



Medical Appraisal Scotland

Annual Report 2013-14





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Foreword by Dr Frances Dow CBE



I am delighted to have been asked to contribute this foreword to NES's Annual Report. For the last few years, as a lay member of the Revalidation Delivery Board Scotland, I have watched with interest and admiration the great effort which has gone into making medical revalidation a reality.

An effective appraisal process underpins revalidation, and I particularly appreciate how much work has been done, by already very busy people, to make appraisal fit for purpose.

So my first thought on being asked to write this Foreword was that it provides an excellent opportunity for me to say Thank You, on behalf of patients and the public in Scotland, to those who have contributed to the design and implementation of an enhanced appraisal process. This covers a broad spectrum of people: doctors in primary and secondary care, those who have been willing to train and act as appraisers, responsible officers, healthcare managers, IT experts and many others. Together they have put Scotland at the forefront of the UK's efforts to ensure that doctors are up-to-date and fit to practise, a key element in ensuring patient safety and the quality of care.

In the early stages of preparing for revalidation the focus was inevitably on getting the 'mechanics' of the process right. SOAR, for example, has

been greatly enhanced and has taken on board feedback from doctors and others. But to realise its full benefit for both doctors and patients, appraisal must be something more than simply an annual 'exercise'. My ambition for the next phase is that it becomes a central, and highly-regarded, part of every doctor's drive for quality outcomes and professional satisfaction. I am confident that the appraisal and revalidation process can be a valued and valuable aid to reflective practice, enabling good doctors to make choices on how best to deliver high quality care, and supporting others to overcome any shortfalls. Ensuring the quality and consistency of appraisals is key to this.

Patient and public involvement can play an important part in helping healthcare professionals achieve these goals. This means listening to, and acting upon, not only patient complaints but patient compliments too! The patient experience, whether in the form of individual feedback in appraisal or wider involvement in governance, can provide healthcare professionals not only with evidence of past activity, but also with constructive prompts for future change. Working together we can make a positive contribution to ensuring that Scotland gets the quality of healthcare which we – whether we are doctors or patients – truly deserve.

Dr Frances Dow CBE,
Lay Member, Revalidation Delivery Board Scotland

Overview

Overview of Medical Appraisal in Scotland

This has been a year of consolidation for Medical Appraisal in Scotland. Nineteen percent of career grade doctors have been revalidated in this period which is very much in line with the Scottish Government's aspiration that twenty percent of doctors be revalidated in 2013/14.

The systems we have in place are functioning well and the GMC tells us that Scotland has one of the lowest rates of revalidation deferrals in the UK, which indicates that doctors are undertaking the necessary preparatory work and engaging effectively with appraisal to give the Responsible Officers confidence in making recommendations.

The requirement for all doctors to obtain feedback from their colleagues (MSF) on how they worked as part of a team was thought to have been a particularly challenging area. To address this NES commissioned a bespoke Scottish MSF tool which can be accessed on SOAR. Currently over 7,000 doctors in Scotland have used the NES MSF tool to provide the supporting information required for this aspect of appraisal and revalidation. The feedback we have received has been very positive and has emphasised how this initiative has effectively addressed what was potentially a difficult and burdensome issue for appraisees. Those invited to act as raters to provide feedback for their colleagues have benefited from becoming familiar with one system, and this consistency has also aided appraisers in their role and provided reassurance for our Responsible Officers.



However, we cannot rest on our laurels. Forty percent of doctors are due to be put forward for revalidation in each of the next two years.

There continues to be dialogue between the territorial Health Boards and the Scottish Government over the Scottish Government's aspiration that Medical Appraisers in Secondary Care should undertake 10 appraisals on average and have this activity recognised in their job plans. There is acceptance that in order to support quality in appraisals, it is necessary that appraisers undertake the activity regularly and are supported by their Health Board in this work. This approach has worked successfully for GP Appraisal for many years.

On the whole, the boards that are managing to achieve the 1:10 ratio for appraisals are those where appraisals are taking place throughout the year and where appraisals are not closely linked to specialty or line management. There is still work to be done to embed this approach in all Boards.

A potential area of risk for appraisal going forward is our dependence on the online system for managing and supporting appraisals (Scottish Online Appraisal Resource) which NES provides. The success and resultant level of usage of the system (11,784 out of 13,113 doctors practising in Scotland are registered on the system¹) suggests that the system does make all aspects of appraisal - sharing of supporting information for appraisals, providing summary forms, tracking progress, etc - much more straightforward. However, this level of usage does also mean that when there are problems with our IT infrastructure this can impact on large numbers of doctors and associated appraisals.

We are very aware of this vulnerability and have taken steps to improve the robustness of the system and the level of IT support available during this year.

With the support of the Scottish Government, we will be working with developers to further improve the usability of the system in the year ahead. We have also employed two new IT Technicians to bolster our helpdesk and training capabilities.

Our task for the year ahead is to embed and consolidate a meaningful appraisal process for doctors throughout Scotland. The SOAR system can facilitate this, but for the process to be more than just a tick box exercise it requires real commitment on the part of appraisees in preparing for their appraisal and on the part of appraisers in encouraging a supportive but challenging interview. This should lead to positive change and development for appraisees, improvements for the service, and ultimately to improved patient care.

Ian Staples, Project Team Manager, Medical Appraisal

Niall Cameron, National Appraisal Adviser



¹ Figures taken from SOAR on all Primary and Secondary Care doctors, whose logins are live



Highlights of 2013/2014

Highlights of 2013/2014

Medical Appraisal Conference 2013

Our 2013 conference took place at the Grand Central Hotel in Glasgow on 11 September 2013. For the third year running NES hosted a one day Medical Appraisal conference for both Primary and Secondary Care Appraisers.

This was our largest conference to date with 245 attendees. 112 Appraisers from Secondary Care and 90 from Primary Care, together with 43 medical managers, Responsible Officers and other interested parties attended the conference.

Pre-meetings of Lead Appraisers (LAs), 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 now that Revalidation was being implemented.



Issues which were discussed at this meeting included:

- Appraiser workload and retention
- Consistency of approach – in requirements for supporting information, in Form 4 summaries and in RO Approach
- Approaches to Patient Surveys and exemptions from this requirement
- Support for struggling doctors

The aims of this year’s 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

On the day itself, this year’s conference focussed on the role of appraisal in support for doctors’ lifelong learning. The keynote speakers at the event were Professor William Reid, Dean of Post Graduate Medicine at NHS Education for Scotland and Dr Roelf Dijkhuizen, Medical Director, NHS Grampian.

