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Foreword

I am very pleased to introduce this year's annual report for Medical Appraisal in Scotland. The last year has finally seen the introduction of revalidation for doctors in the UK across all specialities. This is clearly a significant development and represents a positive demonstration of a commitment to maintaining and enhancing medical professionalism. In the first year, twenty per cent of Scottish doctors will undergo revalidation, and participation in annual appraisal is a key element of the revalidation process.

The work undertaken by NES in this area has been pivotal in reaching this stage and has received extremely positive feedback from all stakeholders involved in the delivery of appraisal and the roll out of revalidation. Scotland has led the way in developing and providing the required educational resources and support for all those involved in appraisal. In the last year the NES appraisal team have continued to work hard to ensure that the training and support we provide are fit for purpose. Working in collaboration with the territorial boards, we have devised and delivered an innovative and comprehensive programme of appraiser training, and in partnership with the Scottish Government we have extended and enhanced the IT systems that underpin the appraisal process. The SOAR system, our work on appraiser training, and the development of the bespoke MSF tool for doctors in Scotland have all been highly praised.

Whilst participation in appraisal supports doctors undertaking revalidation, appraisal also focuses on the individual doctor and encourages them to reflect on their role and to consider how they can develop and improve the quality of care they provide. NES is committed to the aim of creating an educational environment and providing the resources necessary to ensure that all those who work in NHS Scotland are supported to develop their performance. A key strand of this programme is the provision of a meaningful appraisal process that encourages behaviours which reflect our core values and helps to improve and sustain the performance of the medical workforce.



There is a clear synergy with the ethos of medical appraisal and the development of a workforce that is empowered to consistently deliver excellence in health care. The work of the NES medical appraisal team described in this report provides a clear example of how all stakeholders can work together to make a significant contribution to this agenda.

Malcolm Wright
NES Chief Executive



Overview of Medical Appraisal in Scotland

Overview of Medical Appraisal in Scotland

This year has been a very busy one for the Medical Appraisal Team. The awareness that this year's appraisals would 'count' for revalidation, and the need for those being put forward for revalidation in 2013/14 to have obtained Colleague (MSF) and Patient (PSQ) Feedback has led to a significant increase in the workload and scope of activity for the team.

We responded to concerns expressed by appraisers and appraisal leads regarding appraisers' readiness to manage discussion of Colleague Feedback in appraisal interviews by initiating a series of half day MSF workshops. In total we delivered 18 workshops in 9 Health Boards to approximately 330 appraisers. We also made a bespoke NES MSF tool available (online) to all doctors working in Scotland. This tool is free at the point of use. Initially the tool was hosted separately to SOAR and we are grateful for the very significant contribution made by Dr Diane Kelly in developing and overseeing the introduction of MSF for Scottish Appraisal. In February 2013 the tool was integrated into SOAR, so doctors can now initiate the MSF process and receive the collated and anonymised feedback report automatically on the system.

We also ran 6 extra Appraiser Training events to meet perceived shortfalls in the numbers of NES trained appraisers in some boards. These courses were additional to our longstanding Phase 3 Appraiser Training events.

The online system (Scottish Online Appraisal Resource) has seen significant development in this period, in addition to the MSF integration mentioned above. We began to roll out SOAR to support Secondary Care Appraisal in April 2012.



By 31 March 2013, nearly 3500 Secondary Care (circa 50%) doctors were registered on the system and around 2800 Secondary Care appraisals were recorded on SOAR. We hope to increase this figure to 90% of Secondary Care doctors using the system in 2013/14.

For the first time, we have made available a suite of online appraisal forms for GPs. About 50% of GPs used the new forms in 2012/13. These forms have greatly simplified the documenting of interviews for both the appraiser and appraisees, and feedback has been very positive about the electronic forms. With the agreement of the Health Board Local Appraisal Advisers, the decision was taken to replace the old paper forms with the new online forms for all GPs from April 2013, the timing of which coincided with the GMC's launch of the new Good Medical Practice (GMP 2013).

The GP Appraisal Toolkit has also been extensively reconfigured to support the requirements of the GMC revalidation and to fit with the new GMP 2013 and the new appraisal forms, with extra material made available to support Out of Hours, Sessional doctors and doctors with a management role.

A further area of development of SOAR has taken place to support the revalidation of the 5000 doctors in training posts in Scotland. These trainee doctors will be revalidated when they receive their Certificate of Completion of Training (CCT) or when they have been in training for five years since their original Medical Registration. A Revalidation dashboard on SOAR has been created to support the NES Medical Director who is the Responsible Officer (RO) for the trainees. This enables information transferred from the Pinnacle data service (internal NES system to support trainees) to be presented alongside annual trainee Health, Probity and Complaints declarations and statements regarding the trainee's work history in the preceding 12 months. This offers the RO access to the information required to make revalidation recommendations from one electronic dashboard.

In 2013/14, we plan to extend the SOAR Revalidation dashboard to all the ROs in Scotland, allowing them to make Revalidation recommendations directly from SOAR to GMC Connect. It is hoped that this will create a seamless and efficient interface which will make the process less time consuming and more straightforward for ROs who collectively are responsible for circa 12,000 trained doctors working in Scottish Health Boards.



Highlights of 2012/13

Highlights of 2012/13

Medical Appraisal Conference 2012

In 2012, NES hosted the second one-day Medical Appraisal conference for both Primary and Secondary Care Appraisers. 95 Secondary Care Appraisers and 119 Primary Care Appraisers, together with 31 medical managers, Responsible Officers and other interested parties attended the conference, which took place at the Stirling Management Centre on 12 September 2012.

Pre-meetings of Appraisal Leads, Local Appraisal Advisers (LAAs) and Health Board Administrators took place at the venue on the preceding afternoon. These provided opportunities for those responsible for developing Appraisal in the Health Boards to network and consider the key challenges they faced as Revalidation approached.

The aims of this conference included:

- To provide information on some key themes for Medical Appraisal
- To provide learning opportunities
- To provide an opportunity to explore issues relating to Medical Appraisal raised by delegates themselves

The keynote speakers at the event were **Brian Robson**, Medical Director of Health Care Improvement Scotland, and **Ian Finlay**, Senior Medical Adviser at the Scottish Government. The conference posed the question **'Appraisal = Quality Improvement?'** This was a theme which both speakers explored, linking the wider needs of NHS Scotland to continually improve the quality and safety of the services provided, with the individual responsibility of each doctor to provide supporting information at appraisal about their contribution to Quality Improvement Activity (QIA) in their work and to reflect and develop this important part of clinical practice.



There were opportunities to ask the speakers questions and for appraisers to explore concerns in the lead up to the first round of revalidation recommendations due to take place in 2013. In particular, concerns around the approaches to Colleague Feedback (Multi-source Feedback) and Patient Feedback were explored in the Q & A session.

