Medical Appraisal Scotland

Annual Report (2019/2020)

**Graphical version of this report can be located at:**
<http://www.appraisal.nes.scot.nhs.uk/resources/AnnualReport-19-20/index.html>

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# Foreword

The last few months have been challenging for all those working in the health and care services. As a result of this pandemic, appraisal and revalidation activities quite rightly were temporarily put on hold so that colleagues could focus on helping with the pandemic. There will necessarily be a great deal of learning for many colleagues which hopefully will be captured in their appraisal discussions over the coming years. There has also been a lot of focus on health and wellbeing of staff during these challenging times and our experienced appraisers will no doubt take the opportunity of delving into these areas once the appraisal processes begin again. Covid-19 has also given the opportunity to reflect on the use of technology in the appraisal process, particularly as health care professionals become more comfortable in using the variety of platforms available and the fact that social distancing may preclude face to face conversations.

Prior to the pandemic, Christiane Shrimpton, William Liu and I had started reviewing our course provision both for new and experienced appraisers. This review was put on hold during the pandemic as many of our clinical and non-clinical staff were deployed elsewhere to help with the emerging challenges. Shortly, we will once again start this review process. But this time, we will not only review the content but also the mode of delivery as social distancing measures will be with us for many months to come, and courses will have to be delivered using appropriate virtual media.

I would like to thank the whole appraisal team at NES for the work they do tirelessly in ensuring the system works well for everyone but particularly William and Christiane who have continued to work tirelessly with me in developing our appraiser courses for the future.

Please keep safe and well and thank you for all your hard work during these testing times.

**Dr Amjad Khan***Director of Post Graduate GP Education, Revalidation Lead NHS Education for Scotland*

# Overview of Medical Appraisal in Scotland

The time has come to write the overview to another Annual Report for Appraisal in Scotland. It is a welcome opportunity to reflect on the many things we have achieved and are planning. It was another year of changes, some of them expected, some of them rather unexpected. Who would have thought at the beginning of the year that we would end the appraisal year in lockdown with revalidation halted by the GMC, appraisal put on hold and most of us grappling with very different ways of working?

First of all, I would like to thank everyone involved in making the appraisal system in Scotland the appreciated national resource it is: Scottish Government and the Revalidation Delivery Board Scotland (RDBS), the NES Appraisal team, Appraisal Leads, Responsible Officers, Appraisers and Appraisal Admin teams in the different Health Boards and the Course Tutors who continue to deliver our National Appraisal Training. All of you are playing such important roles and I appreciate all you are doing to support appraisal in Scotland.

Both the Scottish Medical Education and Appraisers Conferences in May 2019 were an excellent opportunity to give updates and get feedback on the current appraiser training and appraisal system in Scotland. It was clear that both are widely appreciated and respected. It also gave us some feedback on things that would benefit from an update or refresh, now that the appraisal system is much more embedded and we are well into the second revalidation cycle.

The feedback showed us that the appraiser training included excellent elements but was missing others and was no longer fully fit for purpose in the current format and content. We used other opportunities we had during the year to gather more detailed feedback on this. An initial action was the piloting of a session on Recognition of Trainers for appraisers I developed in conjunction with the education team at NHS Lothian. It was very well received, and we are looking at developing this into a session that can be delivered locally in Health Boards as an update for established appraisers. We are also exploring options for using this as a model for other update sessions that could form part of local appraiser peer support and update sessions. Based on the information we have gained from the feedback, we have also started updating the refresher training and are now working on the new appraiser training courses.

Discussions at the appraisal leads meetings and the results of the last MARQA report showed that there are variations in the support for appraisal in primary and secondary care. We ran a survey last year to explore this further and the summary of the results can be found later in this report. This showed that overall, appraisals are seen as positive by most appraisers. It also gave some comments on things that could be improved. One of the areas I had already started looking at is finding a way to focus more on the supportive and developmental aspects of appraisals without losing any of the essentials for revalidation. The current pause in appraisals has given us an opportunity to stand back, reflect and consider how we can do this as we restart the appraisal process. I look forward to working with appraisal leads, appraisers and others on this. I have long been passionate about these aspects of appraisal and strongly believe they are what is most helpful to appraisees.