Prof Reid spoke about “The contribution Appraisal can make to Lifelong Learning”, and Dr Dijkhuizen explored “What the Responsible Officers are looking for from annual appraisals”.

Dr Dijkhuizen described how he saw appraisal as one corner of a triangle which feeds into information about a doctor which helps him answer three questions to inform his revalidation recommendations:

- Is this doctor suitably qualified?
- Is this doctor keeping up to date?
- Is this doctor practising safely?

There were opportunities to ask the speakers questions and for appraisers to explore any concerns now that revalidation was in place. There were further opportunities to discuss some of the issues Dr Dijkhuizen raised during a question and answer session he led in the afternoon, focussing on ‘Appraisers as a source of professional advice and leadership’.

In response to feedback from primary and secondary care participants at the conference the previous year regarding the relevance and focus of workshops, we offered two workshop strands in the morning of the conference, one for primary care and one for secondary care participants, and in the afternoon we offered mixed workshops. This approach was very positively received.

Workshop topics at this conference included:

Morning – Secondary Care Strand

- Appraisal with Doctors who are in Difficulty
- Joint Academic Appraisals
- Managing challenging MSF or Patient Feedback
- Supporting Medical Appraisal for Staff and Associate Specialist and Specialty doctors
- Good practice in Form 4s for Secondary Care
- Quality Improvement Activities in Secondary Care
- Patient Safety Initiatives in Secondary Care

Morning – Primary Care Strand

- Morning – Primary Care Strand
- Appraisals with GPs who are in difficulty
- Judgement in GP Appraisals
- Managing Challenging MSF or Patient Feedback
- Supporting GP Appraisal for GPs with peripatetic roles
- Good practice in Form 4s for Primary Care
- Quality Improvement Activities in Primary Care
- Patient Safety Initiatives in Primary Care



Afternoon - Joint Workshops

- Appraisers as a source of professional advice and leadership
- Different Approaches to Learning
- Judgement in Appraisals
- Royal Colleges' Support for Appraisal and Revalidation
- The Impact of Personality Type on Appraisal
- Time Management in a Medical Setting
- Joint Academic Appraisals

Feedback about this year's conference was generally very positive with over 73% of attendees stating that we had met our aims, and 82% rating the keynote speakers' presentations as good to excellent.



The workshops were generally very well received and positive comments included:

'Both workshops so helpful.'

'Really made me think more about different strategies for more difficult appraisals. Will definitely try to use what I learnt today in future appraisals.'

'Quality improvement worked extremely well and expanded the concepts that people had about what constituted quality improvement, as well as providing a pragmatic framework to conceptualise anything that an appraisee may present.'

Less positive comments included:

'For SAS doctors, problems were recognised, but with little progress regarding solutions'

'Patient safety was interesting - but not useful in appraisal terms'

There are as always some areas for development identified for future meetings, and we were able to give feedback to the workshop facilitators (including free text comments) and we will reflect on all the feedback for future workshops.

The next conference

The next Medical Appraisal conference will take place on 27/28 April 2015 in Edinburgh. We will be linking with the annual Medical Education conference to offer a joint event. This will help to develop our relationship with Medical Educators, many of whom are also appraisers, and this will be particularly important as the GMC introduce Trainer Recognition arrangements that will have an impact on appraisal.

In 2014 we also plan to offer a series of regional meetings to support networking and development for appraisers.

More information will be made available on the Medical Appraisal Scotland website, and communicated via the SOAR News Alerts system.



Training and Recruitment of Medical Appraisers

Medical Appraiser training courses for the end of Phase 3 and the start of Phase 4

We completed Phase 3 NES Medical Appraiser Training of New and Experienced Appraisers with an Experienced Appraiser Training Course on 6 September 2013 in Livingston. We commenced Phase 4 of NES Medical Appraisal Training with a New Appraiser Training Course on 24 October and 1 November 2013 in Glasgow. Phase 4 includes New and Experienced Appraiser Training Courses along with one day Refresher Training Courses for Established Appraisers.

During FY 2013/14 we ran 7 New Appraiser Training Courses (maximum of 18 participants per course) training both Primary and Secondary Care doctors together. We also ran 7 Experienced Appraiser Training Courses for Secondary Care doctors, who have had some previous Appraisal experience (maximum of 24 participants per course). We had 4 GP Appraisers joining 3 of the Experienced Courses.

The New Appraiser Training Courses are assessed courses. 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, although the recordings can be deleted should any sensitive material be discussed in these sessions.



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, and this has proven to be a valued part of their learning. As such, we decided that participants would no longer be able to opt out of having their 'mini' Appraisals videoed at the training courses as of December 2013.

Numbers on the New Appraiser Training Courses

We successfully trained 85 Doctors for Secondary Care (SC) and 21 GPs for Primary Care. There was 1 unsuccessful SC participant and 2 SC participants who did not attend Day 2 of the training course. There was 1 GP who did not attend Day 2 of one course but subsequently successfully attended a training course. 2 GPs did not take up employment as appraisers after successful training. The following table sums up the attendance at the courses, which shows only 2 training courses which had 100% attendance.

Course Dates	Participants	Unused spaces	% places not taken up
N10y – 25 Mar & 15 Apr 2013	10	8	44%
N11 – 11 & 18 April 2013	14	4	22%
N13 – 6 & 14 Jun 2013	16	2	13%
N14 – 24 Oct & 1 Nov 2013	18	0	0
N15 – 8 & 21 Nov 2013	15	3	17%
N15a – 5 & 12 Feb 2014	16	2	13%
N16 – 12 & 20 Mar 2014	18	0	0

There was very positive feedback from participants at the New Appraiser Training Courses. In answer to the question ‘The relevance of the course to you’ some of the replies included:

“Very good. The course exceeded expectation. I have learned more about the appraisal process in 2 days than in previous 10 years.”

“Very good. The course gives all the tools required to conduct a professional appraisal. The practical side of doing it is rightly emphasised by mini appraisals and Day 1 exercises.”

“Very good. Highly relevant as I have never had any appraiser training.”

Numbers on the Experienced Appraiser Training Course

We successfully trained 137 Secondary Care doctors and 4 Primary Care doctors. 1 doctor left half way through a course. 3 inexperienced doctors on course 10a were not taken forward as appraisers. The following table sums up the attendance at the courses. However, it shows that we only had 100% attendance at 1 training course.

