**Medical Appraisal Scotland**

Annual Report (2016/2017)

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<http://www.appraisal.nes.scot.nhs.uk/resources/AnnualReport-16-17/index.html>

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# Foreword

I am delighted to introduce the 2016/2017 Annual Report for Medical Appraisal in Scotland. I have been involved with the quality improvement process of the annual appraisal cycle since the introduction of revalidation and have been impressed by the year on year improvements made by NHS Scotland. These improvements are at an individual board level, with the governance processes for Appraisal being well embedded and the uptake improving year on year, leaving a sustainable system. There are also significant improvements to the appraisal system at a national level from SOAR and NES, who have continued to develop and refine systems as well as taking a very active part in supporting doctors and Appraisal leads in NHS Scotland.

Having completed the first cycle of revalidation, we need to look forward to further developing and enhancing our processes. We need to support NES to continue their invaluable support to stakeholders in ensuring we have the highest quality appraisal process and access to the best educational and development support.

As a responsible officer, I am confident in the annual appraisal process and all of the quality measures that sit behind it, such as this annual report, high quality NES trained appraisers and a Responsible Officer Network. All of these quality and safety checks put NHS Scotland in an excellent position with regards to Appraisal and Revalidation. With regards to this year’s report, you will note that the format has changed, but I am pleased to see that progress has not; we continue to demonstrate improvements and a desire to meet new challenges. I would like to thank all those involved in Appraisal, not just the national team but clinicians and local teams who allow us, through this Annual Medical Appraisal Report, to celebrate real success in Scotland.

Dr Alison Graham

Medical Director of NHS Ayrshire & Arran; Chair of RO Network

# Overview of Medical Appraisal in Scotland

In Scotland the aim has been to provide clarity by adopting a national approach to medical appraisal which reflected the GMC guidance regardless of individual speciality. I am sure the unified cross-speciality approach taken in Scotland has paid dividends and as a result, there are several productive innovations including multidisciplinary training embedded in the Scottish processes. It is recognised that the provision of IT support through SOAR and a single MSF process supported by SOAR has eased the burden for doctors in Scotland compared to their colleagues in other parts of the UK.

Having completed the first cycle of revalidation it is timely to review the process and to reflect on the role of appraisal. NES is a partner in the UMbRELLA evaluation of the impact of revalidation, and a number of colleagues in Scotland were able to meet with and contribute to the review of revalidation undertaken by Sir Keith Pearson on behalf of the GMC. [*Taking revalidation forward: Improving the process of relicensing for doctors*](http://www.gmc-uk.org/Taking_revalidation_forward___Improving_the_process_of_relicensing_for_doctors.pdf_68683704.pdf) (pdf).

Some of the findings will not surprise colleagues involved in appraisal, but it has been identified that there is a need to streamline the requirements for revalidation where possible and that there is a need to ensure that the supporting information requirements are equitable and suitable for all groups. Appraisal should support doctors to stay in practice, and help them to deliver good practice by acting as a tool to facilitate personal and professional development, and evidence that the profession is feeling under increasing pressure highlights the potential of appraisal.

We have continued to provide a programme of both new appraiser courses, and refresher courses for experienced appraisers, and have had a very busy year! We continue to develop the training in light of the feedback received, and we have established a training course review group to take this forward. The feedback we receive continues to be overwhelmingly positive and I would like to thank all the administration team and the tutors involved for their support in ensuring the success of the training.

For some time we have been in discussions with dental colleagues in the NHS boards about piloting a dental appraiser training programme. This request arose from awareness that NES had developed an effective training programme and that our dental colleagues could see the advantages of adopting a similar approach. This finally came to fruition in the last year and we have supported the delivery of a number of training courses for dental appraisers. These have been very well received, demonstrated an enthusiasm for appraisal and illustrated that the challenges our dental colleagues face are very familiar.

We have had the opportunity to expand the central appraisal team in the last year with the addition of new administrators Elaine McKendry and Stacey Lucas (Nov 2016) to join Joyce McCrae. Their collective support during a rather frenetic year has been invaluable.