The last few months have been challenging for all of us and much will look different for the foreseeable future. We are now well versed in video consultations and video meetings and things we would never have believed possible suddenly seem to be working unexpectedly well. While I am sure just like me others are missing the face to face interactions, this pandemic has given us opportunities to rethink what we are doing and how we can do it. These new experiences will feed into our plans for the future and I hope you are just as curious as I am about what the new normal will bring and will join me in shaping some of this future.

**Dr Christiane Shrimpton***Associate Postgraduate Dean for Appraisal and Revalidation*

# Medical Appraisers Training and Recruitment

## Appraiser training courses in 2019/2020

With the cancellation of courses not coming into effect until March 2020, the period of 2019/2020 was another busy and challenging year for the training team, delivering 20 training courses. A breakdown of the 20 training events this year across Scotland are as follows:

* 2-day New Appraiser Training (x11)
* 1-day Refresher Training (x8)
* 1-day Tutor Training (x1)

Of the 11 New Appraiser Training courses successfully run, 129 attended the New Appraisers courses (up from 122 last year); with 19 from Primary Care (GP) and 110 from Secondary Care.

In Scotland, for the purposes of Revalidation, all appraisals are undertaken by a NES-trained Appraiser. The Medical Appraiser Refresher training offers an opportunity for experienced appraisers to refresh their skills and assist them in their continued role as an appraiser. Refresher training (1-day event) is recommended to be undertaken once every 5 years by active appraisers. An email invitation was sent to all Appraisers who hadn’t attended a Refresher event for some considerable time, resulting in a total of 106 Secondary Care Appraisers and 26 Primary Care Appraisers taking this opportunity and attending our Refresher programme during the 2019/2020 period.

The following tables give a further breakdown of course numbers.

## New Medical Appraiser Training Courses

The table below illustrates the attendance at the 2-day New Appraiser courses, which are designed to run with maximum 18 participants capacity. (Due to venue restrictions, and tutor availability, some courses are adjusted accordingly.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Course**  | **Course capacity**  | **Participants**  | **Unfilled slots**  |
| **Primary Care**  | **Secondary Care**  | **Total**  | *DNAs*  |
| N53 – 23 & 30 April 2019, Edinburgh | 15 | 2 |  10 |  12 (80%) | 2 |  1 |
| N54 – 16 & 23 May 2019, Stirling | 12 | 1 | 7 | 8 (67%) | 1 |  3 |
| N55 – 5 & 12 June 2019, Perth | 18 | 2 | 7 | 9 (50%) | 1 |  8 |
| N56 – 22 & 28 August 2019, Grampian |  18 |  0 |  9 |  9 (50%) | 0 | 9 |
| N57 – 12 & 19 September 2019, Golden Jubilee | 12 | 3 | 6 | 9 (75%) | 0 | 3 |
| N58 – 25 Sept & 3 October 2019, Stirling (CANCELLED)\* | - | - | - | - | - | - |
| N59 – 22 & 31 October 2019, Glasgow | 12 | 2 | 8 | 10 (83%) | 1 |  1 |
| N60 – 6 & 13 November 2019, Edinburgh | 18 | 0 | 15 | 15 (83%) | 0 | 3 |
| N61 – 26 Nov & 3 Dec 2019, Glasgow | 15 | 0 | 14 | 14 (93%) | 1 | 0 |
| N62 – 15 & 22 January 2020, Edinburgh | 18 | 2 | 11 | 13 (72%) | 0 | 5 |
| N63 – 28 Jan & 4 Feb 2020, Glasgow | 18 | 2 | 10 | 12 (67%) | 0 | 6 |
| N64 – 26 Feb & 5 Mar 2020, Edinburgh | 18 | 5 | 13 | 18 (100%) | 0 | 0 |
| **Total**  |  **174** | **19** | **110** | **129 (74%)**  | **6** | **39** |

*\*N58 was cancelled due to undersubscription; the venue booking was reused to host two national meetings instead.*

Participants’ feedback from the courses was very positive:

*“I found it a very well worthwhile course, not just for appraisal. It was quite different from probably any other course I have been on in terms of testing and stretching my abilities. I learnt an enormous amount about communication skills which hopefully I can apply in many circumstances.”*

**N56 Participant, 28 August 2019**

*“I thought this was an excellent and very enjoyable course, supported by a great team of knowledgeable and skilled tutors plus efficient admin staff. Thank you.”*

*“…The multidisciplinary interaction, the open discussions and the fact that groups changed over the two days. The information offered was excellent.”*