Course Dates	Participants	Unused spaces	% places not taken up
E10a – 9 May 2013	27*	0	0
E10b – 23 May 2013	19	5	21
E11 – 23 Aug 2013	16	8	33
E12 – 6 Sep 2013	23	1	4
E13 – 3 Dec 2013	19	5	21
E14 – 22 Jan 2014	18	6	25
E16 – 21 Feb 2014	22	2	8

* 3 extra places were allowed on this training course.

There was again 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 were as follows:

“The opportunity to practise (and observe). Emphasis on the importance of exploring and finalising the PDP.”

“Mini appraisal - ‘safe’ environment to try out new skills”

“Structure of interview, passing confidentiality issue to trainee, learning to be challenging and supportive.”

Unused places from the New and Experienced Appraiser Training Courses

During FY 2013/14, there were 46 unused spaces on the New and Experienced Appraiser Training courses delivered by NES. The unused places result from late cancellations by delegates within 5 days of the start of the course, or non attendance at the course where we cannot reallocate the places to other doctors on waiting lists totalled 21. There were also 15 earlier cancellations where we could sometimes reallocate the places to doctors on waiting lists if they could rearrange their clinical work. This has led to most of the courses running below capacity. Of the 36 doctors that called off from a training course, 8 have now successfully attended another course and 4 have been assigned to future courses.

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 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. When we have had cancellations at this time and if it is within approximately 2 weeks before the course, we can still, usually, reallocate the place(s). There is homework required before the courses, and between Day 1 and Day 2 of the New Appraiser training courses.



Additional Medical Appraiser training courses during FY 2013/14

NES was proactive in responding to local Health Board requirements.

NES was asked to provide an extra New Appraiser Training course for NHS Greater Glasgow & Clyde, which they would organise and support. This course was run on 25 March and 15 April 2013 at J B Russell House, Gartnavel Hospital, Glasgow. 10 Appraisers were successfully trained as one participant attended Day 1 only. We were originally scheduled to supply a New Appraiser Training course – (N12) to be hosted by NHS Grampian on 9 & 17 May 2013. At the request of the then Appraisal Lead we changed this to an Experienced Appraiser Training Course on 9 May 2013 (E10a). We normally run Experienced Appraiser Training Courses with a maximum of 24 participants. Again we were flexible and allowed 27 participants on this training course. Three of the participants were inexperienced appraisers and did not perform well on this course and were not taken forward as appraisers. Two of these participants have since successfully attended NES Appraiser Training Courses. As NHS Grampian no longer required 2 training days in May 2013 we offered NHS Greater Glasgow & Clyde an extra Experienced Appraiser Training Course on 23 May 2013 (E10b) in response to their need for more appraisers. 19 doctors were successfully trained at this course – 14 of the doctors from NHS Greater Glasgow & Clyde.

NHS Highland had been scheduled for an Experienced Appraiser Training Course (E15) on 13 February 2014. Again at their request NES changed this course to a New Appraiser Training Course (N15a) on 5 & 12 February 2014. As we still had an Experienced Appraiser Training Course for NHS Grampian scheduled for 21 February 2014 (E16) we were appreciative of the extra administrative support for this course provided by Donna Tabua, Senior Medical Staffing Officer for NHS Highland. Unfortunately, due to late cancellations, we successfully trained only 15 Appraisers at this course – 13 from NHS Highland. A summary of the outcome of these courses, where we successfully trained 68 Appraisers, is as follows:

Course Code	Type	Course Date(s)	Health Board Host	Successful Participants
N10y	New	25 March & 15 April 2013	NHS Greater Glasgow & Clyde	10
E10a	Experienced	9 May 2013	NHS Grampian	24
E10b	Experienced	23 May 2013	NHS Greater Glasgow & Clyde	19
N15a	New	5 & 12 February 2014	NHS Highland	15

Secondary Care Appraisers

During FY 2013/14 we have successfully trained 222 Secondary Care doctors to be appraisers. The spread across the Health Boards is summarised below:

Health Board	Number
Ayrshire and Arran	9
Dumfries and Galloway	4
Fife	7
Grampian	46
Greater Glasgow and Clyde	81
Highland	13
Lanarkshire	8
Lothian	45
National Services Scotland	1
National Waiting Times Centre	3
NES	1
Orkney	1
Shetland	1
Tayside	2
Grand Total	222

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. The number of appraisers, appraisees and appraisals undertaken, per Health Board, is summed up for Secondary Care doctors (and Primary Care GPs) in a table on the next page, with the figures taken on 30th April 2014, one month after FY2013/2014.

Appraisees and Appraisers counts from SOAR (using "User Search" function on SOAR)

(Data taken on 30th April 2014)

Health Board	Primary Care (GP)			Secondary Care		
	Appraisees	Appraisers	Avg Appraisees per Appraiser allocation	Appraisees	Appraisers	Avg Appraisees per Appraiser allocation
Argyll & Bute	123	5	24.6			
Ayrshire & Arran	334	13	25.69	410	69	5.9
Borders	126	25*(30)	5*(4.2)	142	22	6.45
Dumfries & Galloway	172	8	21.5	240	23	10.4
Fife	310	15	20.67	375	64	5.85
Forth Valley	286	10	28.6	311	34	9.14
Golden Jubilee				106	17	6.23
Grampian	596	18	33.1	666	191	3.48
Greater Glasgow & Clyde	1239	32	38.7	2012	451	4.46
Highland	356	16	22.25	338	90	3.75
Lanarkshire	447	16	27.9	594	94	6.31
Lothian	910	42	21.67	1417	278	5.09
National Services Scotland				41	15	2.73
NHS Education for Scotland				6	1	6
NHS Health Scotland				2	1	2
Orkney	32	7*(9)	4.5* (3.5)	23	10	2.3
Scottish Government (ROs)				26	22	1.18
Shetland	29	3* (5)	9.67* (5.8)	16	4	4
Tayside	431	16	26.9	589	114	5.16
The State Hospital				15	5	3
Western Isles	40	5	8	17	2	8.5
Total	5431	231	23.5	7528	1507	4.99

*Although NHS Borders had 30 GP Appraisers listed on SOAR, only 25 of them 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.

