**Medical Appraisal Scotland**

Annual Report (2014/2015)

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# Foreword

I am delighted to have been invited to write the foreword for this year’s report.

We are all justifiably proud of the quality of clinical care that is provided across NHS Scotland. An essential component of this care is the availability of a highly trained and dedicated workforce. NES play a key role in developing the medical workforce by ensuring that we have the highest standards of post graduate education and training. We cannot however be complacent and patients quite properly want to be reassured that doctors are up to date and fit to practise.

Medical revalidation is a relatively recent initiative that seeks to provide this reassurance. It is based upon five annual appraisals conducted in the workplace and crucially includes both patient and peer feedback. We have developed an especially robust appraisal process in Scotland for this purpose. Our appraisers are all trained to a uniform standard by NES and independently allocated to appraisees. NES has also pioneered an electronic system (SOAR) to support appraisal that is much envied outwith Scotland.

At the end of this year all doctors in Scotland who wish to revalidate will have been given the opportunity to do so and appropriate recommendations will have been made to the General Medical Council. This has been a considerable achievement. I am especially grateful to the NES Medical Appraisal team for the contribution that they have made to make this possible. That contribution is outlined in this report.

**Dr Catherine Calderwood**

*Chief Medical Officer*

# Overview of Medical Appraisal in Scotland

The last twelve months have again been very busy for the appraisal team. We have continued to provide an extensive programme of new training courses and refresher courses all over Scotland. Although demanding in terms of time and resources it has been interesting to see how attitudes to appraisal have shifted in the last few years. There seems to be a clear recognition that the profession needs to take ownership of the process and also an appreciation of how influential the appraisal process can be in all aspects of a doctor’s professional life. The feedback we have received from these courses has been very favourable; and I think reflects the input from out tutor panel and the effectiveness of the administrative support from the central team.

SOAR has been extensively updated and the new improved version was launched recently. In undertaking this redesign we have been guided by feedback received from all users and hopefully the new site will address many of the issues raised. We hope the changes made are not too radical or confusing and certainly initial feedback has been that the site is now more intuitive to use and less idiosyncratic. We are continuing to develop SOAR and will be launching new CPD pages soon which will include an electronic CPD log. These changes are designed to make the process of recording learning and managing supporting information about CPD far easier.

The NES medical appraisal team has a track record in undertaking and publishing research on the appraisal process and building on this NES has been invited to contribute to a UK-wide GMC funded research project to evaluate the impact of medical revalidation. Involvement in this important project will enable us to contribute to shaping future UK policy and practice, to learn from good practice and to review and improve the delivery of Appraisal and Revalidation in Scotland.

The study will look at the long term impact of revalidation, and focus on four areas:

* The information doctors collect to support their appraisal
* The doctor’s appraisal discussion
* How Responsible Officers make revalidation judgements and identify concerns about practice
* Public and patient contribution to the Revalidation process

It will seek to take into account the views of all those involved in the revalidation process and get input from all stakeholders. This will include not only doctors and their colleagues but their employers, Responsible Officers, and patients and members of the general public. Public and patient involvement and an approach which recognises the diverse nature of the medical workforce are central to the proposed research. In Scotland, as well as recruiting direct participants for the research as described below, we will be seeking to keep all stakeholders involved and interested in the revalidation process updated, and provide you with opportunities to inform the work as it progresses.

The initial survey will ask doctors about their job roles, and about their experiences of appraisal, collecting supporting information about their practice and their views on revalidation more generally. There are additional questions for appraisers. The survey will also allow participants to volunteer to take part in more in-depth research activities such as interviews about their experiences of appraisal and revalidation.

More detailed information is available at [www.umbrella-revalidation.org.uk](http://www.umbrella-revalidation.org.uk)

Interim reports and key findings will be shared with interested parties throughout the project, with the final report hopefully ready for publication in early 2018.

This research is particularly timely as we are now in the last year of the first cycle of revalidation. I am certain all doctors in Scotland have benefitted from having the support of an effective appraisal process in helping them to meet the GMC requirement. Whilst this is a key purpose of appraisal we will continue to emphasise the equally important role of appraisal in supporting doctors in all aspects of their professional life and development.

Finally I would like to thank Ian Staples for his contribution to the work of the appraisal team over the last few years. Ian has managed the many diverse challenges involved in ensuring appraisal in Scotland was ‘revalidation ready’ extremely effectively and has helped NES and the appraisal team to establish strong links with all stakeholders in Scotland. Ian has been a very valued colleague and I will greatly miss working with him. I am sure all involved with appraisal would like to wish him success as he moves on to new challenges.

**Dr Niall Cameron**

*National Appraisal Adviser*

# Training and Recruitment of Medical Appraisers

## Medical Appraiser training courses for Phase 4

During Phase 4 of the Medical Appraiser Training we carried out the last of the one-day Experienced Appraiser Training Courses on 8 April 2014 in Edinburgh. These courses were aimed at Secondary Care Appraisers already carrying out appraisals in their Health Board but who had not attended a NES Training course. We also ran 6 New Medical Appraiser Training Courses and 5 Refresher Medical Appraiser Training courses across Scotland. The Refresher Medical Appraiser Training courses were targeted at Appraisers who had originally trained more than 5 years ago (mainly GPs) but are open to both GP and Secondary Care Appraisers. As before the 2-day New Medical Appraiser Training Courses have a maximum of 18 participants while the 1-day Experienced and 1-day Refresher Medical Appraiser Training Courses are run with a maximum of 24 participants per course.

The New Appraiser Training Courses are assessed. The tutors observe the participant 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 New Appraiser and the Experienced Appraiser Courses are videoed. 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.