Workshop topics at this conference included:

- **Sessions on Quality Improvement Activity**

Interactive workshops looking at what Quality Improvement activities appraisees may bring to appraisal and how to work with these as an appraiser (all participants were asked to attend one of these workshops).

- **MSF**

An interactive workshop to encourage appraisers to consider and discuss how they might work with appraisees in reflecting on the reports generated from Multi-Source Feedback exercises.



- **Patient Surveys**

An interactive workshop explored the pros and cons of patient surveys, good practice for managing these and how to work creatively with appraisees on the outputs of patient surveys.

- **Patient Safety Climate**

An interactive workshop to look at the work currently being undertaken in Primary and Secondary care to support a Patient Safety Climate. Ideas for activities appraisees may undertake in this area and thoughts regarding how to work with this material as an appraiser.

- **Doctors in Difficulty**

An interactive workshop to look at what is already known about working with doctors in difficulty. The current approaches in Health Boards, and how this area might develop in the future.

- **SOAR in three years' time**

In small groups, participants were invited to review and reflect on SOAR as a tool, and to discuss what further developments would be useful.

Feedback about this year's conference was generally very positive with over 71% of attendees stating that we had met our aims, and nearly 94% rating the keynote speakers' presentations as good to excellent.

There were some areas for development. A number of respondents felt the workshops were too short. Some would have liked a more didactic approach with less emphasis on discussion and sharing what was already known in the group. Some also considered that the two different audiences, Primary and Secondary Care, were looking for different things from the conference and that it was at times hard to meet the needs of both groups and to bring them together. Many participants took the trouble to write specific comments which will provide useful ideas and pointers for us in planning for our next joint conference.

Training and Recruitment of Medical Appraisers

Medical Appraiser training courses for Phase 3

We continued with the Phase 3 Medical Appraiser Training of New and Experienced Appraisers for FY 2012/13.

During FY 2012/13 we ran 7 New Appraiser Training Courses (maximum of 18 participants per course) training both Primary and Secondary Care doctors together. We also ran 6 Experienced Appraiser Training Courses for Secondary Care doctors, who have had some previous Appraisal experience (maximum of 24 participants per course). The New Appraiser Training Courses are assessed.

The tutors observe the participants in a number of roles during the course of the two days, and assess them against criteria linked to Communication, Empathy, Challenge and Professional Integrity. The ‘mini’ Appraisals on both the Experienced Appraiser and the New Appraiser Courses are videoed, although participants can opt-out of this if they wish. The videos are transferred onto DVDs and sent out to the course participants by NES. These DVDs offer the participants a further opportunity to reflect and learn at their leisure.

The tutors observe the participants in a number of roles during the course of the two days, and assess them against criteria linked to Communication, Empathy, Challenge and Professional Integrity.

Numbers on the New Appraiser Training Courses

We successfully trained 111 Appraisers: 92 for Secondary Care and 19 GPs for Primary Care. There were 2 unsuccessful participants and 1 participant who did not attend Day 2 of the training course. The following table sums up the attendance at the courses, which shows a substantial drop out from the training courses, although we had 100% uptake of the course after the introduction of revalidation.

Course Dates	Participants	Empty spaces	% places not taken up
N4 - 19 & 27 Apr 2012	15	3	17
N5 - 10 & 18 May 2012	14	4	22
N6 - 7 & 15 Jun 2012	14	4	22
N7 - 23 & 31 Aug 2012	18	0	0
N8 - 18 & 26 Oct 2012	15	3	17
N9 - 8 & 23 Nov 2012	17	1	6
N10 - 7 & 15 Feb 2013	18	0	0

There was very positive feedback from the participants at the New Appraiser Training courses. In answer to the question ‘*What was the most valuable aspect of the course?*’ some of the replies included:

“Review of my practice. Liked that it is cross specialty and across primary and secondary care.”

“Clear explanations of what the process actually is, and opportunity to practice the various roles.”

“Meeting colleagues. Learning from General Practice - you have a lot to teach Secondary Care.”

Numbers on the Experienced Appraisers Training Course

We successfully trained 129 Secondary Care doctors and 1 Primary Care doctor, who will be carrying out Secondary Care appraisals in Shetland. 2 doctors did not turn up on the day of the course and another doctor left half way through a course. The following table sums up the attendance at the courses. However, it shows that attendance at the courses has dropped markedly as the year has progressed.

Course Dates	Participants	Empty spaces	% places not taken up
E5 – 7 Sep 2012	23	1	4
E6 – 27 Sep 2012	24	0	0
E7 – 7 Dec 2012	23	1	4
E8 – 25 Jan 2013	23	1	4
E9 – 1 Mar 2013	20	4	17
E10 – 15 Mar 2013	17	7	29

There was very positive feedback from the participants at the Experienced Appraiser Training courses. In answer to the question *‘What was the most valuable aspect of the course?’* some of the replies included:

“ Learning from other colleagues and sharing experiences. Being aware of other consultants’ issues and knowing there are marked similarities in all areas.”

“ The videoed appraisals, especially the ‘negative’ feedback. Some ideas for good questions.”

“ Improved skills as an appraiser.”

Places not taken up on New and Experienced Appraiser Training Courses

During FY 2012/13, there were 30 spaces unused on the New and Experienced Appraiser Training courses run exclusively by NES. The unused places not taken up are the result of belated call offs (i.e. within 5 days of the start of the course) when we cannot reallocate the places to other doctors on waiting lists. There were 15 call offs for the New Appraiser Training courses and 15 for the Experienced Appraiser Training courses (this includes the extra course run by NES for NHS Lothian - see next page). This has led to most of the courses running below capacity. When an application for an Appraiser course comes in we allocate the doctor to the next available, relevant course. Doctors have a choice of 3 course dates. We need to allocate or reallocate doctors to courses allowing enough time for them to complete the pre-course work.

Eight weeks before the course, the doctor receives a reminder confirmation of their allocation to their course. This allows us to try to reallocate any places that become available, if a doctor can no longer attend. Four weeks before the training course, another email is sent detailing the pre-course work and information. We have had cancellations at this time but if it is within approximately 2 weeks before the course, we still attempt to reallocate the place(s). There is homework required before the courses, and between Day 1 and Day 2 of the New Appraiser training courses.

Extra Medical Appraiser training courses during FY 2012/13

NES was asked to provide an extra Experienced Appraiser Training course for NHS Lothian by SGHD. This course was run on 16 November 2012 at St John’s Hospital, Livingston. We successfully trained 23 Appraisers but had one late drop out from the course.