Primary Care Appraisers

We trained 21 new GP Appraisers this year. However, 2 of these doctors did not take up employment as Appraisers. The distribution over Health Boards is shown below:

Health Board	Number
Ayrshire and Arran	2
Borders	1
Dumfries and Galloway	1
Forth Valley	1
Grampian	2
Highland	3
Lanarkshire	2
Lothian	4
Tayside	3
Grand Total	19

We continue to keep up the required supply of GP Appraisers to the Health Boards. We also trained 4 established GP appraisers on the Experienced Appraiser Training courses which refreshed their appraisal skills. One of these doctors will be appraising Secondary Care doctors in NHS Shetland as well as GPs. We have 7 Refresher Appraisal Training Courses scheduled going forward in Phase 4 which are targeted at doctors who are some years on from their original appraiser training dates.

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) overleaf.

Appraisal counts from SOAR – interview dates set between 1st April 2013 and 31st March 2014

(Data taken on 30th April 2014 – one month after end of fiscal year)

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	111	0	105	95				
Ayrshire & Arran	339	11	333	98	425	21	373	88
Borders	114	0	109	96	104	0	87	84
Dumfries & Galloway	160	0	159	99	101	0	85	84
Fife	280	1	271	97	260	1	216	83
Forth Valley	276	0	256	93	256	5	236	92
Golden Jubilee					62	0	27	44
Grampian	584	15	566	97	540	0	494	91
Greater Glasgow & Clyde	1142	2	1088	95	1626	0	1479	91
Highland	324	1	312	96	267	1	238	89
Lanarkshire	339	0	331	98	410	9	387	94
Lothian	852	4	833	98	935	13	779	83
National Services Scotland					39	0	36	92
NHS Education for Scotland					6	0	6	100
NHS Health Scotland					2	0	2	100
Orkney	32	0	32	100	21	1	16	76
Scottish Government (ROs)					16	0	15	94
Shetland	26	0	25	96	9	0	6	67
Tayside	387	0	379	98	401	0	346	86
The State Hospital					11	0	9	82
Western Isles	43	0		43	7	0	7	100

Phase 4 Appraiser Training

During FY 2013/14 we have undertaken 4 New and 3 Experienced Appraiser Training Courses scheduled for Phase 4 Training.

To complete Phase 4 Appraiser Training we are scheduled to deliver 6 New, 1 Experienced and 5 Refresher Training Courses for FY 2014/15, and 1 New and 2 Refresher Training Courses from April to June 2015.



Support for Appraisal Advisers / Leads

We continue to support Lead Appraisers in Primary and Secondary Care.

In addition to the meeting at our annual conference we hosted another Joint Appraisal Leads meeting in January 2014. Once again, to address the differing needs of Primary and Secondary Care leads, we structured the meeting so that part of the meeting gave an opportunity for sector-focussed discussions, and part of the meeting offered an opportunity for sharing and exchange of information across the sectors.

We have continued to encourage 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

A joint meeting of Primary Care (PC) and Secondary Care (SC) Local Administrators was held the day before the Annual Medical Appraisal Conference on 11 September 2013 at the Grand Central Hotel. There were 19 Local Administrators plus 5 NES staff, including the National Appraisal Adviser, in attendance. There were apologies from 7 Local Administrators.

With the Introduction of Revalidation for all doctors by the GMC in December 2012, the main topic for the meeting was: **What is your current involvement with Revalidation?**

Feedback received from all at the meeting showed a wide and disparate support at Local Administrator level across Health Boards. There was also continued discussion on Patient Satisfaction Questionnaires (PSQ) which was started at the previous meeting in May 2013. This included discussion on how many PSQ need to be returned, who organises these etc.

Ian Staples noted we are in early stages of discussion with the Scottish Government who are considering creating a centralised PSQ system, similar to the Multi Source Feedback (MSF) system. He also noted that the CARE Questionnaire doesn't give patients who complete it the opportunity to make free text comments.

It was noted that the GMC had now revalidated 20,000 doctors across the UK, and Scotland had one of the lowest percentages of deferrals.

Other topics discussed were:

- Job Descriptions for Local Administrators
- Notification of admission and withdrawals of doctors to Health Boards
- Who appraises doctors with dual roles in Primary and Secondary Care, and
- Requests for GP Appraisal confirmation.

The day concluded with a demonstration of the RO Dashboard on SOAR.

Meetings with Scottish Government and HIS

We have continued to participate in national meetings to support appraisal. We have been active members of the National Revalidation Implementation Group (NRIG), led by the Scottish Government. This group, which includes representatives of all appraisal and revalidation stakeholders in Scotland, has met on three occasions during the past year.

We have also met with representatives of the Scottish Government separately to discuss ongoing appraiser training requirements and support for SOAR. The resource needs associated with supporting and developing the online system (which is now being used by all doctors in Scotland) have grown significantly. In recognition of this, it has been agreed that two new fixed-term IT Technician posts will be created in the Central Medical Appraisal Team with responsibilities covering the helpdesk and routine user training. This will enable our Information Manager (William Liu) to focus on the ongoing development work required for SOAR to continue to meet the needs of users. The requirements for the system are ever-growing, with Trainer Recognition and CPD Management & Recording two areas slated for development in 2014/15.

Team Members

- **Nathan Cole**, who helped us support the Trainee users, left NES on 16 August 2013 to continue his travels. He is currently teaching English as a foreign language in South Korea. **Atia Khan-Tahir**, former Information Manager, also left us at the end of August 2013 when her contract came to a close. Atia recently gave birth to a healthy baby boy, and we wish her and her family all the very best in their journey to parenthood.
- **Ian Staples** (Project Team Manager) dropped to working 0.5 WTE from 1 December 2013 and the money released from his salary allowed us to employ a temporary Information Technician, Andrew Huxtable, to support SOAR users via the helpdesk. Andrew left his post in May 2014, and we wish him well as he pursues a career in web development.

As mentioned already, resources were secured from the Scottish Government and we were able to employ 2 x new Information Technicians on one year fixed-term full-time contracts. Alistair Bryan joins us with his experience in IT support from NES, and Kris Wright joins us with his experience as a trainer in complicated IT software (from the world of cinematography!). Both will be assisting with SOAR user support and training.



