practice, there are many that feel it has helped them remain in work or in a return to work. We should use the opportunity appraisal offers to signpost doctors in need of further support to services such as the GP Health Service².

The feedback using the NHS England Medical Appraisal Policy questionnaire indicates that 88% of doctors agree that their appraisal contribute to improvements in patient care. 91% agree it was useful for promoting quality improvement. This is much higher than reported in the RCGP surveys. In the most recent 2017 survey, around 34% responded 'yes' to this question⁵. The sample size in the RCGP survey was smaller (1100) compared with our survey. It may also be more likely that those with strong views will respond to national surveys of this type, making the sample less representative. There are other differences: the RCGP survey is titled as a 'Revalidation Survey' rather than one more specifically on appraisal and, possibly more importantly, its timing is not linked with individual's own appraisal. That people feel so positive about their appraiser may be influencing responses to other areas when they feedback after appraisal – the so-called 'halo effect'. It may be that revisions to the feedback forms would be helpful to elicit more specific examples of quality improvement or differences made to patient care.

Despite the overwhelmingly positive feedback, there are areas for ongoing improvement. The NHS England message about 'minimising the burden, maximise the learning'⁹ needs to be reinforced so that people do not feel they are spending large amounts of time on burdensome or unworthwhile activities.

There is also an opportunity to look at the platforms people use to record their supporting information, be it the MAG form or one of the commercial toolkits. The feedback suggests that people feel there could be improvements in some of these. This may involve reassuring GPs in England that they have choice about which toolkit they use and should consider its simplicity and suitability for their needs when they do so. Providers of appraisal toolkits should also bear in mind that this is a key aspect that doctors take into account when selecting a product. It may also be helpful to remind doctors that the MAG form was originally created as an illustrative baseline for providers to base their product on and that its use may diminish as the quality of other toolkits continues to improve.

It would be helpful if the data collection issues which we have identified in this report are addressed. Not all offices were able to produce data in the timescale set out. There may be differences in local RMS settings which mean feedback is being

sought differently in different areas., Ideally all areas should have a consistent approach. RMS should be configured to be able to present feedback in a collated way, so that this does not have to be done by time consuming manual methods.

It is possible to generate automated reports using Clarity. However, at present this questionnaire lacks the important questions relating to improvement in patient care and quality improvement. It would assist collation in future exercises if all providers adhered to the questions set out in the NHS England Medical Appraisal Policy⁶. In addition, it may be appropriate to revise the NHS England questions to ensure that these are as specific and helpful as possible and that they match those set out by the GMC for monitoring the benefits of appraisal.

Tribute should be paid to doctors, who have engaged effectively and professionally with the appraisal process.

6. Conclusion

This report sheds light on what doctors think of medical appraisal and there is much to celebrate. A substantial body of doctors in England found their appraisal to be valuable. For some doctors facing difficult challenges, it provided a lifeline allowing the doctor to flourish.

This is an opportunity to recognise all the hard work by NHS England responsible officers and everyone in their teams to enable provision of a high quality medical appraisal service. Tribute should also be paid to doctors, who have engaged effectively and professionally with the appraisal process. The evidence from these data suggests that this commitment is worthwhile for the large majority. The continuing challenge is to ensure that this becomes the case for those doctors who currently do not find it to be so.

7. Next steps

This report will be circulated within NHS England for discussion to inform the ongoing development of medical appraisal within NHS England. It should stimulate the development of the post-appraisal feedback questionnaire and methods of collating the results efficiently for future exercises. We hope it will also contribute to a UK-wide four nations analysis of the feedback about individual appraisals under the leadership of the RCGP. Further analysis of the rich qualitative data that has been gathered will contribute to ongoing efforts by NHS England and the RCGP to minimise those aspects of appraisal which do not add value and promote the benefits of appraisal for doctors and their patients.

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9. Acknowledgments

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