NES also supported 2 New and 3 Experienced Appraiser Training courses set up and run by local Health Boards to the NES training programmes. 55 appraisers completed training at these courses. A summary of the outcome of these courses is as follows:

Course Code	Type	Course Date(s)	Health Board Host	Successful Participants
E6y	Experienced	23/11/2012	NHS Ayrshire & Arran	15
E6x	Experienced	26/11/2012	NHS Greater Glasgow & Clyde	6
E6w	Experienced	19/12/2012	NHS Greater Glasgow & Clyde	5
N9y	New	4 & 25 Feb 2013	NHS Highland	18
N10y	New	25 March & 15 April 2013	NHS Greater Glasgow & Clyde	11



Secondary Care Appraisers

As noted in last year's Annual Report, we were scheduled to train up to a further 340 Secondary Care Appraisers by September 2013, assuming all our courses run near capacity. As NES have trained 264 Appraisers on the courses run entirely by NES this Fiscal Year, we are well on the way to meeting this target as we have 132 places left for the courses still to run to September. NES was commissioned by the Scottish Government to train around 650 Secondary Care Appraisers by September 2013.

These training activities should ensure there are enough NES trained Secondary Care Appraisers to ensure every appraisee scheduled for Revalidation in 2013 is appraised by a NES trained appraiser. It is estimated by ISD (Information Services Division) that there are 6240 career grade doctors working in Scotland. Currently, doctors with the penultimate number of 4 or 6 in their GMC number are to be Revalidated in 2013. This is 20% of Secondary Care doctors and is around 1250. With every Appraiser appraising 4 doctors, 1300 could be appraised.

Table of NES-trained Secondary Care Appraisers

Health Board	Successful Participants
Ayrshire and Arran	19
Borders	11
Dumfries and Galloway	4
Fife	17
Forth Valley	2
Grampian	20
Greater Glasgow and Clyde	130
Highland	23
Lanarkshire	17
Lothian	42
National Waiting Times Centre Board	5
NHS 24	1
NHS National Services Scotland	3
Tayside	54
Total Appraisers trained by NES	348

However, the distribution of NES-trained Appraisers is not even. Some Health Boards have been more proactive in encouraging their doctors to attend the training courses than others. It is therefore foreseen that not all 'Revalidation' Appraisals in 2012/13 will necessarily be undertaken by a NES trained Appraiser.

Whilst this may not be a problem if there are no issues with the appraisee, it may present challenges for all involved if concerns are identified as a result of the appraisal. It is likely that in these situations a ‘second opinion’ will be required. It is also likely that some doctors who are part of the 20% may have their Revalidation deferred for a year because they have not been able to provide all the supporting information required, particularly in the areas of MSF and Patient Survey.

Number of Appraisals per Appraiser

The Scottish Government have indicated that they consider each Secondary Care Appraiser should undertake around 10 Appraisals per year. There are strong arguments, linked to ensuring the quality and consistency of Appraisals, to support this position. However, for a number of reasons a number of Boards have indicated that, at present, they will accept their Appraisers undertaking around 5 or 6 Appraisals per year. For NES to train the additional Appraisers this would require, it would mean training up to 1300 Appraisers rather than the 650 envisaged when the initial training programme was agreed with SGHD.

Phase 4 Appraiser Training

The Scottish Government has agreed that NES should continue to offer centrally managed and quality assured Medical Appraiser Training, in partnership with the Health Boards, from October 2013 – June 2015. A timetable for delivery of New, Experienced and Refresher Appraiser Training has been agreed with the Health Boards. 180 New Appraiser places and 264 Experienced/Refresher Appraiser places have been made available. This will go some way towards meeting the perceived shortfall in numbers of appraisers in the Health Boards and will continue to reinforce and support the benefits of a professional quality-based approach to Medical Appraisal.

Primary Care Appraisers

We trained 19 new GP Appraisers this year to ensure the Primary Care sector continues to have sufficient appraisers available to allow all GPs to be appraised. GP Appraisers undertake around 22 Appraisals per session. This distribution of appraisers, number of sessions and number of appraisals is summed up for GPs in the table below.

Health Board	Active GP Appraisers	Appraiser sessions	Appraisals completed in 2012-2013
Argyll & Bute	6	6.5	109
Ayrshire & Arran	12	15	323
Dumfries & Galloway	8	7	161
Fife	16	18.5	284
Forth Valley	9	12	282
Grampian	19	29.5	591
Gt Glasgow & Clyde	36	54	1133
Highland	17	17.5	320
Lanarkshire	17	21.5	397
Lothian & Borders*	41	45.5	960
Orkney	4	1.25	29
Shetland	2	1.75	33
Tayside	16	18	375
Western Isles	4	1	36

**For the purposes of GP Appraisal, Lothian and Borders are being treated as one Board*

As Secondary Care use of SOAR only began this year, we do not have sufficient data to provide an accurate map of where we are with Secondary Care Appraisal at this time. However, we hope to have this in future annual reports.

Multi-Source Feedback (MSF) Training for Appraisers

In 2012 the GMC decided that every doctor being put forward for revalidation from year one onwards must complete a Colleague Feedback tool.

Fortunately a generic MSF tool for all doctors was already in development at NES, supported by the Scottish Government. The timetable for delivery of this tool was accelerated and WASP Software, the service provider of the MSF tool, agreed to host this as an online web service. In February 2013 the tool was integrated into SOAR for improved automated processes.

Alongside this development, concerns were being expressed by appraisers and appraisal leads regarding appraisers' readiness to manage discussion of Colleague Feedback in appraisal interviews. At the behest of the Scottish Government, the Medical Appraisal team ran a series of additional half day MSF workshops for both Primary and Secondary Care appraisers to try to address this need. This was a significant addition to what was already an intensive appraiser training programme.

However, we delivered a total of 18 MSF workshops in 9 Health Boards in the period June 2012 - February 2013. Approximately 330 Appraisers received training at these workshops.

We have encouraged email exchange and discussion amongst the group between formal meetings so that Lead Appraisers can learn from good practice in other Health Boards.

Support for Appraisal Advisers / Leads

We have continued to support Lead Appraisers in Primary and Secondary Care. In May 2012 we hosted a meeting for GP Local Appraisal Advisers (LAAs) which provided an opportunity for them to share concerns and approaches in the run up to GP Revalidation. At our annual conference we hosted a Joint Appraisal Leads meeting which built on a joint meeting which we had hosted in January 2012. The needs of Primary and Secondary Care leads have differed in the lead up to revalidation as the state of readiness and the way in which appraisals are delivered has been very different across the sectors. We have tried to address this by having some joint meetings and some separate meetings. There has been value in the Secondary Care sector learning more about the Primary Care sector approach (and vice versa) but there is also significant value in the two groups having some space to focus exclusively on their own needs.

We have encouraged email exchange and discussion amongst the group between formal meetings so that Lead Appraisers can learn from good practice in other Health Boards. A number of the Appraisal Leads are also members of our appraiser training course tutor panel, and meeting with colleagues on training courses has provided a valuable opportunity for informal discussion and information exchange.

The lead appraisers across Scotland continue to play a pivotal but often challenging role in developing and embedding the appraisal process at Health Board level.