**N62 Participants, 22 January 2020**

*“Genuinely one of the best courses I have done in the last five years.”*

**N64 Participant, 5 March 2020**

## Refresher Medical Appraiser Training Course

The following table illustrates the attendance at the 1-day Appraiser Refresher courses, which are designed to run at maximum 24 capacity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Course capacity** | **Participants** | **Unfilled slots** |
| **Primary Care** | **Secondary Care** | **Total** | *DNAs* |
| R31 – 8 May 2019, Perth | 24 | 5 | 15 | 20 (87.5%) | *1* | 3 |
| R32 – 30 May 2019, Aberdeen | 24 | 1 | 10 | 11 (46%) | *0* | 13 |
| R33 – 18 June 2019, Stirling | 21 | 5 | 12 | 17 (75%) | *1* | 3 |
| R34 – 26 June 2019, Stirling | 18 | 3 | 13 | 16 (71%) | *1* | 1 |
| R35 – 8 October 2019, Glasgow | 21 | 2 | 15 | 17 (91%) | *2* | 2 |
| R36 – 12 December 2019, Stirling | 24 | 3 | 15 | 18 (75%) | *0* | 6 |
| R37 – 18 February 2020, Edinburgh | 24 | 1 | 20 | 21 (92%) | *1* | 2 |
| R38 – 11 March 2020, Aberdeen | 18 | 6 | 6 | 12 (67%) | *0* | 6 |
| R39 – 19 March 2020, Glasgow (CANCELLED, COVID19) | - | - | - | - | *-* | - |
| **Total** | **174** | **26** | **106** | **132 (61%)** | ***6*** | **36** |

Participants’ feedback from the courses was very positive:

*“Very useful to get constructive feedback on own appraisal style & to observe some very skilled colleagues.”*

**R31 Participant, 8 May 2019**

*“Excellent course, inspiring and good fun.”*

**R36 Participant, 12 December 2019**

*“It has been some time since I did a refresher course so it was important to update my skills, learn new tips and check that I am continuing to be consistent with my colleagues.”*

**R38 Participant, 11 March 2020**

## Distribution of trained Appraisers across Health Boards

Of the 128 New Appraisers successfully trained, and the 132 Appraisers who attended the Refresher courses during 2019/2020, below is a breakdown of the spread across the health boards:

|  |  |  |
| --- | --- | --- |
| **Health Board** | **New Appraisers** | **Refreshers** |
| **Primary Care** | **Secondary Care** | **Primary Care** | **Secondary Care** |
| Argyll & Bute | 0 | 0 | 0 | 0 |
| Ayrshire & Arran | 3 | 4 | 1 | 2 |
| Borders | 1 | 1 | 0 | 2 |
| Dumfries & Galloway | 0 | 3 | 1 | 3 |
| Fife | 0 | 7 | 2 | 5 |
| Forth Valley | 0 | 4 | 3 | 1 |
| Gt Glasgow & Clyde | 3 | 17 | 2 | 20 |
| National Waiting Times Centre (Golden Jubilee Hospital) | 0 | 1 | 0 | 0 |
| Grampian | 1 | 7 | 1 | 13 |
| Highland | 0 | 0 | 7 | 1 |
| Lanarkshire | 1 | 9 | 2 | 6 |
| Lothian | 9 | 45 | 2 | 47 |
| NSS\* | 0 | 1 | 0 | 1 |
| Orkney | 0 | 1 | 0 | 0 |
| Shetland | 1 | 0 | 1 | 0 |
| Tayside | 0 | 8 | 3 | 5 |
| The State Hospital | 0 | 0 | 0 | 0 |
| Western Isles | 0 | 1 | 1 | 0 |
| **Total** | **19** | **109** | **26** | **106** |

*\* Following national agreement, NSS has taken over the appraisal administration responsibilities for specialty health boards/areas with smaller numbers of medical staff (e.g. NES, Health Scotland, HIS, Scottish Government etc), pooling together all Appraisers to ensure Appraisees in these organisations have access to at least 2 different appraisers within a 5-year Revalidation cycle.*

## Becoming an Appraiser

Whilst the training course delivery, format and content may be changing (see Plans for 2020/2021), the need for Appraisers has not. Medical Appraisal and Revalidation will continue and in particular the need for Appraisal – a safe and protected environment for colleagues to discuss and reflect on their work – will play a vital role post-COVID to support the workforce recovery.