Q&A with Primary Care Local Appraisal Adviser



Q&A with Dr Anne Ramsay

Q&A with NHS Tayside's Primary Care Local Appraisal Adviser & Revalidation Officer

Dr Anne Ramsay – a practising GP Principal in Taybank Medical Centre, Dundee – has been NHS Tayside's Local Appraisal Adviser (LAA) for GPs since 2003, providing support and guidance for GPs working in NHS Tayside. As LAA and Appraiser Training Course Tutor, Dr Ramsay also has a key contributing role in the Joint Appraisal Leads Group and our Appraiser training programme respectively, helping to shape the Appraisal and Revalidation landscape for those working in Scotland.

More recently, Dr Ramsay was appointed as NHS Tayside's Revalidation Officer for Primary Care, aiding and supporting the Responsible Officer in revalidating GPs working in the Health Board.

In a short interview with Dr Niall Cameron, National Appraisal Adviser, Dr Ramsay reflects on her experiences of the impact Medical Revalidation has had in Scotland in the past 12 months.

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](https://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 following transcript instead.

Transcript of interview

Dr Niall Cameron: So Anne, as we discussed before, the last 12 months have finally seen the introduction of Revalidation, after a very long gestation period. I am interested to get your reflections on what changes you have seen since revalidation has finally arrived?

Dr Anne Ramsay: *I think for the majority of doctors, actually it's the sense of relief. We now know what the evidence is we have to collect, and that makes it easier for a focused appraisal on an annual basis. And of course it's been helped that we've got a robust appraisal system in Scotland (for) over 10 years now, and people are familiar with that process. And we also have the benefits of SOAR, which is where we can keep and use and collate our documented evidence. And it's nice that for Revalidation purposes, it's the Scot 4s/Form 4s that are looked at, and it makes it very seamless I think.*

Niall: You highlighted the availability of the SOAR system, are there any other factors you think that helped to ease the transition to Revalidation?

Anne: *I think having a comprehensive system that works well, and that comes down to good support from the Local Admin (Administrators) and also the Appraisers themselves who have been much more active over the past 12 to 18 months, supporting doctors through a changing system, and helping those with particular struggles, and for some, MSF did pose a challenge – they saw that possibly as a perceived threat.*

Niall: Certainly before the introduction of MSF (and) Patient Satisfaction Questionnaires (PSQ) many people thought they would be very difficult for many doctors. Can you talk me through what's actually happened?

Anne: *Every doctor has engaged in it, some more enthusiastically shall we say than others. I think generally the Patient Satisfaction Questionnaire was less of an issue, through contract and others most doctors have had experience of that – but the MSF was a challenge. I think the system on SOAR which allows people to access it is a very simple system, it's easy to use and that's proved particularly useful.*

Despite concerns, I think most doctors have actually received very positive feedback. There have been one or two instances of less positive feedback and that's something that's been a challenge for the appraisers involved, but we've used that for discussion and for training. I think it'll be interesting to see how that develops, because what's important is how the raters actually give the feedback and I'm hoping that with successive revalidations, we'll get more skilled at actually giving feedback and that will see an improvement, possibly, in the quality of the feedback that we get.

Niall: You also mentioned working with Secondary Care, have you got any thoughts on that?

Anne: *I think we've seen an interesting change in attitude on the appraiser training courses, where initially it would be very much Secondary Care doctors vs. Primary Care doctors, and the perception from Secondary Care that there's a difference, and that's changed very quickly to training that involves Primary and Secondary care doctors of all specialties, actually working together and seeing that appraisal certainly covers all those boundaries, and I think that's been very positive. I think it's also very positive for encouraging local working, and impacts on other aspects as well, which is sensible when you think about it - we're all in the same boat, we all have to be appraised and revalidated.*

I have a close working relationship with my Secondary Care colleague (counterpart) and I think that's important and it's useful both for all the doctors locally and for institutions like health boards.

Niall: What you've described is a process that appears to be working very well, are there any key areas you think we need to focus on to ensure that the processes continue to be a success?

Anne: *I think the importance is to continue the unified and robust training of appraisers, which is a positive. And then, it's all about feeling valued, and the appraisal group is really like a team, so that needs to be ensured at both local and national levels. So support within the teams locally by the LAAs, by the Health Boards, and by the national team communicating. And I know there's been a lot of work now bringing Secondary Care on board, so it would be nice if we could get back to the good and regular communications between the national team and local teams on the ground, I think that will be helpful. And it will be interesting to see the development of the working relationships between Primary and Secondary Care over appraisal.*

Niall: I'd like to thank you for taking the time to do this interview this afternoon. Finally, do you have any thoughts looking forward?

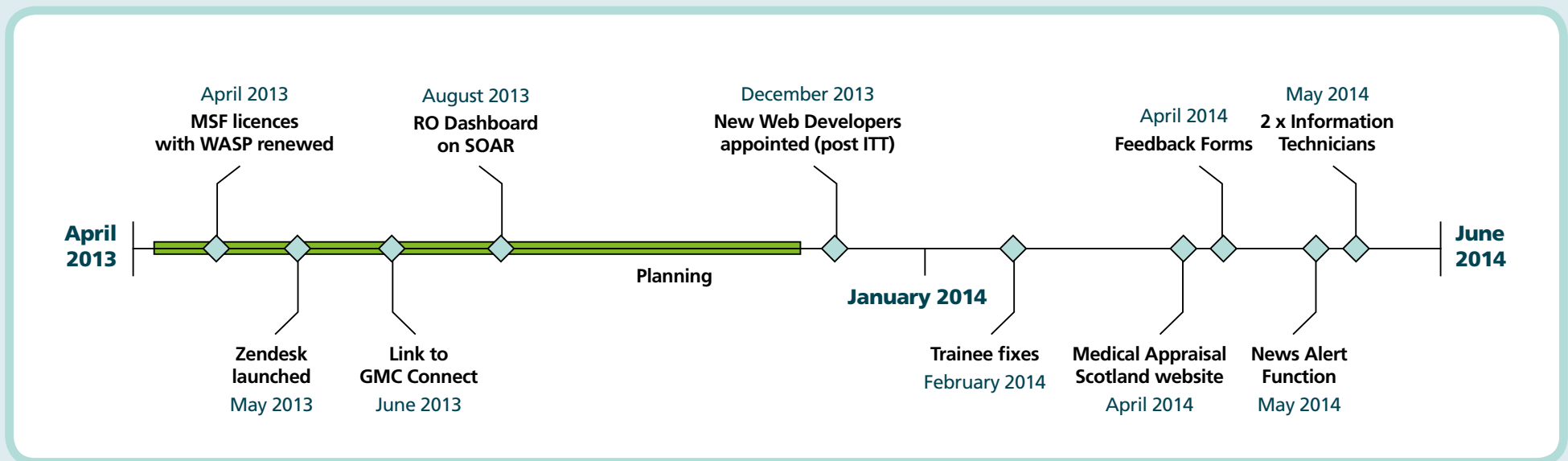
Anne: *I think, actually, we're very lucky in Scotland to have a robust appraisal system which is valued on the whole by most people, and the engagement evidence confirms that. And now with revalidation in place, it's shown that it very much does what it's set out to do.*