Joint National Appraisal Group Administrators Meetings

The second joint meeting of Primary Care (PC) and Secondary Care (SC) Local Administrators was held on 11 September 2012 in Stirling, the day before the Annual Medical Appraisal Conference. There were 13 Local Administrators plus 7 NES staff, including the National Appraisal Adviser, in attendance. Marjorie McArthur (Appraisal Scheme Manager) went through the Action Points from the previous meeting and facilitated the discussion of local arrangements for support of Medical Appraisal by the Local Administrators. She gave a presentation on a 'Summary of GMC plans for Revalidation going forward'. Under AOB, it was thought that sharing information is important and useful and this meeting provided a good networking opportunity.

A further meeting was held on 1 May 2013 at the NES offices in Westport, Edinburgh. This was attended by 12 Local Administrators in person and 2 via videoconferencing (VC) from NHS Highland. Marjorie gave feedback on the situation in 3 Health Boards from administrators who could not attend the meeting, while the administrators present updated us on their current situation. Marjorie talked to **'Summary of GMC Plans for Revalidation going forward'** and William described the **'updates to SOAR'**. Sue Bowman (SC) from Dumfries and Galloway had emailed everyone prior to the meeting asking 'I would be glad of some advice on what system other Boards have for administering patient feedback questionnaires?' There was discussion via email prior to the meeting and further discussion took place at the meeting. The consensus was that administration had significant resource implications and different Health Boards had come up with a number of ways to deal with this.

Team Members

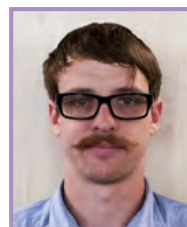
With an increasing workload for the Medical Appraisal team as it tries to support both Primary and Secondary Care Appraisal, business cases were made to NES for an additional Information Manager and an Administrative Assistant. Following successful interviews, Atia Khan-Tahir was appointed as Information Manager for 12 months (extended in February 2013 for a further 6 months), and Emma Borland as Appraisal Administrator (part-time) also for 12 months.



We said goodbye to Emma, who joined the Medical Appraisal team on 2nd April 2012, at the end of February 2013. As Appraisal Administrator, Emma provided excellent support to Marjorie and Joyce in the preparation and running of the Appraiser Training courses. She has been greatly missed, but has taken up a permanent position in London.



Atia joined the Medical Appraisal team on 1st March 2012. As Information Manager, her main responsibilities included the development and maintenance of SOAR and carrying out user training. Sadly, Atia will also be leaving us later on in the year as her contract comes to an end. She will be SOARly missed and we wish her the best for the future.



To help us support the Trainee users, the South East Deanery generously funded the extension of the Appraisal Administrator post vacated by Emma. Nathan Cole took up the post in mid February 2013 and has been working hard at helping with SOAR queries ever since. Nathan is a tall, handsome Aussie with an appetite for travel. He will be with us until the end of August before he continues on his journey, and we wish him well in his next adventure.



Q&A with our National Appraisal Lead

Q&A with our National Appraisal Lead regarding Appraisal and Revalidation

Niall Cameron,
National Appraisal Lead

Dr Niall Cameron has been the National Appraisal Advisor for Scotland since 2005. In a short interview with Ian Staples, he highlights some of the progress of Medical Appraisal in Scotland in the past 12 months.

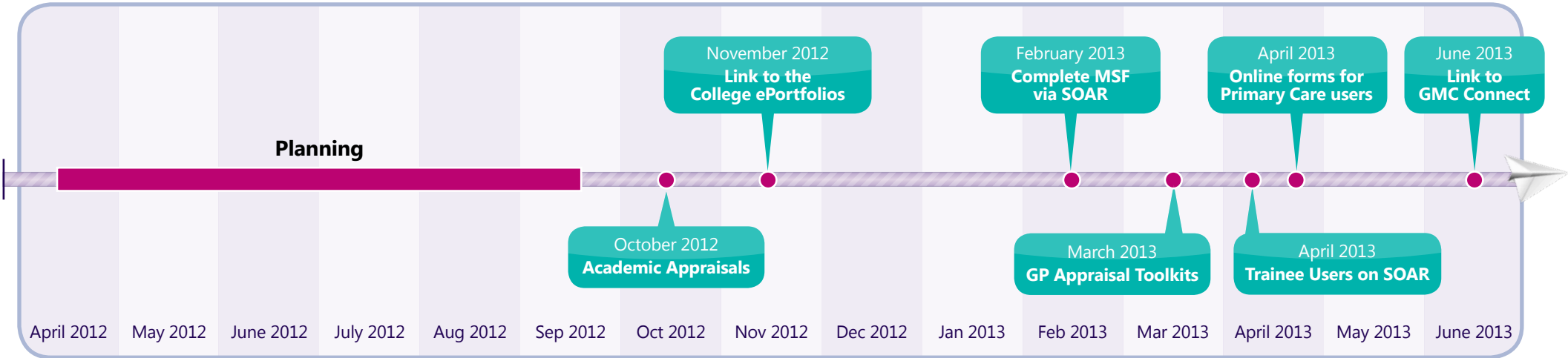
Please note the video is hosted on a streaming service called Vimeo. Clicking on the picture on the right will open a web browser window that takes you to Vimeo.com. If you are unable to view it, it may be that your workplace has placed a block on this service. You can either view the video from home or read the transcript in Appendix 3 instead.

Q&A with Niall Cameron [Click to view interview on Vimeo.com.](#)



SOARing through 2012/13

SOARing through 2012/13



Milestones achieved in the past year

This has been a very busy year for SOAR and SOAR users, as can be seen from the timeline above. There have been a large number of developments to the system in a relatively short period of time. With so many new introductions to SOAR, we would like to thank all users for their help, advice, feedback and patience during this period of change.

At the Annual Medical Appraisal conference in 2012 the SOAR team held a workshop entitled "SOAR in three years' time", in which we asked attendees to discuss the things they liked and the things they disliked about SOAR and what improvements they would like to see. Those who attended this workshop will be happy to see that some of the suggested improvements have been achieved.

Link to the ePortfolio websites

The Academy of Medical Royal Colleges (AoMRC) funded and developed an interoperability standard last year called MIPS[®] (Medical Interoperability Portfolio Standards). It was designed as a benchmark for all portfolio systems to share and transfer information. We were approached by the Royal College of Surgeons (RCS) and asked to pilot this technology with their revalidation e-portfolio. The work for this was generously funded by RCS, and the building work for this on SOAR was completed in October 2012. (Currently awaiting testing with RCS).

The thinking behind this development is that the appraisees should be able to log in to SOAR, select an e-portfolio to link to (in this case Royal College of Surgeons), click a button to make the link, and then SOAR should grab the appraisee's CPD data from their college e-portfolio, and present this as part of the supporting information for the user's appraisal.

1 www.mips.org.uk



This will save doctors from having to download CPD (and other) information from one system and uploading to another.

The trial will begin with the RCS e-portfolio and SOAR. We hope to replicate this technology with other college e-portfolio systems in the future.