If you are interested in becoming an Appraiser, you can find further details via the Medical Appraisal Scotland website:

<http://www.appraisal.nes.scot.nhs.uk/>

Training course details available under the “Be an Appraiser” link in the menu.

Please discuss further with your local Appraisal Lead as the first port of call. Appraisal management processes (and vacancies) vary across the Health Boards in Scotland and it is important that you understand the requirements of your Health Board, and that they can guide and support you in the Appraiser role.

## Challenges ahead

2019/2020 has been a successful year for the training team, highlighted by the **doubled** Refresher attendance compared to last year. It has also highlighted the need for us to update the Refresher course content – which we have been actively working on for some time.

COVID-19 has brought new challenges for all concerned, educators, learners and organisers alike; but when we all work together, nothing is insurmountable, and we look forward to the collaborative working and shared learning experience.

**Stacey Lucas***Administrative Officer (Medical Appraisal)*

# News and Events

## Support for Responsible Officers and Appraisal Leads

There were a number of new Responsible Officers (ROs) who came into post in the past 18 months. In collaboration with the GMC, NES and Scottish Government, an Induction Day was organised aimed at the newer ROs and deputy ROs, as well as those who were about to start in the role. The event was held at the GMC offices at the Tun, Edinburgh, on 1 November 2019. It was very well attended, and included a presentation from Dr Tracey Gillies (RO in NHS Lothian) plus various interactive workshops.

A further RO Day was organised by NES and Scottish Government for all ROs in Scotland. Invitation was extended also to the Appraisal Leads. This was held on 10 March 2020 at Stirling Court Hotel. Whilst attendance was impacted by the emergence of the COVID-19 outbreak, the event was still attended by 22 delegates – a mix of ROs, deputy and interim ROs and Appraisal Leads.

A National Appraisal Leads meeting was held on 13 September 2019 at the Golden Jubilee Conference Hotel. The meeting was well attended on the day and included a workshop on Appraiser Training course changes (see Plans for 2020/2021 for more details).

Due to the COVID-19 pandemic, the National Appraisal Leads meeting planned for 30 April, along with the annual Scottish Medical Appraisers Conference on 1 May 2020 were both cancelled.

## Support for Appraisal Admins

We held two National Appraisal Administrators meetings this year. The first was held on 31 July 2019 at NES offices in Edinburgh (West Port), where an overview of some potential changes to the Appraiser training applications process was presented and discussed (see Plans for 2020/2021 for more details). The second meeting was held on 30 January 2020 at Stirling Court Hotel, where we introduced a training development session as part of the away day to help meet the health board teams’ learning needs.

This was well received, and we aim to include more (and varied) training sessions at future meetings.

## Appraiser Course Tutors: Recruitment

A Tutors Training & Induction day was held on 4 September 2019 at Murrayshall Hotel, where we successfully trained 14 additional tutors to join our training course tutors cohort. We currently have 52 active tutors to help run the Appraiser training courses.

## Appraiser Course Tutors: Conference

The annual Appraiser Course Tutors Conference was held on 5 September 2019 at Murrayshall Hotel. A series of interactive workshops and plenary discussions was had in the morning, utilising everyone’s experience and exploring the options to review and improve the existing training programme (see Plans for 2020/2021 for more details).

An interactive Coaching Skills session was delivered by Dr Iain Wallace in the afternoon. Dr Wallace was formerly the Responsible Officer in NHS Lanarkshire and his session was very well received by the tutors.

## MARQA Report 2018/2019

The 2018/2019 Medical Appraisal & Revalidation Quality Assurance (MARQA) review was published in December 2019. The review consisted of submissions from all 46 designated bodies in Scotland, reviewed and assessed by a panel convened by NES.

It has been a successful year for Medical Appraisal and Revalidation in Scotland with the highest appraisal completion rate to date at 96%; with deferral rates also falling (to 7%) it suggests that the processes are now firmly embedded in Scotland.

The panel acknowledged the efforts and improvements made in the past year by NHS Dumfries & Galloway, NHS Fife, NHS Highland and NHS Tayside. They also identified that Clinical Fellows comprise a growing sub-group of doctors who require an appraisal.