### Numbers on the New Medical Appraiser Training Courses

We successfully trained 79 Doctors for Secondary Care and 28 GPs for Primary Care. Rigorous chase up of Participants by NES and good use of course Waiting Lists ensured that there were only 7 unused places on the New Medical Appraiser Training Courses. We had 3 drop outs shortly before Day 1 of the training courses and 2 drop outs on Day 1. 2 participants did not manage to attend Day 2 of the January Course due to snow.

Of these 7 drop outs, 2 have withdrawn from the training, 3 have to be reassigned to another course when we hear back from them, 1 successfully attended a later course and 1 is booked on a future course.

The following table sums up the attendance at the courses, which shows only 1 training course which had 100% attendance.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Dates | Participants | Unused spaces | % places not taken up |
| N16a 25 Apr 2 May 2014 | 17 | 1 | 6 |
| N17 15 23 May 2014 | 18 | 0 | 0 |
| N18 4 12 Jun 2014 | 17 | 1 | 6 |
| N19 21 29 Aug 2014 | 23 | 1 | 4 |
| N20 21 29 Jan 2015 | 16 | 2 | 11 |
| N21 19 27 Feb 2015 | 16 | 2 | 11 |

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

*“Realising that cross specialty appraisal could be better than doing 'in-house'.”*

*“A potentially intimidating course, but candidates quickly felt comfortable and supported. Enthusiastic tutors.”*

*“Developing skills alongside colleagues from other disciplines.”*

### Numbers on the Experienced Medical Appraiser Training Course

We successfully trained 17 Secondary Care doctors. The following table sums up the attendance at the course.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Dates | Participants | Unused spaces | % places not taken up |
| E17 8 Apr 2014 | 17 | 7 | 29 |

This was the last Experienced Medical Appraiser Training Course that ran. Although this course can run with 24 participants, the maximum number of applications we had was 18. There was 1 late drop out. This course was held in Edinburgh, which is a popular venue. However, even with a chase up by the Local Appraisal Lead in Lothian, this course ran well below capacity. This seems to indicate that this was an opportune time to terminate the Experienced Medical Appraiser Training Courses.

There was again very positive feedback from the participants at the Experienced Medical Appraiser Training Course. In answer to the question ‘What was the most valuable aspect of the course?’ some of the replies were as follows:

*“Getting cross specialty perspective. Getting feedback for mini appraisal. Getting tips on skills/how to be more constructively challenging.”*

*“Mini appraisals and discussions. Meeting other consultants from different specialties. Building confidence in appraisal skills.”*

*“Mini appraisals and tutor's comments done immediately.”*

### Numbers on the Refresher Medical Appraiser Training Course

We successfully trained 27 GPs and 73 SC doctors. The following table sums up the attendance at the courses.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Dates | Participants | Unused spaces | % places not taken up |
| R1 9 Sep 2014 | 24 | 0 | 0 |
| R2 28 Oct 2014 | 24 | 0 | 0 |
| R3 19 Nov 2014 | 23 | 1 | 4 |
| R4 2 Dec 2014 | 17 | 7 | 29 |
| R5 17 Mar 2015 | 12 | 12 | 50 |

Both R1 and R2 had maximum attendance. We had 1 dropout from R3 two days before the course so the place could not be reallocated. This doctor went on to attend R7. The R4 course caused the most problems. We did have 24 participants allocated at one time to this course. However even with our stringent chase up of participants and help from the Local Administrator for Appraisal at NHS Tayside we only managed to run the course with 17 participants. Of these drop outs for this course, 1 attended R6, 5 attended R7, for 5 we are awaiting alternative dates, and 3 dropped out of a future assigned course and we are awaiting another alternative date. All bar one of these participants was from NHS Tayside. For R5, we only ever had 13 applicants for this course based in Dumfries & Galloway and had 1 early drop out from NHS Lanarkshire.

There was again very positive feedback from the participants at the Refresher Medical Appraiser Training Course. In answer to the question ‘What was the most valuable aspect of the course?’ some of the replies were as follows:

*“Gaining views of colleagues feedback on performance and tips to take forward for the 'difficult' situations was beneficial. The 'out of specialty' nature of the arrangements made you think beyond your normal practice.”*

*“Encouraged me to continue as an appraiser. Interface between Primary and Secondary Care appraisals.”*

*“Highlighting areas of potential challenges during appraisal. Working with experienced appraisers.”*

### Unused places from the New and Experienced Appraiser Training Courses

During FY 2014/15, there were 34 unused spaces on the New, Experienced and Refresher Medical Appraiser Training Courses. The unused places are caused by late call offs or non attendance on the day of the courses. The reasons for the unused spaces are summarised beneath each of the course types above. 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. We also keep Waiting Lists for courses.

Eight weeks before the course, the doctor receives a reminder confirmation of their allocation to their course. A ‘Participants Attendance and Coursework Confirmation Form’ is now sent out as an attachment to this email. We ask participants to complete the form and return it to us and to let us know ASAP if they cannot now attend. This allows us to reallocate any places that become available. Four weeks before the training course, another email is sent detailing the pre-course work and information. Again the ‘Participants Attendance and Coursework Confirmation Form’ is attached to the email with the proviso that if they have not completed the form already they need to do so now. If there are any forms that have not arrived between 2 and 3 weeks before the course, these participants are again chased up by email for a reply. We have had call offs at this time and if it is within approximately 2 weeks before the course, we can still, usually, reallocate the place(s). This rigorous chase up of participants and the keeping of Waiting Lists has helped to reduce the number of unused places from 46 last year to 34 this year.