Although the technology is in place on SOAR to do this with the RCS e-portfolio, the College have yet to enable the link from their system so we have not been able to fully test and use this functionality. We hope to achieve this during the coming year. Once this functionality has been fully tested and working, we hope to replicate this approach with other Medical College e-portfolios.

Academic Appraisals

Appraisal of academic doctors often involves two appraisers, one from the NHS employer and one from the Academic employer. Prior to this development, SOAR could only accommodate one appraiser per appraisal, which did not meet the needs of this group of doctors.

A consortium of the University Medical Schools within Scotland funded a project to enhance SOAR to meet the needs of Academic Appraisers and Appraisees. This involved creating a co-appraiser role on SOAR, so that two appraisers have access to the submitted appraisal forms and documentation from the appraisee. Those marked as clinical academics on SOAR are also asked to complete an additional online form. This development went live in October 2012 and feedback to date has been positive.

Completing MSF via SOAR

In 2011/2012 the Scottish Government asked NES to develop a generic Multi-Source Feedback Questionnaire which could be used by all doctors practising in Scotland. This system was managed through a web service (WASP) but was completely separate from SOAR and we had no linkage to it.

With the support of the Government, we were able to undertake a development to link the WASP MSF web service to SOAR with a single sign on.

Now appraisees can log in to SOAR, complete some qualifying questions and click on a link that takes them to the MSF system, still hosted by WASP. Appraisees can then provide the required information for the MSF system (answer self rating questions, nominate colleagues to approach for feedback, etc) and the MSF system will collate the feedback and produce a report. SOAR will then download the report from the WASP site once it is ready 7 days before the interview date (as recorded on SOAR).

This integration greatly simplifies things from the users' point of view and means that all relevant appraisal information is kept together on SOAR.

We commissioned work to reconfigure the Toolkit so the material was aligned to the new 4 domain framework of GMP. The new toolkit went live in January 2013 and is triple badged by NES, the RCGP and the BMA Scotland.



GP Toolkit goes Live

For many years SOAR has hosted a toolkit with suggestions for Quality Improvement Activities to support GP Appraisal and Revalidation. With the reconfiguration of Good Medical Practice and the introduction of a 4 Domain Framework by the GMC, this toolkit was becoming less useful although much of the material it contained was still very relevant. We commissioned work to reconfigure the Toolkit so the material was aligned to the new 4 domain framework of GMP. We also took the opportunity to update and expand materials available for Sessional and Out of Hours GPs and to generally 'spring clean' and update the material. The new toolkit went live in January 2013 and is triple badged by NES, the RCGP and the BMA Scotland.

Our special thanks to Dr Peter Berrey for his help and expertise in this project.

Trainee Users go live on SOAR

With the introduction of Revalidation for all doctors, including doctors in training, it became important to provide a system to allow trainee doctors to make Health, Probity, Complaints and Work History declarations in a similar way to doctors who have completed their Specialty training.

It was agreed by NES - the designated body responsible for trainee doctors in Scotland - that SOAR would be the vehicle for this activity; and it would also be used to support the Responsible Officer (RO) at NES in making Revalidation recommendations to the GMC regarding this group of doctors.

Although we completed the foundation work on SOAR for this in 2011/12, it had not gone live due to issues around data transfer to SOAR from the PINNACLE system, which contains trainee details and their Annual Review of Competence Panel (ARCP) outcomes. This year we managed to resolve these difficulties and in April 2013, we enabled all Doctors in Training (in Scotland) to log into SOAR and complete their declarations online. The submitted declarations are reviewed and signed off by the trainees' Educational Supervisors (imported from Pinnacle and recorded on SOAR).

All Primary Care Appraisees transferred over to the online forms

Although GPs had been using SOAR for a number of years to upload supporting information and to sign off the Summary Form 4, appraisal forms were still being completed via paper/MS Word/email instead of an online form similar to that of the Summary form 4.

In 2012/13 we launched an updated version of the GP Appraisal Forms as online forms. This development mirrored the earlier development of comprehensive forms for Secondary Care doctors and enabled GPs to complete all their forms on the system. Throughout the year we ran parallel systems with around 50% of GPs opting to continue using the old forms while the other 50% used the new ones. This proved problematic and caused confusion and added workload, particularly for administrators and appraisers. Coinciding with the release of the new GMP 2013, it was agreed with Local Appraisal Advisers (LAAs) that from April 2013 onwards we would only support the use of the new online GP forms.

We have added more WebEx demo sessions for Primary Care to our programme to help support appraisees and appraisers in using the new online forms.

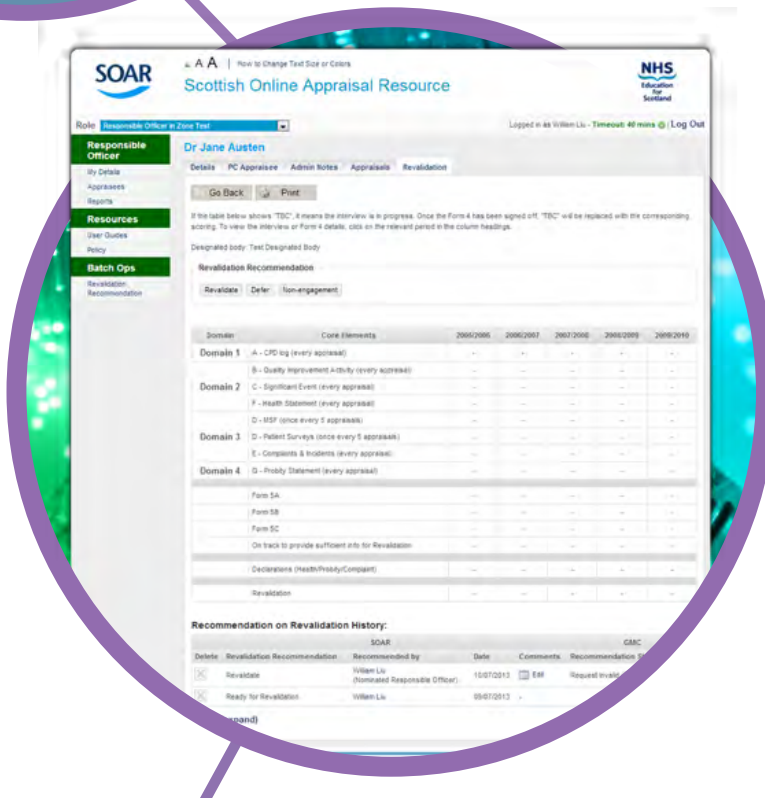


Connection to the GMC Website

For some time we have been working closely with the GMC to link SOAR with the GMC Connect web service, to enable Responsible Officers in Scotland to use SOAR to make Revalidation Recommendations in a seamless fashion.

Building on from the prototype RO dashboard for Trainees (mentioned above), we obtained funding from the Scottish Government to progress and expand this work. Following an Invitation To Tender (ITT) process, Conscia was appointed as contractors to take this project forward. We are now in the final stages of testing this dashboard which should support all ROs in Scotland in making recommendations to the GMC in 2013/14.