Three recommendations were made:

* Designated bodies to achieve an appraisal completion rate of 90% separately in Primary and Secondary Care appraisals
* Designated bodies should ensure that there are systems in place to identify and support Clinical Fellows to provide them with an appraisal
* Continuing support should be given to Appraisers to ensure that they maintain their appraisal skills

The full report can be accessed via the Medical Appraisal Scotland website: <http://www.appraisal.nes.scot.nhs.uk/i-want-access-to/marqa/2018-19.aspx>

**Due to the global pandemic, the 2019/2020 review was postponed.**

## Team Changes

**Rachel Brand-Smith** left us in November to take up a role in the Medical Directorate. Rachel’s can-do attitude and enthusiasm shall be missed. We were fortunate to recruit **Hannah Asrih** to the Administrative Officer role within a short period and Hannah started in the beginning of December and has settled into the team well. Hannah comes to us from Church of Scotland (HR Assistant) but has worked previously in NES HR, which is very opportune as she is currently redeployed to HR to assist with the ongoing COVID-19 onboarding work. Her experience gained during this time will be invaluable as we begin the road to recovery in Medical Appraisal.

## Meet the Team

**Professor Amjad Khan**
NES Revalidation Lead

**Dr Christiane Shrimpton**Associate Postgraduate Dean for Appraisal and Revalidation

**William Liu**Training Manager (Medical Appraisal)

**Joyce McCrae**Administrative Officer (Medical Appraisal)

**Stacey Lucas**Administrative Officer (Medical Appraisal)

**Hannah Asrih**Administrative Officer (Medical Appraisal)

**Michael Teasdale**
Analyst Business Partner (Digital)

**William Liu***Training Manager (Medical Appraisal)*

# Medical Appraisers Survey

The submissions for the 2018/2019 MARQA review indicated that there was significant variation in the levels of support the Medical Appraiser workforce received from their local health boards. The Medical Appraisal Team at NES was keen to explore this further to increase our understanding of this issue and consider what actions we could take to improve the situation. We ran a survey which was sent out to all Medical Appraisers working in NHS Scotland in November 2019. It was similar to the RCGP Appraiser Survey1 also run in 2019. We decided to include questions on the Appraisers’ experience, overall workload, cross-specialty practices, their experience of Appraiser support, and their views on the impact of Appraisal.

We received 281 replies (equating to 14% of the Appraisers on SOAR), of which 205 were working in secondary care, 70 were working in primary care and 6 were working in other areas. Appraisers were mostly senior clinicians with 84.2% having been qualified for more than 20 years. Around two thirds of appraisers had other roles in addition to their clinical roles as well, mostly in education, leadership and management or committee work. In secondary care 75.2% of appraisers worked full-time, in primary care only 31.9% did. In secondary care the vast majority (82.2%) of appraisers were doing cross specialty appraisals with over half of the appraisers responding that at least 50% of their appraisals were cross specialty. In primary care only 18.6% of appraisals were cross specialty. Some primary care appraisers appraise colleagues in secondary care. The 2019 Scottish Medical Appraisers Survey Report – which we hope to publish later on in the year – gives further details about the demographics of our appraiser cohort.

The results showed significant differences between primary and secondary care in many areas. The numbers in the ‘other’ category were very small making it difficult to draw any conclusions from the results for these respondents. While the majority of appraisers responded that appraisals have a positive impact, just over a fifth of secondary care appraisers feel that is not the case as the tables below demonstrate.

Free text comments showed that the opportunity to reflect on the current practice and development with a peer in a confidential discussion is seen as valuable, providing both personal and professional support to the appraisee. Several appraisers pointed out that making most use of this opportunity depended on the engagement of appraisees as well as the support they received from the Health Board to implement any changes to their practice. The most commonly cited reasons why appraisal did not have a positive effect were that improvements would happen anyway, and that revalidation has contributed to a more tick box approach to appraisal which has hindered reflections.

We asked appraisers how they calibrated their practice as an appraiser. The most common means were reflection on appraisee feedback and local meetings. Just over 10% of secondary care appraisers replied that they either did not do this or did not understand the question.

Looking at the appraiser’s own appraisal, the most commonly used pieces of supporting evidence for the appraiser role were Form 6 feedback and reflective templates in the appraiser role. Summaries of 1-2-1s with the appraisal lead were used by just over 40% of primary care appraisers but only 5% of secondary appraisers.

This may be a reflection of the different levels of support appraisers receive in primary and secondary care. Primary care appraisers feel more supported in their role and have accessed 1-2-1s with their appraisal lead in 72.5% of cases. In secondary care this only happened for 8.8% of appraisers. Across all areas appraisers sought support and advice mainly from appraisal leads and fellow appraisers.