There is homework required before the courses, and between Day 1 and Day 2 of the New Appraiser training courses.

## Extra Medical Appraiser training during FY 2014/15

NES was proactive in responding to local Health Board requirements.

NES was asked to provide an extra New Medical Appraiser Training course for NHS Lanarkshire, as they were very low on GP Appraisers. This course took place on 25 April and 2 May 2014 at Law House Learning Centre, Law House, Airdrie Road, Carluke ML8 5ER. We successfully trained 9 GP Appraisers for Lanarkshire and 9 SC Appraisers – 8 for Lanarkshire and 1 for Lothian. The New Appraiser Training Course on 21 & 29 August 2014 was due to run with 24 participants (23 final number). Again NES responded to pressure for extra training places on this course as the next New Medical Appraiser Training Course was not scheduled until January 2015. However, 18 is the optimal number for running a New Appraiser Training Course well as was confirmed from this training course.

## Secondary Care Appraisers

During FY 2014/15 we have successfully trained 169 Secondary Care doctors to be appraisers. 79 attended a New course, 73 attended a Refresher course and 17 attended an Experienced course. The spread across the Health Boards is summarised below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Board** | **New** | **Refresher** | **Experienced** |
| Ayrshire and Arran | 1 | 2 |  |
| Borders | 1 |  |  |
| Dumfries and Galloway | 3 | 6 |  |
| Fife | 7 | 1 |  |
| Forth Valley | 3 | 1 |  |
| GG&C/Medical and Dental Defence Union of Scotland (MDDUS) | 1 |  |  |
| Grampian | 5 | 6 | 1 |
| Greater Glasgow and Clyde | 15 | 8 |  |
| Highland |  | 10 |  |
| Lanarkshire | 14 |  | 1 |
| Lothian | 23 | 29 | 15 |
| Lothian/Now in private employment in Glasgow |  | 1 |  |
| National Waiting Times Centre | 2 |  |  |
| Orkney | 1 |  |  |
| Tayside | 2 | 9 |  |
| Western Isles | 1 |  |  |
| **Grand Total** | **79** | **73** | **17** |

However, the distribution of NES-trained Appraisers is not even. Some Health Boards have been much more proactive in encouraging their doctors to come on our courses than others. The number of appraisals carried out by Secondary Care Appraisers, per year, is still an ongoing issue.

## Primary Care Appraisers

We trained 28 new GP Appraisers and 27 GP Appraisers attended a Refresher course this year. The distribution over Health Boards is shown below:

|  |  |  |
| --- | --- | --- |
| **Health Board** | **New** | **Refresher** |
| Argyll and Bute | 2 | 0 |
| Ayrshire and Arran | 1 | 1 |
| Borders | 1 | 1 |
| Dumfries and Galloway | 3 | 1 |
| Forth Valley | 0 | 1 |
| Grampian | 2 | 1 |
| Greater Glasgow and Clyde | 2 | 7 |
| Highland | 0 | 7 |
| Lanarkshire | 10 | 0 |
| Lothian | 2 | 6 |
| Tayside | 3 | 2 |
| Western Isles | 2 | 0 |
| **Grand Total** | **28** | **27** |

We continue to keep up the required supply of new GP Appraisers to the Health Boards, as required. We are now training established GP appraisers on the Refresher Medical Appraiser Training courses to augment their appraisal skills as it can have been quite a few years since these GPs attended their original training.

GP Appraisers undertake around 22 Appraisals per session. The number of appraisers, appraisees and appraisals undertaken, per Health Board, is summed up for GPs and Secondary Care doctors in tables under Appendix A and B.

# Meetings and Other Highlights of 2014-2015

## Regional meetings

As a result of the joining of the Medical Appraisal Conference with the Scottish Medical Education Conference, there was no annual conference scheduled to take place in the year April 2014 – March 2015.

We felt this was too long an interval without an opportunity for appraisers to meet for development and networking at a national level. For this reason we put together a programme of regional meetings based around the four NES Medical Regions which took place on six occasions between September 2014 and February 2015. Around 250 appraisers attended these meeting in total, with the bulk of attendees coming from Secondary Care.

The workshops were divided into three topics. We began with an experiential exercise designed to encourage appraisers to think about the place of reflection in appraisal, we moved on to an information giving session about the new Recognition of Trainers (RoT) processes and we concluded with a Q & A session about topics of concern to the participants.

The RoT element provoked the most discussion, as this was the first opportunity many participants had had to discuss the issues around this in a group forum. It sometimes proved hard to focus the discussions on the role of appraisers in RoT, as wider issues about how training is managed by the service often came to the fore.

## Annual National Appraisal Conference

***(Incorporated as part of the Scottish Medical Education Conference)***

For the first time the Medical Appraisal conference was incorporated into the SMEC which took place in Edinburgh on 27/28 April 2015.

We ran a programme of 5 different workshops which were delivered on both days. Around 170 participants took part in the workshops in total.

The topics were:

* Supporting SAS doctors with Professional Development and Appraisal
* Recognition for Trainers – What it means for Appraisers and Appraisees
* What Directors of Medical Education (DMEs) are hoping to achieve through the Appraisal and Recognition of Trainers
* Encouraging Improvement and Development in the Quality Improvement Activity presented at Medical appraisal
* Why did you come into Medicine? – Reconnect with your core values and motivations: Values Based Reflective Practice in a Clinical Context

Feedback from the participants was mixed, with GP Appraisers in particular feeling that the conference plenary sessions did not relate to their needs as appraisers and that there was not enough on offer for them at the workshops. This is something we need to address in the future. However, this is the first time we have attempted to run a joint event so hopefully we can build on what we have learned and the feedback we have received to shape the conference so that it more fully meets the needs of all delegates in the future.