There are numerous advantages to this approach. The biggest one being that all information pertaining to a doctor's revalidation can now be held in one system, with access to this information and the outcomes of recommendations managed appropriately and confidentially on SOAR. The system is designed to help ROs, Lead Appraisers and Training Programme Directors identify doctors who may be struggling to meet the requirements for revalidation at an early stage. This will mean these doctors can be offered support, and action can be taken where appropriate. This in turn should mean that doctors in Scotland should find the mechanics of revalidation a relatively straightforward process. Our thanks to the GMC for their advice and active support during this project, without their help the development would not have been possible.



Supporting SOAR Users

The IT projects above are some of the celebrated achievements in the past year, but that's not all we've done...

WebEx sessions

As indicated elsewhere, we have been scheduling regular WebEx demos of SOAR for Primary and Secondary Care users. Feedback for the sessions has been very positive. As well as demonstrating the functions of SOAR, we've also been able to respond to some of the users' more general queries about SOAR, Appraisal and Revalidation in the Q&A slots.

Attendance at these sessions has been high. In 2012/2013, we ran 46 sessions² (16 Primary, 30 Secondary Care), with a combined number of 230 users trained up (67 Primary, 163 Secondary Care) – this is an average of 5 users per session. We have capacity to host 20 users per session.

The numbers appear relatively low compared to our capacity but, similar to a hospital clinic, we've also had our own DNAs (Did Not Attend). There were 212 users who did not attend (47 Primary, 142 Secondary Care) during the 46 sessions offered – almost half. Some due to technical difficulties, some due to unexpected clinical commitments. Of those who experienced technical problems, we tried to resolve this by contacting various Health Boards' IT departments to ensure they did not have BT WebEx blocked on their network. This helped improve attendance for the sessions later in the year.

Despite this, the feedback from those who did attend has been excellent. We hope to continue providing this service in future.

² Figures taken from internal spreadsheet for managing the training sessions

User Guides

Following feedback from a number of users, we learned that many did not read the user guides provided as they were felt to be too long and contained too much information. We have since taken a slightly different approach when redesigning the user guides following deployment of the new features on SOAR. Instead of long PDF documents, we have created animated PowerPoint slideshows instead. This approach has been well received so far and we intend to continue with this in the future.

"Help" feature on SOAR

One of the difficulties we have encountered this year has been dealing with the volume of queries that has come from users, more specifically, the many different ways a user can get a hold of a member of the team for help, which has caused a lot of duplicated effort and in some cases, unfixing something that has been fixed. We have invested in a helpdesk function called "Zendesk" and we hope to launch it on SOAR, so that all queries are channelled and actioned via a single point. It will help us manage queries better and cause less confusion going forward.

If you are using SOAR and you get stuck, click the "Help" box on the right to submit a ticket.

Technical Tips on SOAR

Last year, we built a **Technical Tips** section on SOAR, designed to help users with general IT queries. We have since added a number of useful items to the collection, ranging from general tips on file formats on Mac and PC, to scanning guidance. Again, user feedback has been positive on this resource and we hope to build on this in the future.

Plans for the future

Merge the Primary and Secondary Care information websites

There are currently two information websites, for Primary and Secondary Care respectively. Whilst both websites have their own specific and relevant information, we have found that actually, both contain very similar information (apart from differences in user guides). The two websites have caused some confusion between users, especially in contacting the wrong admin teams for support. We have asked the NES Communications and Design teams to help us with the redesign and development of a new single website for all users. This will also stop us from having to duplicate the same material across multiple sites. The new website (when ready) will be available at www.appraisal.nes.scot.nhs.uk (currently this is a redirection page).



Further Developments to SOAR

This year we have successfully launched a number of IT projects. But for some of these projects we have only had funding and time to build the key functions.

There were many further refinements that we would have liked to make to SOAR, such as amending the wording and terminology on some pages, or improving workflow and usability of some functions. However, with limited budget and tight timescales we were not able to address them all in the timescale available. We have compiled a list of areas/items for further work, and we will work to ensure these items are not forgotten when we engage in future developments.

Future developments include adding electronic forms 5B (failure to engage) and 5C (Clinical Governance Information to be noted) and Feedback forms 6A and 6B to the system.

There are a number of requirements arising from the inclusion of trainees on SOAR which will need to be addressed before the next round of ARCP Panels in 2014, including the automated initiating of new declarations (Health, Probity, Complaints, Work History) for trainees to complete; and adding mechanisms to prevent trainees from submitting blank forms by mistake.

We also need to add more reporting functions on SOAR in future to support Responsible Officers, Appraisal Leads and Local Administration teams.

An online CPD log to complement the online appraisal forms is something that users have frequently requested. This represents a good opportunity to investigate the possibility of an app for SOAR, another feature frequently asked for by users.

A function which would sit well in a mobile app would be online reflective templates. Currently this is available on SOAR as downloadable MS Word documents. This last set of “forms” would present SOAR with a complete set of online appraisal forms.

We also have plans drawn up for an internal messaging system on SOAR, so that appraisers can contact their appraisees easily via SOAR (and vice versa). This would also allow for easier system maintenance alerts to users, informing them of any SOAR downtime in case of update deployments. Again – a mobile app would be ideal for features like this. There is no doubt that mobile apps for smart-phones, phablets and tablets are a growing trend and likely to be used extensively in the future. If SOAR is to keep pace with these developments and remain relevant and usable, then the use of ‘apps’ needs to be explored and piloted.

Over the last few years we have invested in building the foundations on SOAR for appraisal and revalidation and making the online processes work for all doctors in Scotland. Revalidation has now arrived and the process is bedding down... our next challenge is to continue to improve the user experience and make the technology work (even better) for everyone.



Medical Appraisal Team

Contact Us

The Medical Appraisal Team is located at:
102 Westport, West Port, Edinburgh EH3 9DN

Our contact details can be found on SOAR:
www.appraisal.nes.scot.nhs.uk

All general queries please email: SOAR@nes.scot.nhs.uk

Who we are

Dr Niall Cameron

National Appraisal Adviser



Niall is responsible for the strategic direction of the work of the Medical Appraisal Team and the development and quality assurance of the Appraisal Scheme. He works closely with Ian Staples, Project Team Manager. He represents NES at a number of key stakeholder meetings including the Scottish Revalidation Delivery Board, National Appraisal Leads Group (NALG) and the Scottish Academy Revalidation Group (SARG). He has extensive experience of Medical Appraisal as an Appraiser, Lead Appraiser, GP and Trainer.

Ian Staples

Project Team Manager



Ian is responsible for the management, development and quality assurance of the Medical Appraisal scheme in Scotland. Ian works closely with the National Appraisal Adviser, Niall Cameron and the Medical Appraisal Scheme Manager, Marjorie McArthur to maintain and improve all aspects of the Appraisal process.