All primary care appraisers had accessed some resources to develop in their appraiser role. We asked for comments where appraisers had not accessed developmental resources. This showed that the majority of the 34 people who replied to this question did not have the time or were not aware these resources existed.

Overall, these results show most appraisers see appraisals as beneficial. A higher proportion of secondary appraisers do not think it has a positive impact and there were many comments that it is seen as too burdensome, and that revalidation has led to an increase in a tick-box approach to appraisals. There is also a significant difference in the support provided to appraisers between primary and secondary care. The NES team will explore this further and consider how we can update and improve the training and ongoing support for appraisers as well as supporting the appraisal leads and responsible officers to make local improvements.

References:

1 Caesar S, Hellewell C. RCGP Appraiser Support Survey, 2019. Royal College of General Practitioners; 2019.

**Dr Christiane Shrimpton***Associate Postgraduate Dean for Appraisal and Revalidation*

# Plans for 2020/2021

Let’s take a moment to celebrate the successes of 2019/2020:

* The MARQA review has found that Appraisal completion rate in Scotland for 2018/2019 was the highest it has reached at 96%;
* Development work on SOAR is now taken on fully by the inhouse NES Digital team which represented significant savings; and
* We had doubled the attendance for Refresher training this year (132 compared to 66 last year) despite the cancellation of the last Refresher of the year due to COVID-19.

Prompted by the findings from the MARQA review, we conducted a Scotland-wide Medical Appraisers Survey to gauge the workforce’s views on appraisal and their suggestions for improvements and support (see previous section).

Additionally, we had been engaged in research and discussions with NES Digital colleagues on improving our training course applications process. In parallel to this we had also been reviewing the way the training courses are run and their content with help from our Tutors cohort and Appraisal Leads. Changes were made to the Refresher Appraiser programme which we had hoped to pilot in April 2020.

All in all, 2019/2020 was a busy and productive year, with lots of projects planned for 2020/2021… and then in an instant, everything changed.

### Impact of COVID-19

On 26 March 2020, on the back of the GMC announcement that all those due for Revalidation before end of September will have their revalidation dates deferred automatically by a year, the CMO sent out a communication to cancel and postpone all Medical Appraisal activities until further notice, including the annual MARQA review.

We cancelled the last Refresher training of 2019/2020, along with the 2020 annual Scottish Medical Appraisers Conference and all the Appraiser training courses up to end of September.

Our focus changed from providing Appraiser training to planning our post-COVID recovery. The plan to trial the new Refresher programme was pushed back. Across the whole of the Medical Directorate within NES, scores of teams were scrambling for ways to deliver their respective training by utilising the technology available to us. We expedited our plans for updating the New Appraiser training accordingly, and also took time to review the proposed changes to the Refresher.

The GMC then extended the deferral of revalidation dates by one year to anyone due before 16 March 2021.

Up until this point we still had 60% of our training events scheduled but – with in-person attendance required on all our training and none of our external (nor internal) venue providers able to provide suitable ways of working given the social distancing rules – we had no choice but to cancel all training courses for the rest of 2020, leaving us with 8 training events still scheduled for January to March 2021 (pending further review and national guidance).

The decision to cancel all 2020 Medical Appraiser training was not taken lightly, but it falls within NES and other health and safety policies. However, where there are challenges, there are opportunities… and just like you would in an Appraisal meeting, COVID-19 has presented us with a unique opportunity to take stock, reflect, and explore what learning opportunities we have ahead.

### Review of Appraiser Training

As previously mentioned, work had already begun last year on the review of our Appraiser training content and format - and clearly, changes must be made to ensure the delivery format is safe and suitable in the new COVID-19 world.

One event we did not cancel was the Tutors Conference, but rather than attending in person at a physical venue, it will be facilitated via Microsoft Teams. As part of this, we have already engaged with our tutor cohort to canvas their views on how post-COVID training may look, and we aim to formalise a plan to present and discuss at the “at-distance” conference scheduled for 16 September 2020.

Early feedback suggested the use of online learning to help facilitate the training, which would tie in quite nicely with the course applications project we had been looking at.