## Support for Appraisal Leads and ROs

We continued to host and lead meetings for Appraisal Leads and Responsible Officers (ROs).

Meetings took place on 6 June 2014 in Edinburgh, 7 November 2014 in Glasgow and just before the SMEC event on 27 April 2015 in Edinburgh.

Attendance at these meeting averages around 20 participants with Appraisal Leads from both Primary and Secondary Care present together with some Responsible Officers. All the territorial Health Boards in Scotland have been represented at least some of these meetings, as have some of the independent providers.

The meeting provides a forum for discussion of areas of common interest/concern in relation to appraisal and revalidation, with a view to developing consistent approaches to issues.

Discussion topics at these meetings have included:

* The GMC Evaluation Project for Revalidation and Appraisal
* Managed Clinical Network (support for doctors with health issues)
* Standard Letters for Non-Engagement
* Consistency of Approach in relation to Appraisals, the required Supporting Information and Outcomes (Form 4s)
* How to engage doctors whose needs may be harder to meet in relation to appraisal (SAS doctors, academics)
* Approaches to ‘reluctant’ appraisees, non-engaging, non-compliant doctors
* Changes to the Medical Appraisal website and to the SOAR online appraisal management system

## Joint National Appraisal Group Administrators Meeting

A joint meeting of Primary Care (PC) and Secondary Care (SC) Local Administrators was held on 17 September 2014 in Edinburgh. There were 12 Local Administrators plus 6 NES staff, in attendance. There were apologies from 15 Local Administrators and the National Appraisal Adviser.

During the meeting Marjorie noted that there was no Annual Appraisal Conference to be held in 2014. Instead, there were to be 6 Regional Meetings across Scotland where there would be workshops and discussion about appraisal and trainer recognition. In 2015, we will be joining up with the Medical Education Conference on 27 & 28 April 2015 at the Edinburgh International Conference Centre and we would be holding the next Joint National Appraisal Group Administrators meeting on the morning of 27 April 2015. An update on the status of Phase 4 Appraiser Training was noted and mention of the imminent Phase 5 Appraiser training from August 2015.

We had an update on Appraisal/Revalidation from the Health Boards from the Administrators. William then asked for feedback on the Local Admin User Guides for SOAR that he had recently sent out.

General discussion followed. For doctors who are working and being appraised in different Health Boards – it is expected that doctors will be appraised in Health Board where they do the most work. At present all forms 4s stay on SOAR. William noted that there are Dummy Appraiser/Appraisee accounts for Local Admins to allow them to learn how to help their Appraisers and Appraisees. Fees for Appraisals for doctors who required a private appraisal, were also discussed. Some Health Boards already charge and NHS Lothian have a model contract.

William concluded the day with a summary of the recent developments on SOAR.

## Team Members update

For the first time in a long time, we have enjoyed sustained support for SOAR users following the appointment of Alistair Bryan and Kris Wright to the posts of Information Technicians. Changes will come as part of NES’ internal restructuring around Digital (see section on SOAR on page 21), but both Kris and Alistair’s posts have been renewed for a further year. It means their invaluable contribution to supporting SOAR and Medical Appraisal will continue.

A significant change of note is the recent departure of Ian Staples, Project Team Manager. Ian leaves on 10th July 2015 after nearly 9 years of dedicated service to NES to concentrate on his own business pursuit. We wish him the very best of luck in expanding his business ventures.

# Q&A with NHS Tayside’s Responsible Officer

### A Responsible Officer’s view on Medical Appraisal in Scotland

Dr Andrew Russell has been providing guidance and leadership to those working in NHS Tayside as its Medical Director since 2009. Along with his fellow Medical Directors throughout NHS Scotland, Dr Russell was formally named as NHS Tayside’s Responsible Officer (RO) in 2012, tasked with making revalidation recommendations for doctors working in the RO’s respective boards.

In a short interview with Dr Anne Ramsay, NHS Tayside’s Primary Care Appraisal Lead and Revalidation Officer, Dr Russell offers his thoughts and reflections on Medical Appraisal and Revalidation in his role as RO.

For full video interview, please view in graphical version of Annual Report, or visit <https://vimeo.com/132935977>

Please note the video is hosted on a streaming service called Vimeo. Clicking on the above link 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 below instead.

#### Transcript of interview

**Dr Anne Ramsay:** Thank you for your time, Andy, I know you are busy. Can I kick off by just asking what are you, as the RO, looking for from Appraisal and Revalidation?

***Dr Andrew Russell:*** *So for me for Revalidation, I am looking for the opportunity to assure the public - through the General Medical Council - that the doctors who work in our system of care work within the principles of good medical practice; and I am looking for a process of appraisal to allow us to do that.*

**Anne:** Do you think that the appraisal process that we have achieves that aim?

***Andrew:*** *I think the appraisal process as it has developed and matured is getting us to the point that it allows us to do that. I think the fact that the areas in which doctors are required to reflect upon their practice are areas that reflect things that now people do on a day-to-day basis, is now getting us to the point that we can be assured the processes are in keeping with good medical practice.*

**Anne:** And by that do you mean Audits, and Significant Events Analysis, MSF, PSQ, that kind of thing?

***Andrew:*** *That type of thing, the reflection upon complaint, and the multisource feedback I think has been an integral part of allowing people to think very differently about themselves and the way that they interact with colleagues, particularly non-medical colleagues; and the importance of complaints and the way that we reflect upon complaints, I think it’s an important part of us maturing as professionals.*