He has a background as a therapeutic counsellor and in counselling skills training. He has a longstanding interest in experiential approaches to communication skills development and individual growth. He has recently been learning a lot about IT systems development through his involvement with SOAR projects.



Marjorie McArthur

Medical Appraisal Scheme Manager



Marjorie is responsible for the operational management of the scheme. This includes development of policies and procedures, organisation of recruitment, training, and financial management. Any enquiries, comments or problems regarding the scheme in Scotland should be directed to Marjorie in the first instance.

Marjorie graduated from Edinburgh University with an Upper Second Class Honours degree in Pharmacology in 1975 (child genius)! She has had a varied career in Medical/Scientific Research, IT Training and Data Analysis in the NHS and Edinburgh University. Marjorie joined NES in 2005 at the set up of the GP Appraiser Training Team in Edinburgh and is the only one left of that core team. She hopes that is a good sign!

William Liu

Information Manager



William's main responsibilities revolve around the maintenance and further improvements of SOAR (Scottish Online Appraisal Resource); as well as supporting all users (doctors and administrators) in using the system. He also provides an array of ICT support within the Appraisal team at various events and projects.

His background is predominantly in ICT (Information Communications Technology), having graduated from University of Paisley in 2000, PgDip in ICT with Web Technologies. Prior to joining NES in 2007, William worked in the voluntary sector in Midlothian for the best part of 6 years, providing ICT support to local community groups and services.

Atia Khan-Tahir

Information Manager



Atia shared the same responsibilities as William in the role of Information Manager. Her main focus was concentrated on providing training and support to Appraisers (as well as other users) in the usage of SOAR.

Atia graduated in 2005 with a BSc (Hons) in Computer Science. Since then she has worked in the NHS as an IT Procurement Specialist, IT Projects Co-Ordinator and Information Security Officer in England.

She then moved to Edinburgh in 2010 and took up the role of Information Manager in 2012, and is still trying to get used to the very cold winters.

Joyce McCrae

Administrator



Joyce is responsible for providing full-time administrative support to the Medical Appraisal Team, including processing all applications for Appraiser training and allocating applicants to training courses.

Joyce graduated over half a lifetime ago (1977) from the University of Aberdeen with an MA (Hons) in English Literature. Prior to joining NES in 2006, Joyce lived on Skye where she raised a son, picked whelks, and latterly worked for a small training provider, working with disadvantaged young adults.

Acknowledgements

We have achieved many targets and reached many milestones during the past year, but we didn't do it all by ourselves.

We would like to thank **Dr Diane Kelly** and **Dr Murray Lough** for their expertise, and **Cath Kelly** and **Julie Ogilvie** for their support during the transition period when SOAR was being linked up to the WASP MSF tool;

We would also like to thank the **University / Academia groups** for the funding they provided which allowed the development of the Academic / Joint appraisal functions on SOAR, and in particular **Professor Massimo Pignatelli** for his support throughout the project;

Similarly, we wish to thank **Dr Andrew Lamb** and the **Royal College of Surgeons** for their support and funding in the work carried out on linking SOAR to medical eportfolios for sharing CPD data;

Our thanks and gratitude also to **Professor William Reid** and **all the Deanery teams** for their support in the trainees project on SOAR;

Finally, we would like to thank the **GMC** for working with us in linking SOAR to the GMC Connect system for Revalidation purposes, in particular **Andrew Ledgard** and **Richard Holland** for their time, patience and perseverance throughout this project.

If we have missed anyone (for example the **development team at Conscia** for their professionalism and hard work during difficult projects, or **Diane Mackay** and **Gavin Sinclair** at NES for their support in linking up SOAR with Pinnacle), if we have missed anyone – our sincerest apologies. Please understand that we value all of your support, including the contribution of **Dr Peter Berrey** who, despite retirement from his role as NHS Lothian and NHS Borders' Local Appraisal Adviser last year, continues to contribute to Medical Appraisal in Scotland in between skiing and cycling in the south of France. His expertise and energy were the main driving force behind the successful launch of the updated GP Appraisal Toolkits.

Thank you everyone!



Appendices

Appendix 1: Full Schedule of Secondary Care Training Activities

	Scotland	NHS Borders	NHS Fife	NHS Lothian	NHS Highland	NHS Grampian	NHS Orkney	NHS Tayside	NHS Western Isles	NHS Shetland	NHS Ayrshire & Arran	NHS Greater Glasgow & Clyde	NHS Lanarkshire	NHS Forth Valley	NHS Dumfries & Galloway	Golden Jubilee Hospital	Other – NSS, State Hospital
	6240	112	277	1050	344	644	15	581	30	16	328	1759	535	264	199	50	36
	100.00%	1.79%	4.44%	16.83%	5.51%	10.32%	0.24%	9.31%	0.48%	0.26%	5.26%	28.19%	8.57%	4.23%	3.19%	0.80%	0.57%
No of Courses		1 Exp	1 New	2 New + 2 Exp	1 New	1 New + 2 Exp		1 New + 2 Exp			1 New	3 New + 3 Exp	1 New + 1 Exp	1 New	1 Exp	1 New	
New Appraiser Places	234	4	10	33	13	24	1	22	1	1	12	66	20	10	8	2	1
Existing Appraiser Places	288	5	13	53	16	30	1	27	2	1	15	81	25	12	9	2	2
Phase 3 Course Places	522**	9	23	86	29	54	2	49	3	2	27	147	45	22	17	4	3
Appraisers trained in Phase 1 + Phase 2		5	13	27	34 ***	21	0	7	0	0	21	56	16	18	8	1	6
Target total appraisers	624*	11	28	105	34	64	2	58	3	2	33	176	54	26	20	5	4

* The figure of 624 is based on appraisers undertaking 10 appraisals per year on average. This figure is probably an underestimate of the number of appraisers required, as few appraisers currently undertake more than 5 appraisals per year.

** We have built in additional capacity for the training programme for a number of reasons. Firstly, this allows for more appraisers to be trained and may address some of the issues around the greater numbers required. Secondly, few courses have run completely full to date and there are often last minute withdrawals. Thirdly, it allows for some flexibility for appraisers in choosing to attend events outside their own Health Board area when dates of local events are not suitable. Fourthly, it is likely that GP Appraisers may be trained alongside secondary care appraisers in the future.

*** Highland Health Board hosted a local event in August 2010 linked to the revalidation pilot they were hosting on behalf of the GMC. They have therefore had a large proportion of their appraisers trained already.

