

Scottish Medical Appraisers Conference

3rd September 2025

Beyond boundaries: Reimagining Medical Appraisal

NHS Ayrshire & Arran and NHS Highland

- Results and comparison on primary care appraising secondary care

*Recording in session, please mute yourself
and switch off cameras until breakout groups.*

Sampled feedback

- **SC Appraisees**
 - Circa 60 surveyed each
 - Circa 50% response
- **PC Appraisers**
 - Combined 8 responses
- **NHS Highland**
 - Structured
Pre, During, Post appraisal
- **NHS Ayrshire & Arran**
 - Informal
Free text feedback

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The Pros...



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SC Appraisees



I found the appraisal experience provided a good balance of support and challenge.

Excellent appraisal experience, didn't matter at all that my appraiser was from primary care – it's more important that you develop a rapport and therefore generate a useful discussion and reflection, which I was able to do.

My appraiser made the experience a positive one and was very engaged and responsive to my comments and concerns.

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SC Appraisees



Good to chat with someone from another speciality and have a bit of a moan (plus giving you the solidarity that you are not alone).

Forces you really have to explain your practice clearly and what it involves.

Had a very good experience - well prepared. Knowledge of the specialty didn't matter much - life insights mattered more.

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PC Appraisers



Preparation does take a little longer. Rapport was no different and if anything enhanced by the circumstances.

There was no sense that I was judging them which I have felt with some GP colleagues.

Much more positive experience for me - the doctor approached his appraisal more positively than I was used to with GPs. I felt the doctor trusted and valued me spending time with them.

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PC Appraisers



The approach to appraisal is fundamentally the same.

A few secondary care appraisals can “break up” the routine of primary care ones!

Had some positive experience of 'ideas sharing' and the primary care perspective has been useful for the secondary care appraisee. Similarly, there have been useful take home notes for me as a GP.

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The Cons and Challenges...

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SC Appraisees



I don't/have never found the appraisal process particularly useful in any case, but it was good having a discussion with my appraiser.

Wasn't sure whether they would completely understand my role.

The whole appraisal process seems a bit tired and irrelevant. Perhaps, my own lack of engagement in the process resulted in a poorer experience.

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SC Appraisees



I need to really explain my job, what I do and why... I really don't mind doing this but some may?

I worry that a bad SC appraisee could easily pull the wool over a GP appraiser's eyes by baffling them with technical info that they are perhaps not familiar with.

I think that there would be more benefit from being appraised by a representative of the same specialty, so some specific issues could be discussed more in depth.

I'm not sure that every primary care appraiser would be well suited to secondary care.

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PC Appraisers



I struggle to understand Job Plans, but it seems that is not unique to me, some of the appraisees also seem to struggle.

Preparation does take a little longer with unfamiliarity with different clinical expertise and the roles of different colleges in appraisal

My impression is that the secondary care doctors are not expecting reflection or help with identifying development needs. Their bar is set fairly low from my experience.

It's perhaps slightly harder to get my head around the secondary care doctor's working patterns, but once that's done, the Form 4 writes similarly to primary care ones

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PC Appraisers



Limited understanding of departmental / managerial structures so may have less tools in the toolkit to help with specific issues rather than generic signposting.

SEA evidence is often more limited (have to request additional evidence in advance) – meetings etc rather than a more formal SEA with appropriate reflection

I found the write up a little more challenging as I have less knowledge of the role of the individuals.

Understanding some content can be difficult (ultra-specialised evidence) but this can be a rewarding experience.

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Reflections both health boards



I quite prefer to not be appraised by my own specialty. It's a small world with doctors and an even smaller one if one looks at a single specialty. I feel more comfortable not being in that sphere for my appraisal. I can be more open.

Excellent appraisal experience, didn't matter at all that my appraiser was from primary care – it's more important that you develop a rapport and therefore generate a useful discussion and reflection, which I was able to do.

From appraiser;

Gain greater insight into secondary care & appreciation of the challenges they face.

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Key discussion points

- Value of cross-specialty appraisal
- Rapport and Communication
- Understanding Roles and Context
- Supporting Reflection and Developing

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