**Anne:** How can Appraisers best support you with this?

***Andrew:*** *I see Appraisers as being not only the mirror to reflect back to doctors, and the answers that they get given, and reflect back to them their practice - they are an opportunity to enthuse some of our clinical colleagues, because sometimes I wonder as we go through our day-to-day business if we realise how many things we are doing well, and part of the process of appraisal I think is celebrating what we are doing well. It’s also to try and ensure that where perhaps people are not on track, that they are given appropriate support and appropriate direction around that. I think the way in which the general medical practice has begun to change the nature of the assurances we are looking for, it’s appropriate that appraisers are in a position to offer a degree of direction and areas in which colleagues need to improve their portfolio.*

**Anne:** How have revalidation and appraisal impacted on the workforce, if indeed they have?

***Andrew:*** *So, I think the process of appraisal which has been well established from a general practice point of view for a number of years now, and in many ways, many systems have been well established in Secondary Care, I think the standardisation of the conversation, the standardisation of the collection of evidence, and as I said the skilled support of the Appraisers in allowing colleagues to reflect upon that in a different way, has certainly brought to clinical practice a degree of reflection that people have not had the opportunity to provide in other ways. And I think it very much complements the emerging and developing systems of clinical governance that we are seeing across organisations which do put reflections upon complaints, do put reflections upon significant events at the heart of looking to improve services.*

**Anne:** Are there any areas of appraisal that you would like to see developed?

***Andrew:*** *As we look forward I think the expectations society levels, and certainly through the GMC, of what Revalidation will produce I think are going to get greater and greater, and I think our expectations of appraisal probably need to sit alongside that. One of the areas where there’s perhaps been difficulty in the past has been for us to understand where the process of appraisal sits alongside the process of performance management of doctors, whether they are in primary or secondary care. You would hope that any issues that emerge through appraisal can be supported through a supportive performance management arrangement within the organisation that they are part of. As we look to develop our systems over the next two to three years and beyond, I think that interface between the process of appraisal and the broader performance management of doctors will become an integral part of our understanding of revalidation.*

**Anne:** Regarding MSF, do you think, maybe as we get into the second cycle of revalidation, people will become a little bit more skilled at how they give their feedback, because as well as receiving it we are also providing it, and maybe it will become more useful, shall we say?

***Andrew:*** *I am very conscious that there’s a specific skillset required around supporting people in reflecting upon multisource feedback, because of all the things that are contained in appraisal - potentially it’s the most personally challenging area for all. Whilst we have a well developed and mature set of Appraisers, I think the opportunity for the Appraisers to develop their skillset around that feedback would be an important part of the second cycle of MSF.*

**Anne:** Any final observations about either appraisal or revalidation?

***Andrew:*** *I think the expectations of society, which are being reflected in the General Medical Council’s approach to organisations within which there are Responsible Officers, suggests that they are likely to get higher and higher with regard to revalidation; and my hope is as a system of care, particularly in Scotland, that we continue to be one step in front of those expectations so that there are not surprises for colleagues as they go through this. If I was to look at where we’ve got to in Scotland, I think the thing we should be most pleased of is we have always been one step in front of what has been expected of us, and I think we‘ve got to continue to do that; because that will be the point where we will lose the profession if we are unable to continue to do it.*

**Anne:** And of course, that will require ongoing resourcing and support.

***Andrew:*** *Absolutely.*

# SOARing through 2014/2015 and beyond



## Supporting SOAR Users

It has been a very busy and productive year for SOAR in 2014/2015.

Following the successful appointments of Kris Wright and Alistair Bryan to the roles of Information Technician, we were able to expand our capacity in the services provided. One of the key things we were able to do was to re-introduce the regular SOAR training sessions via WebEx (online conference tool). This allowed us to demo the appraisal process on SOAR, giving the participants an indication of what is expected of the Appraiser and Appraisee. It also gave the participants an opportunity to ask us questions as we went through the live demos.

We organised 18 WebEx sessions from August to December 2014, with a total of 101 bookings (averaging 5.5 participants per session), and 76 attendance (75%). We organised further sessions from January to April 2015 but, rather disappointingly, there were only 8 bookings and 2 attendance out of the 16 sessions scheduled.

Following the recent SOAR Redesign project, we will be arranging further WebEx sessions in the coming months to support users in getting familiarised with the new interfaces and features.

On the helpdesk, we dealt with 9776[[1]](#footnote-1) queries during this fiscal year (averaging over 40 tickets per day). 18% of which came from Primary Care users, 33% from Secondary Care, 4% from Administrators, 38% from Trainee users (Trainees, Educational Supervisors, TPDs etc) and Deanery support teams. 7% of the queries were from other users, including MSF raters who are not SOAR users (Pharmacists, Receptionists, GP Practice Managers etc).

The total is a bit higher than the 9000 queries dealt with in 2013/2014. This was due to two large spikes in May 2014 and January 2015, following a system glitch caused by errors when importing Trainee data from external systems. If we were to discount these incidents, the total query count comes down to 7667, a daily average of 32.

## SOAR Redesign project

Towards the end/start of every fiscal year, we review all the collated user feedback and prioritise our developments for SOAR against our allocated budget. One of the most frequent pieces of feedback from our users has been the need to improve the navigation and usability of SOAR. In previous years we had to prioritise the functional aspects of the system to ensure that doctors are able to complete their appraisals via online forms and uploading of supporting information. For the first time in eight years we were able to address the needs of the users by redesigning the SOAR user interface.