**Dr Niall Cameron**  
*National Appraisal Adviser*

# Training and Recruitment of Medical Appraisers

## Medical Appraiser training courses in 2016/2017

2016/2017 has been another busy year for the team as we completed the Phase 5 Medical Appraiser Training programme and delivered eight additional training courses at various locations to meet the acute demand for New Appraisers to be trained. The next Phase of training, Phase 6, has been scheduled to run from August 2017 through to March 2018, and going forward future training schedules will mirror the Appraisal Year of April to March.

We carried out **19** training events this year across Scotland:

* 2-day New Appraiser Training (x5)
* 1-day Refresher Training (x4)
* additional 2-day New Appraiser Training (x8)
* 1-day Responsible Officers Conference Day (x1)
* 1-day Tutor Training Day (x1)

The 13 New Appraiser Training courses successfully trained a total of 162 new Secondary Care Appraisers and 19 new Primary Care (GP) Appraisers.

In Scotland, it is a Revalidation requirement for all appraisals to be completed by a NES-trained Appraiser. For a number of Secondary Care Appraisers, the Refresher Medical Appraiser training offered a necessary opportunity to attend NES training; to develop and refresh their skills and allow them to continue in their role as an appraiser. For others, the Refresher courses enabled them to refresh and review their skills as an appraiser, particularly a number of Primary Care Appraisers who had originally trained more than five years ago. In total, 54 Secondary Care Appraisers and 16 Primary Care Appraisers have attended our Refresher Training events.

We have also successfully trained 7 new tutors who joined the existing panel to increase and refresh our training capacity; and 4 of Scotland’s Responsible Officers attended the Responsible Officers Conference Day. (See later sections for details)

We also recognise the valuable work that takes place at a local level and is led by local Lead Appraisers to support the appraisal workforce in their own health board.

### Training course format

As before, the 2-day New Medical Appraiser Training Courses have a maximum capacity of 18 participants while the 1-day Refresher Medical Appraiser Training Courses are run with a maximum of 24 participants per course.

For information on how a New Appraiser application is processed and what is covered at the training course, please download our posters:

* “Becoming a Medical Appraiser” poster (<http://www.appraisal.nes.scot.nhs.uk/media/315131/Poster-Journey.pdf>)
* “Appraiser Training content” poster (<http://www.appraisal.nes.scot.nhs.uk/media/315138/Poster-Training-Content.pdf>)

The New Appraiser Training Courses are assessed. The tutors observe the participant in a number of roles during the course of the two days (a week apart), and assess them against criteria linked to Communication, Empathy, Challenge and Professional Integrity. Although rare, there have been occasions over the years where participants failed to meet the criteria requirements and subsequently have not been recommended at that time for the Appraiser role.

The Refresher training courses are NOT assessed. But any significant concerns raised by the tutors would be shared with the appraiser’s Appraisal Lead so these can be addressed.

The ‘mini’ Appraisal sessions on both training courses are video recorded, which are then uploaded online to a secure location, with access only being granted to those participating in the particular session. Participants and course tutors will have the links to the videos – which are split into groups, meaning Group A participants cannot access Group B etc – and the videos are deleted 6 weeks after the training.

Since introducing this initiative last year we have monitored progress and user feedback on this, and are pleased to report that the new method has been well received.

### New Medical Appraiser Training Courses

The following table illustrates the attendance at the courses.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Participants** | | | | **Unused** *(out of 18)* |
| **Primary Care** | **Secondary Care** | **Total** | *DNAs* |
| N27 - 18 & 26 May 2016, Lanarkshire | 3 | 15 | 18 | *0* | *0* |
| N28 - 9 & 17 June 2016, Forth Valley | 2 | 15 | 17 | *1* | *1* |
| N29 - 23 & 31 August 2016, Glasgow | 2 | 15 | 17 | *0* | *1* |
| N30 - 18 & 26 January 2017, Edinburgh | 0 | 16 | 16 | *1*  *(on day 2)* | *2* |
| N31 16 & 24 February 2017, Ayrshire | 1 | 16 | 17 | *1* | *1* |
| **Total** | **8** | **77** | **85** | **3** | *5* |

**8** additional New Appraiser training Courses were added into our existing training delivery schedule to meet the demand for training that was presented to the team and that, if left un-addressed, had the potential to impact on Health Boards and their abilities to meet their appraisal and revalidation obligations.