Naturally, technology will be at the forefront of everyone’s mind. Some of you have already adopted the changes in your consultation work. The way you see patients is now different; the same for patients too in how they gain access to medical assistance. The way we work at NES has also changed. Most colleagues, as with everyone else, have now switched to working from home where possible. Through one form or another we are now all experienced in the use of online conferencing technology such as Microsoft Teams, NHS Near Me, Zoom or Skype. There is no denying that online at-distance learning will play an important part in our future.

One thing I am conscious of is to ensure that the new training is not “technology-focussed”, but rather “technology-enabled” learning. Whilst a decision has yet to be made on the course content and delivery, all options will be thoroughly explored to ensure that the use of technology is not just for adapting to our current situation, but to enhance the learning experience for all so that it is suitable for delivery in the post-COVID era.

### Beyond COVID-19

The current plan is to focus on the review and redevelopment of the Appraiser training courses for the rest of 2020, with the intention of piloting them in early 2021. But what about longer term strategies for Medical Appraisal? When will appraisal restart? What will it look like?

At a COVID-19 reflection workshop I attended in April, about a month after lockdown began, I was challenged to consider what we could learn from the COVID-19 “journey”:

|  |  |  |  |
| --- | --- | --- | --- |
| **2019** | **2020** | **2021** | **2022** |
|  | *Feb* | *Mar* | *Apr* | *May* |  |  |  |
| Business as usual | Deploy COVID-19 responseNew decision-making structuresNew modes of communicationInnovations in working practices | Reinstating a “new normal” service in a COVID-19 world* “Pulsed lockdowns”
* Protecting the vulnerable
* Testing & Tracing
* Staff wellbeing
 | Change beyond COVID-19 |
| *Business as usual (Medical Appraisal activities)* | *Cancel / Postpone Medical Appraisal activities**Review/Revise training programme**Review and trial meeting technologies**Develop post-COVID content* | *Restart appraisal**New “New Appraiser” training**New “Refresher” training* | *?* |

[Please visit graphical version of annual report for timeline diagram]

In the last few years, some Appraisers have fed back to me that Medical Appraisal has become too much of a tick box exercise for Revalidation or Recognition of Trainer etc; something also mentioned by a few Appraisers in the Appraiser survey. Phrases like “Appraisal has been hijacked” have been said to me at various training courses. Whilst this is quite challenging and an unfortunate impact of Revalidation, it does give me a degree of comfort in knowing that our Appraisers still recognise what the original intention and purpose of Medical Appraisal was – and still is – **to support our colleagues**.

Over the course of the last few months I have heard of instances where Appraisees have sought out their Appraisers for an appraisal, keen to speak to someone about their current workload and pressures (e.g. redeployment, or reduced capacity at work due to colleagues in isolation or shielded category etc).

To me it highlights just how crucial a role appraisal will play in the medical profession’s recovery.

At the time of writing (June 2020) we are still awaiting national guidance from Scottish Government, the CMO and the GMC on policies around restarting appraisals. Updates on this will be circulated via SOAR. That aside, the content of the appraisal discussion will also likely to be changed.

Whilst discussions around what the Appraisee needs to do to help them renew their licence through Revalidation would still be expected, it is important to remember the role of the Appraiser is NOT to police this – it is to aid the Appraisee in their reflections about their achievements and challenges in their past year.

As recognised by many of the Appraiser survey respondents, reflection and the protected space and time to discuss things in confidence with a peer afforded in appraisal is what is valued the most by our Appraisees.

The focus of the Appraisal meeting itself should be (and always has been) focused on the Appraisee.

Directly or indirectly, Appraisal will become a significant tool to help our colleagues cope throughout this pandemic and beyond as we recover from this crisis.

**William Liu***Training Manager (Medical Appraisal)*

# SOARing through 2019/2020 and beyond

**Significant Highlights**

## SOAR inhouse development

2019/2020 is the first year (since its launch in 2007) that NES took on the maintenance and development of SOAR fully inhouse without the reliance of an SLA (Service Level Agreement) with external developers.

Following years of continuous development to get the system "Revalidation ready”, we are now in a fortunate position where we can focus on resolving and improving the “under-the-hood” infrastructures. Most of the work done this year on SOAR has been about compliance with NHS Scotland’s ICT Infrastructure Standards, as well as enhancing administrative functions for health board teams.