### New Dashboards for all user roles

As part of the redesign, we have created a new dashboard for all the user roles on SOAR. When an Appraisee logs in, there will be a timeline feature that lets them see where they are at within an appraisal cycle, and what’s still to be actioned. When an Appraiser logs in, they can see a list of their scheduled appraisals and the status of each at a glance, as well as a quick view to see who are due their next appraisals. For ROs and Administrators, they should be able to see how many of their doctors are due for Revalidation, and are deemed by SOAR as “Ready” or “Not Ready”. New dashboards have also been created for those with Trainee roles (TPDs, Educational Supervisors, etc).

### Changes to Documents Upload feature

Previously we had a lot of users who were confused about uploading documents and the need to link them to Form 3 afterwards. As a result, we have removed the "My Documents" facility on SOAR. All previously uploaded documents on SOAR are now held in the "Archived" section when the Appraisee logs in, and they can be re-used for future appraisals if so desired.

Uploading documents now can only be done directly on Form 3 Domains.

The idea is to help the Appraisee focus on the appraisal they are working through, and to help limit them to one (annual) appraisal at a time.

### New Form 4 PDF design

From the user feedback, we have redesigned the PDF of Form 4 so that it is a better formatted document. This allows the Appraisee to download the new PDF (once Form 4 has been signed off) and forward it to their relevant agencies or place(s) of employment as proof of appraisal.

### Forms 5A, B and C

We have also created the complete set of online Form 5's on SOAR:

* Form 5A - Exemption from Appraisal
* Form 5B - Non-engagement with Appraisal
* Form 5C - Clinical Governance issues

Forms 5A and 5B are used in lieu of Form 4 (Summary of Appraisal) and will require the Appraisal Lead's sign off; Form 5C is used to log any relevant Clinical Governance issues.

All three forms can now be completed directly on SOAR.

### Sessional GP Claim Form

In collaboration with NSS, we have developed a Sessional GPs Claim Form on SOAR.

The claim form will automatically appear on the Appraisees’ appraisal pages once Form 4 has been approved. (They will also be reminded of this via system automated emails.)

The submitted claim forms are downloaded and processed by NSS at quarterly intervals, and this all takes place outside of SOAR.

### Ad hoc changing of Appraisers during appraisals

There have been occasions where a change of Appraiser was needed at an appraisal due to any number of reasons. We have now implemented a function on the interview pages that allow Local Health Board Admins to change the Appraiser (and/or Co-Appraiser) to another Appraiser within the Health Board.

Changing the Appraiser on the interview page will not change the actual Appraiser/Appraisee allocation. Similarly, changing the Appraiser/Appraisee allocation will not change the appraiser on the interview page.

Once the Appraiser on the interview page is changed, the new Appraiser will be granted access to any forms submitted by the Appraisee, and it is the new Appraiser's responsibility to draft and approve the Form 4 for this appraisal.

### ROs and Appraisal Leads requesting access to submitted Forms 1-3

Submitted Appraisal Forms 1-3 are confidential to the Appraiser and Appraisee only.

However, following user feedback, we have developed a "Grant Access" function where the RO and/or Appraisal Lead may request access to an Appraisee’s submitted forms.

This is the equivalent of an RO requesting to see their doctor’s paper documents. With the appraisal documents now stored on SOAR, this function will enable the Appraisee to grant their RO easy and direct access to the files.

### Recognition of Trainers on SOAR

There is now a requirement from the GMC for Trainers in Scotland to be “recognised”. Approved GP Trainers are **not** included as they are already subject to a different process.

To help facilitate this, all “named trainers” have been identified on SOAR and they will now be required to complete the "Recognition of Trainer" (RoT) section as part of their Form 3 submission.

We have also built in provisions for those who wish to collate supporting information in preparation for becoming a Trainer.

To avoid duplication of information, we are directing users to the Scottish Trainer Framework website for guidance: [www.scottishtrainerframework.org](http://www.scottishtrainerframework.org)

### Revalidated Doctors in Scotland

There are around 13,000 doctors on SOAR (in Primary and Secondary Care). It was estimated that around 40% of doctors in Scotland would be revalidated in 2014/2015. Figures obtained from the GMC Connect import file into SOAR confirms that 4112 doctors (32%) were revalidated in Scotland from 1st April 2014 to 31st March 2015.

For those working in Scotland, if the second last digit of your GMC number is 4 or 6, you will have been revalidated (hopefully!) in 2013/2014. For 2014/2015, it is 0, 5, 7 or 8; and for 2015/2016 it is 1, 2, 3 or 9.

Once a doctor has been revalidated, their next Revalidation date will be 5 years from then.

Of all the Revalidation recommendations made during this fiscal year, 272 recommendations were made via SOAR, and 3840 made directly on GMC Connect.[[2]](#footnote-2)

### Revalidation data on SOAR

With support from the GMC we are also able to display an appraisee’s revalidation details on their dashboard when they login.

### MSF on SOAR

Throughout the past year we explored different options for continuing MSF support on SOAR, including the use of the NES ePortfolio MSF tool. After much deliberation, we have negotiated a licence renewal agreement with WASP Software, who will continue to provide the MSF facility for Scottish doctors until March 2016. We will review the situation again nearer the time.

What else do we have planned for 2015/2016?

## Future projects and Impacts

### SOAR team moving to NES Digital

As part of the NES organisational restructure, the SOAR support team consisting of Information Manager (William Liu) and 2x Information Technicians (Kris Wright and Alistair Bryan) will be moved out of the Medical directorate and into the new NES Digital directorate in late 2015. The idea is to put all the IT minded/skilled personnel into one centrally organised and managed directorate to improve efficiency and resource. As some of you might be aware, the previous NES training management programme was recently rewritten into a new system called Turas. The plan going forward is to pull all NES IT systems into Turas so it is a one-system approach, which will have many benefits from a user point of view - for example, improved performance (no more signing in from multiple systems) and improve data sharing (no need to send or upload the same files across different systems).