Appendix 2: Where we are at present with GP Appraisal

Number of Appraisers, Appraisal Sessions and Appraisals from April 2012 to March 2013

Total appraisals undertaken: 4950*

Total Appraisers in Scotland: 191**

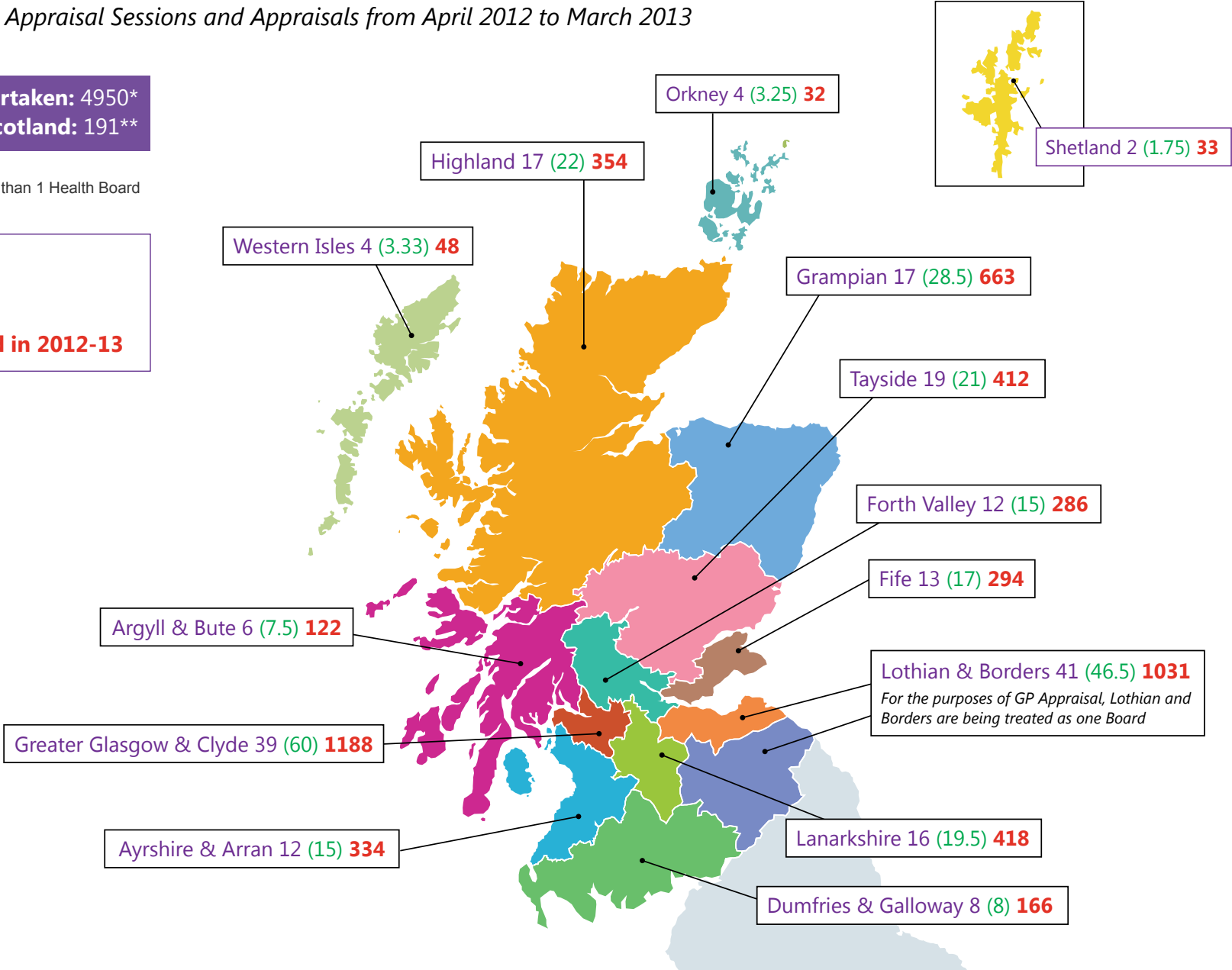
* Data from SOAR
** Some appraisers work in more than 1 Health Board

KEY

Active Appraisers

(Appraiser Sessions)

Appraisals completed in 2012-13



Appendix 3: Q&A with our National Appraisal Lead: Transcript

Q&A with our National Appraisal Lead regarding Appraisal and Revalidation

Transcript of Interview

Ian Staples: Niall, if you would like to start by just giving me an overview of what has been happening with the Medical Appraisal Team this Year?

Niall Cameron: *Well, there have been two main principal areas of work, we have worked hard at developing SOAR, and also we have been very involved in providing training for doctors who are wanting to become appraisers, and also some refresher training as well.*

Ian: And can you tell me more about the training?

Niall: *In the last year I think we have trained over 350 new appraisers and that has certainly been a very big effort, fortunately it has been a collective effort. We have had a lot of input from the territorial boards. We have had great support from the tutor team who undertake the appraiser training – they are very effective, bring a lot of experience and enthusiasm and also act as role models for the participants on the course.*

Ian: And Multi Source Feedback (MSF) has been something that has raised concerns this year.

Niall: *Yes, it has really been highlighted because the GMC have obviously made it clear that everyone is going to have to provide MSF information once every 5 years. Now, experience tells me that a lot of doctors have been involved in MSF for a number years, but for many it was a very unfamiliar tool, so I think we have been very lucky in Scotland that we have the bespoke NES MSF Tool, but to support that we also provided a lot of training for appraisers because there were concerns about familiarity with the tool*

and also concerns about the process – how they will deliver the feedback, perhaps if there was contentious feedback, and how would they actually handle that. So we focused on making people familiar with the tool and also hopefully making them more reassured and comfortable about the actual delivery of the feedback involved.

Ian: And what developments have been happening with SOAR, the Scottish Online Appraisal Resource, this year?

Niall: *Well, that has been a major area of work and certainly we are very grateful for all the efforts that William Liu and the rest of the Information Management Team have put into it. They have certainly dedicated themselves over the last year, to making sure that SOAR is an effective tool, that it supports doctors going forward for revalidation, undertaking appraisal and also providing toolkits on it so that all doctors, no matter the type of work that they are undertaking, should feel they are able to provide the required supporting information. And I think it is actually only when you go outside Scotland and you talk to other people involved in appraisal processes in the rest of the UK, you realise just how lucky we are in Scotland to have a tool like SOAR available.*

Ian: And what about the year ahead, what do you see coming down the line?

Niall: *Well, I think we need to focus on the training. We obviously have developed the training on an ongoing basis. We have responded to the feedback that we have received and that has been very useful. We are aware of how we would like it to develop and certainly we will be looking to do that, to make it innovative, to make it fresh and to hopefully keep stimulating people, but also so that it meets the needs of the participants.*

I think SOAR obviously, it has been very effective, and I think it is a very

useful tool. That's not to say we cannot improve it, develop it. There are areas that we have already highlighted that we would like to add to. The good thing about having so many people using it now is that we are getting feedback and they are telling us areas that they would quite like to have added to it, and also pointing out some glitches that we need to address.

So they are two areas of work, and I think though we also have to remain focused on the purpose of appraisal, certainly supporting doctors through revalidation, but also looking to make sure that we don't lose sight of the fact that appraisal is really designed to support individual doctors in their work place, develop, address and reflect on their learning needs - so building into the quality of care that they are able to deliver.



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