These additional courses varied slightly from our normal courses in terms of the capacity that they could accommodate, due to either (or both) a combination of venue restrictions or the availability of tutors, with 5 of the 8 courses running at less than the normal capacity of 18.

The table below shows the numerical details of these additional courses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Participants** | | | | **Unused** *(out of 18)* |
| **Primary Care** | **Secondary Care** | **Total** | *DNAs* |
| XN1 21 & 29 November 2016 Inverness | 1 | 8 | 9 | 0 | *0*  *(Course only had capacity for 12)* |
| XN2 28 November and 6 December 2016 Glasgow | 1 | 13 | 14 | 4 | 4 |
| XN3 29 November and 7 December 2016 Glasgow | 1 | 13 | 14 | 1 | 4 |
| XN4 30 November and 8 December 2016 Glasgow | 0 | 13 | 13 | 2 | 5 |
| XN5 9 and 16 December 2016 Edinburgh | 3 | 10 | 13 | 0 | 2  *(Course only had capacity for 15)* |
| XN6 1 and 10 February 2017 Edinburgh | 2 | 9 | 11 | 0 | 1  *(course only had capacity for 12)* |
| XN7 3 and 13 February 2017 Glasgow | 1 | 9 | 10 | 0 | 2  *(course only had capacity for 12)* |
| XN8 8 and 16 March 2017 Stirling | 2 | 10 | 12 | 0 | 3  *(course only had capacity for 15)* |
| **Total** | **11** | **85** | **96** | *7* | 21 |

### Refresher Medical Appraiser Training Course

We successfully trained **16** GPs and **54** Secondary Care doctors. The following table summarises attendance at the courses.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Participants** | | | | **Unused** *(out of 24)* |
| **Primary Care** | **Secondary Care** | **Total** | *DNAs* |
| R11 - 8 April 2016, Edinburgh | 5 | 16 | 21 | *0* | *3* |
| R12 - Cancelled | 0 | 0 | 0 | *0* | *0* |
| R13 - 15 November 2016 Inverness | 1 | 9 | 10 | *2* | *5*  *(course only had capacity for 15)* |
| R14 – 1 December 2016 Perth | 4 | 14 | 18 | *1* | *6* |
| R15 – 23 March 2016 Glasgow | 6 | 15 | 21 | *2* | *3* |
| R16 - Cancelled | 0 | 0 | 0 | *0* | *0* |
| **Total** | **16** | **54** | **70** | *5* | *17* |

2016-17 saw the introduction of secure on-line course feedback and reporting via the use of Questback. This has proved to be popular with delegates and has also enabled stronger analysis of the feedback and dissemination of the information to relevant interested parties.

Feedback continues to be very positive and demonstrates that the two training products that are currently delivered to an external audience are successful and well received. This does not mean that we are becoming complacent as there is always potential to improve, or the need to adapt to new factors in the operating environment, for example the introduction of Recognition of Trainers (ROT).

### Challenges in the delivery of training

Two recurring themes emerge across all the types of courses that we delivered during 2016-17:

* Courses running at less than full capacity; and
* Delegates unable to attend on the day(s) of the course

#### Courses at less than full capacity

Of the 17 training courses undertaken (new appraiser and refresher) only N27 and XN1 ran at full capacity.

2 of the 6 scheduled Refresher training courses were also cancelled due to a lack of delegates.

**Delegates not attending** (DNA’s) was a significant factor with 9 of 17 training events affected.

It is accepted that clinical or personal emergencies can arise that result in delegates needing to cancel attending a course. However, it should be noted that DNA’s do create a significant amount of additional work in re-structuring the in-course small groups work, and impacts on other course delegates as well.

There are also cost implications for the Medical Appraisal team, as late changes to course numbers can affect a range of costs that are still required to be paid even if the service or time is not used.