SOAR is not scheduled to be written into Turas until 2016 at the earliest.

William, Kris and Alistair will continue to provide SOAR user support, as well as AV and IT support at Medical Appraiser training events. Service to SOAR and users will **not** be affected by this change.

### MSF - beyond 2016?

We are looking at options to continue MSF support on SOAR beyond March 2016. It might be that there are tools on Turas that could be adapted for this, or, if funding and resources are available, we could explore other options.

Funding and resources have NOT been committed beyond this point. But we will be exploring all options and hope to make an announcement in due course.

### Recognition of Trainers – Form 7

At the time of writing, we have created the online RoT form for Appraisees to complete as part of their Form 4. At the moment, Directors of Medical Education (DMEs) and Educational Organisations (EOs) have no access to this on SOAR. To facilitate this, we are working on a “Form 7” which will be created automatically by the system upon Form 4 sign off. Form 7 will be a read-only form which will consist of the submitted RoT form from the Appraisee, and the appraisal summary as documented by the Appraiser on Form 4.

DMEs and EOs will NOT have access to Form 4 – only Form 7.

### CPD log

Following user feedback, we have been working on a generic CPD log function on SOAR. This allows the Appraisee to log their learning activities, with the option to reflect on individual entries or as an overview. (Designed to replace the spreadsheet log on the website.)

Plans are also afoot for linking the new setup with the soon-to-be-launched GP CPD Connect system.

### New Reporting Tool

We are looking to implement a new reporting tool on SOAR which would allow us to create adhoc reports to complement the existing range of reports. More information on this in due course.

These are just a few of the things we have worked on. It's a lot of work, not to mention the continual user support... How will users learn of the new functions?

### WebEx

As already mentioned, we intend to schedule a new series of WebEx sessions later on in the year.  This will be organised in the coming months and a full schedule of sessions will be published on the Medical Appraisal Scotland website in due course.

Visit [www.appraisal.nes.scot.nhs.uk](http://www.appraisal.nes.scot.nhs.uk) for more details!

# Team Members

## Contact us

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

Our contact details can be found on Medical Appraisal Scotland: [www.appraisal.nes.scot.nhs.uk](http://www.appraisal.nes.scot.nhs.uk)

For all general queries, please email SOAR@nes.scot.nhs.uk

## Who we are

**Dr Niall Cameron***National Appraisal Adviser (PT)*

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***Former Project Team Manager (PT)*

Ian was responsible for the management, development and quality assurance of the Medical Appraisal scheme in Scotland. Ian worked 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.

**Marjorie McArthur***Medical Appraisal Scheme Manager (FT)*

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!

**Joyce McCrae***Administrator(FT)*

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.

**William Liu***Information Manager (FT)*

William’s main responsibilities revolve around the maintenance of and further improvements to 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.

Also known as “Grandpa”, William’s 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.

**Alistair Bryan & Kris Wright***Information Technicians (FT)*

Alistair and Kris are responsible for providing SOAR user support on the helpdesk to doctors and administrators alike, and user training via BT WebEx.

Alistair’s background is in ICT having graduated from the Open University in 2008. Prior to joining the SOAR team he worked as a Network Technician in NES.

Kris comes to us from the film industry, bringing with him a wealth of experience in video and cinematography. Along with his experience as a tutor in complicated IT software, Kris and Alistair’s skillset complement each other really well and have formed a strong support team since May 2014.

# Farewells and Welcomes

As we enter 2015/2016, we note a number of significant changes in local Health Boards taking place. We’d like to thank the following for their contributions and support to Appraisal and Revalidation in Scotland.

## Farewell and Thank You…

|  |  |  |
| --- | --- | --- |
| **Name** | **Role / Health Board** | **Leaving / Left…** |
| Dr Peter Wilkes | Primary Care Appraisal Lead (NHS Highland, Western Isles) | Retired at end of Sept 2014 |
| Dr Brian Montgomery | Responsible Officer (NHS Fife) | December 2014 |
| Dr Alistair Todd | Secondary Care Appraisal Lead (NHS Highland) | January 2015 |

## …Hello and Welcome!

|  |  |
| --- | --- |
| **Name** | **Role / Health Board** |
| Dr Roderick McBain | Primary Care Appraisal Lead (NHS Highland, Western Isles) |
| Dr Rod Harvey | Responsible Officer (NHS Highland) |
| Dr Richard Coleman | Secondary Care Appraisal Lead (NHS Grampian) |
| Dr Nicolas Fluck | Responsible Officer (NHS Grampian) |
| Dr Hilary MacPherson | Secondary Care Appraisal Lead (NHS Forth Valley) |
| Dr Frances Elliot | Responsible Officer (NHS Fife) |
| Miss Tracey Gillies | Responsible Officer (NHS Forth Valley) |
| Dr Stephen Hickey | Secondary Care Appraisal Lead (Golden Jubilee) |
| Dr Catherine Calderwood | Chief Medical Officer |

# Acknowledgements

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

We would like to thank the **GMC** for their continued support in linking SOAR to the GMC Connect system;

We would also like to thank **all the Responsible Officers, Appraisal Leads, and all the Administration teams** for your continued patience and support of SOAR and the central team. Your contributions have not gone unnoticed and we are grateful for your help;

Similarly, our thanks and gratitude also to **all the Deanery regional teams** for their continuing support ensuring the Trainees complete their self declarations on SOAR.