SOARing through 2013/2014 and beyond

SOARing through 2013/2014 and beyond

Milestones and highlights in the past year



Supporting SOAR users

Last year, we introduced a number of new features to SOAR. Since then we have concentrated our efforts in supporting users with the new features, and maintaining user support with our limited capacity during this time. We formally launched the help desk system back in April/May 2013 (using a service called Zendesk). In the fiscal year that followed, we have dealt with 5603² queries on the helpdesk. Users range from Appraisers, Appraisees and local Administration teams in Primary and Secondary Care, to supporting MSF raters who are not SOAR users (Pharmacists, Receptionists, GP Practice Managers etc). There were also a number of tickets submitted by Trainee users (Trainees, Educational Supervisors, TPDs etc).

The total is actually greater than the 5603 stated above as the helpdesk system took some time to bed down. For about 8 months after Zendesk was introduced, users were still contacting the SOAR support team via direct emails and telephone (approximately an additional 20 queries per day³). This means the total of help requests was closer to 9000 queries in 2013/2014. The task was made more difficult when we lost two vital team members as their contracts came to an end in August 2013. It was at this time we made the decision to use the online helpdesk as the only point of contact for SOAR user support.

² Figures taken from Zendesk support system.

³ Average figure taken from emails received/sent to individual team members.

Supporting SOAR users - in Numbers

5603 queries dealt with via the helpdesk in 2013/14

9000 queries answered in total in 2013/14

40 queries answered on average per day

Whilst our capacity was stretched the support team concentrated on dealing with an average of 40 queries per day, but also recognised that they could not leave the system to stagnate as they continued to receive user feedback on improving SOAR. In the background we continued to plan and slowly engaged with development teams on further system improvements.

Feedback Forms on SOAR

Following feedback and support from our Primary and Secondary Care Appraisal Leads, we concentrated our resources on re-introducing the feedback forms into SOAR.

They were removed from the main system when we introduced the online forms two years ago due to budget and time constraints, and were only made available through a Questback link. The uptake of the Questback forms has not been good over the past two years.

This project had been on our to-do list for some time. All the planning and wireframing were already done, so the overall work took less time than anticipated, and we were able to deploy this successfully at the end of March 2014.

The feedback forms are automatically created for Appraisees (6A) once the Appraiser has initiated the Form 4 draft on SOAR. Feedback forms for Appraisers (6B) are also created automatically, but only for the first ten appraisals - completion of feedback is optional for Appraisers thereafter.

Feedback forms are collated anonymously for quality assurance purposes.

Messaging News Alert on SOAR

As part of the IT project which reintroduced the Feedback Forms, we had also developed a messaging/news alert system on SOAR.

The purpose of this was to give us the ability to deliver system-wide messages to users, alerting them to any potential system downtime for maintenance or development, as well as any other important Appraisal and Revalidation related news. Due to technical issues, we had to delay the launch of this in a separate deployment which took place in May 2014.

This development stemmed, in part, from user feedback, where appraisees told us they had arranged time to work on their appraisal forms on SOAR, but were not aware of the scheduled down times until visiting the website on the day.

Despite the difficulties encountered, we have delivered a News Alert tool which System and Local Admin teams can use to communicate any important messages via SOAR.

We would like to thank all our users for their patience and kind words of encouragement and support during this complicated project.

New Medical Appraisal Scotland website

Working in collaboration with the NES Design and Web teams, we designed and built a new website which combined all the contents of the previous Primary and Secondary Care websites. The website was launched in April 2014:

All resources and information have been updated to accommodate all doctors. New resources have also been added to help doctors prepare for their appraisals - in particular, a new Quality Improvement Activity (QIA) examples section (under Toolkits), which has a growing collection of anonymised examples submitted by doctors themselves.

We are always looking for new QIA examples (and a number of Specialties have yet to be represented). If you wish to share your particular pieces of good practice examples or ideas, please visit the website for more information:



History of SOAR

SOAR was audited as part of NES' quality assurance procedures towards the end of 2013.

One of the outcomes of this was recognition that since its first inception as a simple MS Access database, SOAR has grown exponentially in terms of users and functions. Whilst there is a record of all the development work on file, this is not collated and not easily accessible. To coincide with the new Medical Appraisal Scotland website, a new section has been created to highlight any new development that takes place.

Revalidation via SOAR

GMC Connect

One of the key milestone projects last year was developing a Revalidation dashboard on SOAR, and linking this to GMC Connect. This allowed ROs to login to SOAR and be able to review a doctor's appraisal history/records, and along with other information they are party to, make a Revalidation recommendation directly from SOAR to GMC Connect.

Revalidation Details on SOAR

As part of this development with the GMC, we are able to retrieve a doctor's Revalidation details and display this to the RO (such as Revalidation due date, whether the doctor is under notice etc). We have had requests from appraisees who want to access this information themselves; unfortunately we were unable to display the information requested as we only had details of those revalidated via SOAR (most were revalidated directly via GMC Connect). Following further discussion and collaboration work with the GMC, we now receive additional monthly data for all doctors in Scotland regarding their Revalidation submission dates, if they have been revalidated, when, by whom, etc. We will work on displaying this information for ROs and Appraisees alike in the forthcoming IT projects this year.

Revalidated Doctors in Scotland

There are around 13,000 doctors on SOAR (in Primary and Secondary Care). It was estimated that around 20% of doctors in Scotland would be revalidated in 2013/2014. Figures obtained from the GMC Connect import file into SOAR confirm that 2481 doctors (19%) were revalidated in Scotland from 1st April 2013 to 31st March 2014.

Of the 5300+ Trainee doctors in Scotland, 494 (9.5%) were revalidated in the same period. Trainee doctors are revalidated at the point of CCT (Certificates of Completion of Training) by NES, whereas selection for Revalidation for those working in Primary and Secondary Care was determined by the Scottish Government using a randomised process (using the doctor's penultimate GMC number). 20% were selected for Revalidation in 2013/14 with a further 40% selected for each of the subsequent two years.