A history of SOAR’s development deployment is available on the Medical Appraisal Scotland website:

<http://www.appraisal.nes.scot.nhs.uk/help-me-with/soar/about-soar/deployhistory.aspx>

Some of the development highlights are:

* Addition of new GMC “Deferral” categories for Revalidation
* Several admin function improvements (auto removal of unassigned Ed Sup roles; Appraiser sub-types to identify non-medical Appraisers such as dental and University etc)
* Changing of SOAR helpdesk provider
* Disabling of access for older unsupported web browsers

### Ceasing access for older web browsers

Last year we reported that we would no longer develop SOAR to work with older unsupported web browsers in line with the “[NHS Scotland ICT Infrastructure Standard and 2021 Operating Model](https://www.ehealth.scot/wp-content/uploads/2019/01/NHSScotland-ICT-Infrastructure-Standard-and-2021-Target-Operating-Model-.._.pdf)”. We have now taken the decision to cease access to SOAR via the obsolete technologies.

Working with health board IT teams who we notified in Oct/Nov 2019, access via the older web browsers was switched off in March 2020.

Thus far we have not had any issues reported to us, and SOAR is now compliant with the NHS Scotland ICT Infrastructure Standard.

### Helpdesk change

We had worked behind the scenes for a significant period of time to move our helpdesk provider over from Zendesk to the NES corporate tool called Jira. The move took place in March 2020 and we have successfully been using the new tool since then, which has in turn represented a significant annual saving. Our thanks to NES Digital colleagues for helping make the transition happen seamlessly.

## Review of MSF Options

SOAR continues the provision of MSF via our 3rd party provider, WASP Software. This arrangement has been extended through to the end of March 2021, covering the 2020/2021 period.

The longer-term plan of a multi-disciplinary one-MSF tool is still being discussed with NES Digital, but that has been pushed back due to COVID-19.

NES will continue to provide MSF via WASP Software.

## Supporting SOAR Users

*(all helpdesk figures taken from Zendesk)*

During 2019/2020, the SOAR helpdesk resolved 6052 enquiries – 405 less compared to last year. Of the queries we dealt with, more than half (51%) were from Secondary Care users (Consultants and Secondary Care Admin teams); under a quarter (24%) were from Primary Care users (including Admin teams); Trainee queries came to 12%; and queries from MSF Raters, Pharmacists, Dental, GP Practice Managers, and DMEs (Directors of Medical Education), EOs (Educational Organisations) and Others make up the rest.

Nearly a third of our overall queries this year related to MSF (32%), mostly requests to repeat their MSF in preparation for their next Revalidation. 19% of our tickets revolved around helping users log in to SOAR. A new theme that has emerged from the helpdesk this year is that 17% of the tickets we resolved were due to incorrect data or information on the systems.

There were two common types of incorrect information. There were a number of tickets raised where, due to rescheduling, duplicate appraisals were created instead of editing the existing meeting.

The other common incorrect data query was around Trainer and Trainee data (e.g. incorrect Educational Supervisor details for Trainees; or incorrect Trainer roles associated with Recognition of Trainer). All Trainee and Trainer information on SOAR is imported from Turas to ensure a single data-source; if the information is incorrect on SOAR, the appropriate teams (Deanery, DMEs etc) need to be contacted to update Turas in the first instance.

Looking back, there has been a steady downward trend in the number of helpdesk tickets since the implementation of our helpdesk software (Zendesk) back in 2014/2015.

It is pleasing to see this continuing trend as an indicator the changes we have made (all stemming from user feedback) are having a positive impact for our users.

We will continue to support our users via the helpdesk, accessed either via the website directly or via email to SOAR@nes.scot.nhs.uk. Please also continue to send your suggestions to us; we might not be able to address all feedback, but they are all reviewed and considered at our planning meetings.

## COVID-19 work on SOAR

With Medical Appraisal and Revalidation related activities postponed, there has not been any significant work required on SOAR during the pandemic. However, Trainees have been asked to continue to complete their annual self-declarations on SOAR as part of their ARCP review. The only change was - to ease the burden on Educational Supervisors and Training Programme Directors who might have been redeployed - the declarations will not require their sign-off and will instead just be reviewed by the panel.

This change was made on SOAR and deployed on 30 April 2020; and will be reversed once it is safe to do so.

## Future projects

As mentioned in the “Plans for 2019/2020” section, we will be focusing our efforts in supporting the delivery of the new training course content and delivery, in whatever format it may take.

We are still looking to integrate the existing training course application process into SOAR, but priority will be given to the training courses development and any other urgent COVID-19 related work that may emerge.