If we have missed anyone, for example the **development team at Tactuum** for their professionalism and hard work during the complex and difficult projects – our sincerest apologies. Please understand that we value all of your support, including the contributions of **Douglas Park** from the NES Design team, who designed this very report, and **Mark Downie** and colleaguesfrom the NES Web team for their continued support and expertise.

*Thank you everyone!*

# Appendices

### A) Appraisees and Appraisers counts from SOAR (using “User Search” function on SOAR)

(Data taken on 17th June 2015)

|  |  |  |
| --- | --- | --- |
| **Territorial Scottish Health Board** | **Primary Care (GP)** | **Secondary Care** |
| **Appraisees** | **Appraisers** | **Avg Appraisees per Appraiser allocation** | **Appraisees** | **Appraisers** | **Avg Appraisees per Appraiser allocation** |
| Argyll & Bute | 126 | 6 | 21 |  |  |  |
| Ayrshire & Arran | 344 | 12 | 28.67 | 433 | 60 | 7.22 |
| Borders | 130 | 23\* (28) | 5.65\* (4.64) | 140 | 21 | 6.67 |
| Dumfries & Galloway | 162 | 11 | 14.73 | 247 | 25 | 9.88 |
| Fife | 305 | 14 | 21.79 | 363 | 54 | 6.72 |
| Forth Valley | 282 | 9 | 31.33 | 326 | 32 | 10.19 |
| Golden Jubilee |  |  |  | 105 | 18 | 5.83 |
| Grampian | 608 | 18 | 33.78 | 700 | 113 | 6.19 |
| Greater Glasgow & Clyde | 1162 | 34 | 34.18 | 1998 | 448 | 4.46 |
| Highland | 354 | 17 | 20.82 | 336 | 87 | 3.86 |
| Lanarkshire | 472 | 26 | 18.15 | 604 | 64 | 9.44 |
| Lothian | 945 | 35 | 27 | 1450 | 272 | 5.33 |
| Orkney | 34 | 5\* (10) | 6.8\* (3.4) | 32 | 12 | 2.67 |
| Shetland | 32 | 2\* (5) | 16\* (6.4) | 18 | 5 | 3.6 |
| Tayside | 437 | 18 | 24.28 | 602 | 102 | 5.9 |
| The State Hospital |  |  |  | 14 | 5 | 2.8 |
| Western Isles | 43 | 7 | 6.14 | 16 | 3 | 5.33 |
| Total | 5436 | 237\* (250) | 22.94\* (21.74) | 7124 | 1356 | 5.25 |

\* Although NHS Borders had 28 GP Appraisers listed on SOAR, only 23 are assigned, and most of them are NHS Lothian Appraisers helping out, and only assigned to 1 or 2 Appraisees

\*\* Similarly with NHS Orkney and NHS Shetland, although there were greater number of appraisers assigned, not all of them are active and are on standby

### B) Appraisal counts from SOAR – interview dates set between 1st April 2014 and 31st March 2015

(Data taken on 17th June 2015 – 2 months after end of fiscal year)

|  |  |  |
| --- | --- | --- |
| **Territorial Scottish Health Board** | **Primary Care (GP) Appraisals** | **Secondary Care Appraisals** |
| **Scheduled** | **5A** | **Completed****(inc 5A)** | **Completion rate (%)** | **Scheduled** | **5A** | **Completed****(inc 5A)** | **Completion rate (%)** |
| Argyll & Bute\* | 112 | 0 | 102 | 91 |  |  |  |  |
| Ayrshire & Arran | 330 | 4 | 329 | 99 | 456 | 16 | 445 | 98 |
| Borders | 123 | 1 | 123 | 100 | 134 | 0 | 124 | 93 |
| Dumfries & Galloway | 155 | 0 | 155 | 100 | 132 | 0 | 126 | 95 |
| Fife | 301 | 6 | 300 | 99 | 304 | 8 | 299 | 98 |
| Forth Valley | 269 | 1 | 267 | 99 | 249 | 1 | 245 | 98 |
| Golden Jubilee |  |  |  |  | 91 | 0 | 82 | 90 |
| Grampian | 574 | 19 | 573 | 99 | 713 | 16 | 687 | 96 |
| Greater Glasgow & Clyde | 1093 | 0 | 1080 | 99 | 1893 | 0 | 1806 | 95 |
| Highland | 331 | 2 | 328 | 99 | 270 | 0 | 250 | 93 |
| Lanarkshire | 399 | 5 | 395 | 99 | 567 | 22 | 559 | 98 |
| Lothian | 878 | 17 | 872 | 99 | 1190 | 21 | 1132 | 95 |
| Orkney | 31 | 0 | 31 | 100 | 28 | 0 | 26 | 93 |
| Shetland | 26 | 1 | 25 | 96 | 13 | 0 | 12 | 92 |
| Tayside | 439 | 18 | 438 | 99 | 522 | 0 | 512 | 98 |
| The State Hospital |  |  |  |  | 14 | 0 | 14 | 100 |
| Western Isles | 39 | 0 | 38 | 97 | 24 | 0 | 21 | 88 |

\* For the purposes of Appraisal only, GPs in Argyll & Bute have been set up separately from those in NHS Highland. This does not apply to Secondary Care consultants under NHS Argyll & Bute, whose appraisals are managed under NHS Highland.

1. Figures taken from Zendesk support system [↑](#footnote-ref-1)
2. Data taken from GMC Connect/SOAR import files [↑](#footnote-ref-2)