Once a doctor has been revalidated, the next Revalidation date should be 5 years from the revalidated date (although this can be brought forward by the GMC).

Of all the Revalidation recommendations made (2975) during this fiscal year, 323 recommendations were made via SOAR, and 2652 made directly on GMC Connect.⁴

⁴ Data taken from GMC Connect/SOAR import files

Data from GMC Connect /SOAR import files

We hope to make significant improvements to the RO functions on SOAR this coming year, to help the ROs and their support teams make the Revalidation process on SOAR more succinct.

As part of this, we hope to build in more monitoring functions and possible automated alerts (e.g. x number of doctors due for Revalidation in the next quarter have no MSF, PSQ etc).

What else do we have planned for 2014/2015?

Future projects

■ MSF - beyond 2015

The Scottish Government has provided funding to ensure that all doctors in Scotland have access to an MSF during their first cycle of Revalidation. This is currently achieved using a link between SOAR and the MSF software providers WASP.

Funding and resources have NOT been committed beyond March 2015. We are exploring options at this stage and hope to make an announcement in due course.

■ Trainer recognition

One project has already begun though. A scoping exercise is underway to examine the requirements and resources needed to automate additional appraisal forms on SOAR for GMC recognised Trainers. Whilst the project is still in its infancy, we hope this work will be completed by the end of March 2015.

■ Appraisal Forms 5B and 5C

Following last year's successful launch of Form 5A (Exemption of Appraisal) on SOAR, we hope to finish the set and introduce Form 5B (Non Engagement) and 5C (Clinical Governance issues) later on in the year.

■ Online CPD log

Another project we are committed to is a CPD log on SOAR, a popular request from Appraisers and Appraisees alike. As part of this we hope to build in reflective templates as well, which would complete the whole set of online forms on SOAR.

■ **Improve Co-Appraiser functions**

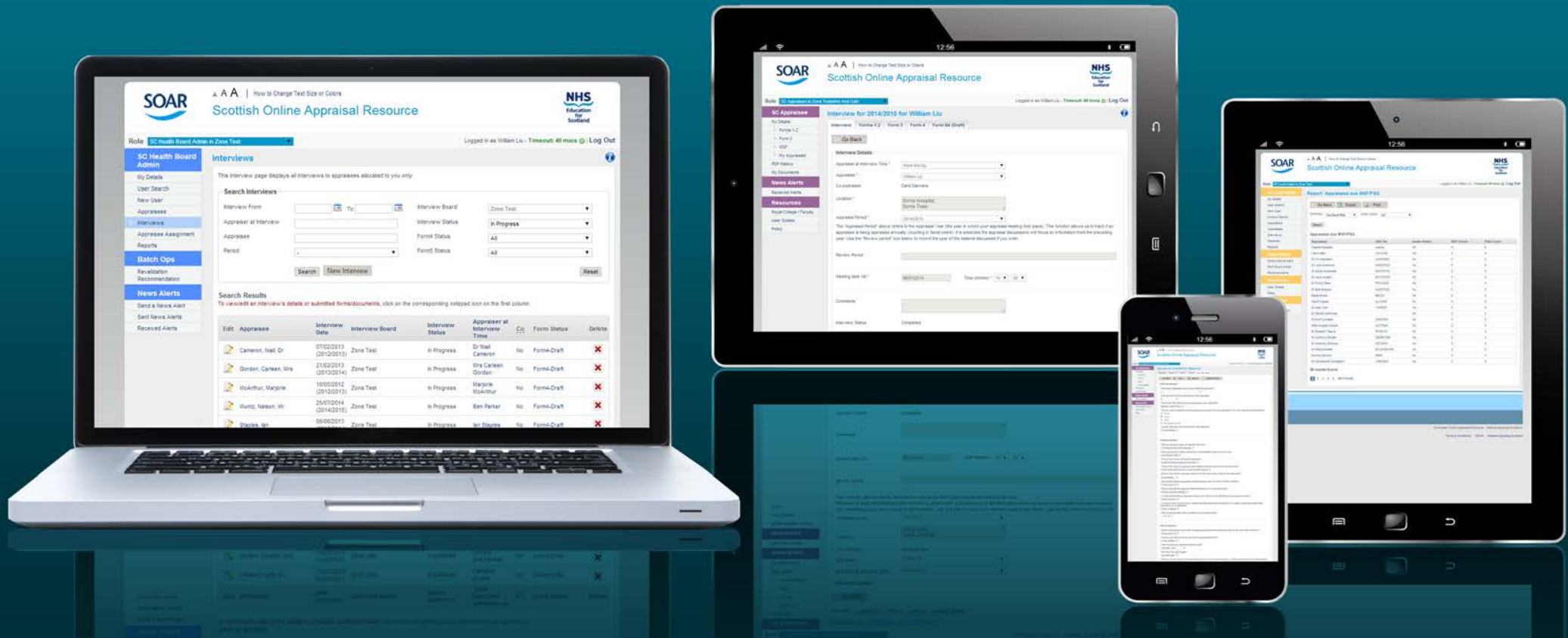
We already mentioned improvements to the RO interface. Another user function we hope to review and improve is that of the Academic Co-Appraisals on SOAR. The system is beginning to bed down and users are getting familiar with the processes. We have received feedback for suggested improvements and we hope to work on these if time and resources permit.

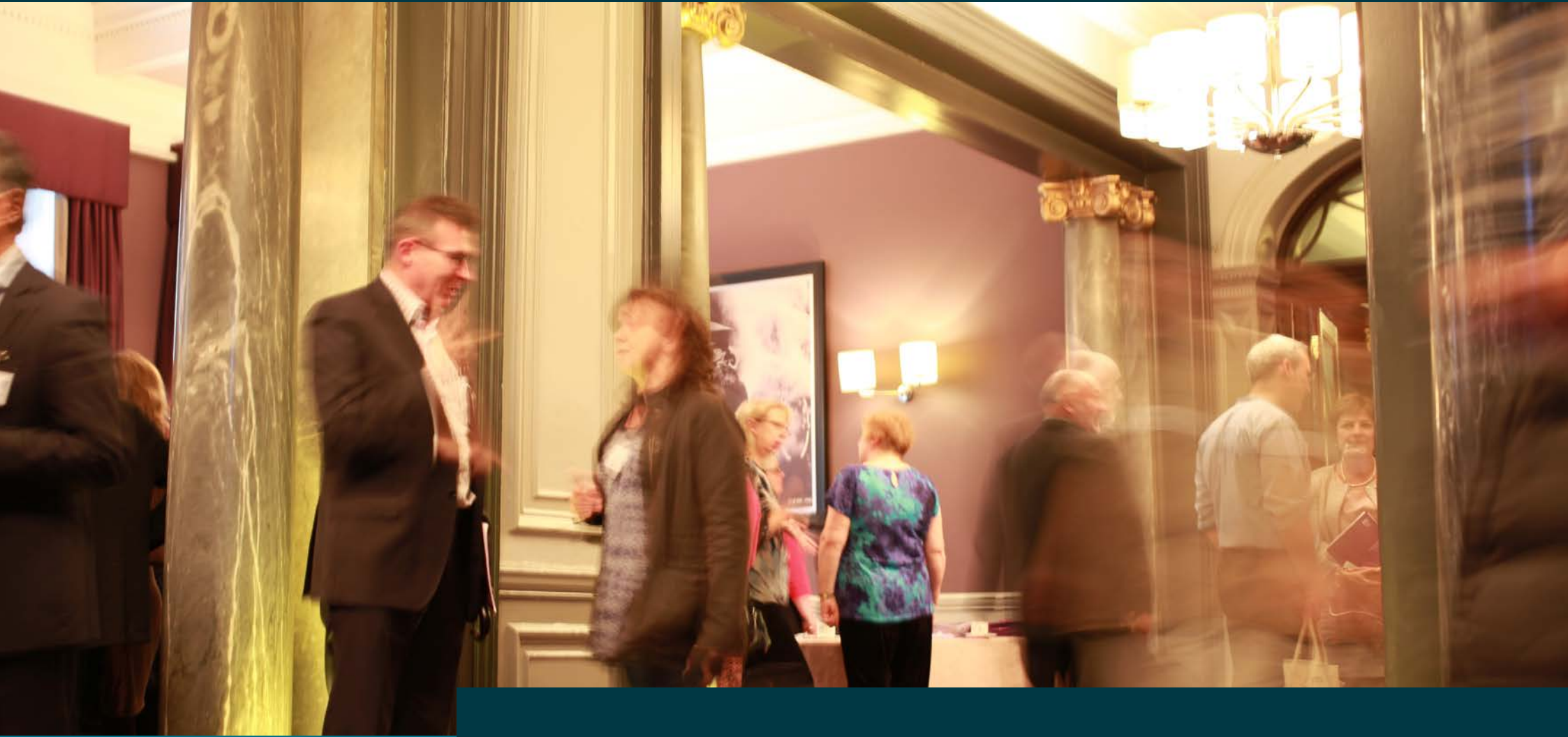
It's a lot of work, not to mention the continual user support... How will users learn of the new functions?

■ **SOAR Demo via WebEx**

As already mentioned, we have two new members of staff joining us on full time fixed-term one year contracts. With the expanded capacity, we are working to re-introduce the regular WebEx training sessions for all users. A full schedule of sessions has been published on the Medical Appraisal Scotland website.

Visit www.appraisal.nes.scot.nhs.uk for more details!





Medical Appraisal Team

Medical Appraisal Team

Contact us:



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



Our contact details can be found on SOAR:
www.appraisal.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

Project Team Manager (PT)

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.

Ian 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 (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.

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.



Alistair Bryan

Information Technician (FT)

Although both Alistair and Kris only started in May 2014, both have settled into their new roles very quickly, providing SOAR user support on the helpdesk to doctors and administrators alike, and (soon) 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 as Front of House Manager at the Filmhouse Cinema. Along with his experience as a tutor in complicated IT software, Kris and Alistair's skillset complement each other really well and we are excited about the year ahead.



Kris Wright

Information Technician (FT)

Farewells and Welcomes

As we enter 2014/2015, 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 Roelf Dijkhuizen	Responsible Officer (NHS Grampian)	Retiring at end of October 2014
Dr Alan Carr	Primary Care Local Appraisal Adviser (NHS Grampian, Shetland, Orkney)	Retiring at end of July 2014
Anne Murray	Primary Care Local Admin Team (NHS Grampian)	Retiring at end of July 2014
Dr Ian Bashford	Responsible Officer (NHS Highland)	Retiring at end of June 2014
Dr Jim Ward	Responsible Officer (NHS Western Isles)	January 2014, moved on to become Medical Director with the Scottish Ambulance Service

...Hello and Welcome!

Name	Role / Health Board
Dr Fiona McKay	Deputy Responsible Officer (NHS Grampian)
Dr Douglas Nicol	Primary Care Local Appraisal Adviser (NHS Grampian)
Dr Angus McKellar	Responsible Officer (NHS Western Isles)

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 the **GMC** for working with us in linking SOAR to the GMC Connect system, and for providing further assistance and information to us for Revalidation purposes, in particular **Andrew Ledgard** and **Richard Holland** for their time, patience and perseverance throughout this project;

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

Similarly, our thanks and gratitude also to **Professor William Reid** and **all the Deanery regional teams** for their continued support in the Trainees project on SOAR;

Our special thanks to **Dr Anne Ramsay**, for taking the time to participate in the interview segment of this year's report.

If we have missed anyone (for example the **development team at Tactuum** for their professionalism and hard work during difficult projects, or **Gavin Sinclair** and his Pinnacle team at NES for their on-going support with SOAR and Pinnacle), 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 the new Medical Appraisal Scotland website, and **Mark Downie** and **Mark McLaughlin** from the NES Web team, who built the new website. Without them, the website would still be a post-it note on a wall!

Thank you everyone!

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The viewer we recommend using is PDF Pro, a free to download viewer available on the App Store. To install the viewer, simply click on the App Store Icon on your home screen and then search for "PDF Pro".



App Store Icon



Click on the blue box at the right hand corner which says "FREE". It will then turn green and the word will change to "INSTALL". Click once more and the viewer will begin to download and install on your device.

If you have a password set up on your device it may ask you for this now.

Please note: you will need to have adequate free space on your iPhone or iPad for the app to install.

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Click on the "Open in..." option, followed by the PDF Pro icon and the PDF will launch in the viewer. Once viewing in PDF Pro all of the navigational features will be functional, so simply tap the buttons onscreen to get started.



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