We are developing a course costing model that can create a notional cost-per-delegate, as this will enable us to start reporting “fruitless payments” in line with more stringent financial budget reporting that we are being required to do.

Both themes are possible reflections of the increasing pressures across all of the Healthcare system and whilst these “wicked problems” (Keith Grint) cannot be completely resolved - they could benefit from being better managed, if a way to do so can be developed.

### Secondary Care Appraisers

During Financial Year 2016/17 we have successfully trained 217 Secondary Care doctors; 163 of whom attended the New Appraiser courses, and 54 attended Refresher courses. The spread across the Health Boards is summarised below:

|  |  |  |
| --- | --- | --- |
| **Health Board** | **New** | **Refresher** |
| Ayrshire & Arran | 9 | 4 |
| Borders | 4 | 2 |
| Dumfries & Galloway | 6 | 1 |
| Fife | 5 | 3 |
| Forth Valley | 10 | 1 |
| GG&C | 59 | 11 |
| Golden Jubilee | 4 | 1 |
| Grampian | 2 | 2 |
| Highland | 9 | 10 |
| Lanarkshire | 16 | 1 |
| Lothian | 30 | 13 |
| NSS / HIS | 1 | 2 |
| Orkney | 0 | 0 |
| Non NHS Bodies | 1 | 1 |
| Shetland | 0 | 0 |
| Tayside | 7 | 2 |
| Western Isles | 0 | 0 |
| **Total** | **163** | **54** |

### Primary Care Appraisers

We trained a total of 35 Primary Care doctors, 19 new GP Appraisers, and 16 GP Appraisers attended a Refresher course this year. The distribution over Health Boards is shown below:

|  |  |  |
| --- | --- | --- |
| **Health Board** | **New** | **Refresher** |
| Argyll & Bute | 0 | 1 |
| Ayrshire & Arran | 1 | 0 |
| Borders | 2 | 0 |
| Dumfries & Galloway | 0 | 2 |
| Fife | 0 | 1 |
| Forth Valley | 2 | 0 |
| GG&C | 2 | 3 |
| Grampian | 2 | 2 |
| Highland | 0 | 2 |
| Lanarkshire | 3 | 1 |
| Lothian | 3 | 4 |
| Orkney | 0 | 0 |
| Shetland | 1 | 0 |
| Tayside | 3 | 0 |
| Western Isles | 0 | 0 |
| **Total** | **19** | **16** |

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.

## Tutors Induction Day

An Appraisers Tutor Training Day was organised on 22nd March 2017 at the NES Edinburgh office (102 Westport), the aim of which was to recruit and expand our existing Tutors Panel.

7 new Tutors were successfully trained and have joined the existing tutor cohort to increase and refresh our training capacity.

## Responsible Officers Conference Day

Following on from the success of the 2015 Responsible Officer (RO) Training Day, Scottish Government Health and Social Care Department requested a further event in 2016. This was hosted at the Golden Jubilee Conference Hotel on 26th October 2016 and was attended by an extended audience of 40 medical professionals with vested interests in appraisal and revalidation, including 4 RO’s and several Medical Directors.

The event was introduced by Dr Catherine Calderwood, the Chief Medical Officer (CMO), and included appraisal and revalidation presentations by Professor Ian Finlay (SGHSC), Victoria Carson (GMC Scottish Lead) and Leslie Marr (HIS).

The event was a success and we have provisionally scheduled the 2017 event for 5th December at Murrayfield Stadium. Further details will follow in the months leading up to the Event.

# Meetings and Other Highlights of 2016-2017

## Annual National Appraisers Conference

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

The annual Scottish Medical Appraisers Conference was once again held in parallel with the Scottish Medical Education Conference at the EICC on 4th and 5th of May 2017. This year we aimed to provide a mixture of workshops; to address issues relating to challenging scenarios appraisers can encounter; and a number of workshops designed to be perhaps more developmental and encouraging appraisers to think outside the box, best reflected in the feedback by two delegates:

*“This was an excellent session. The presenter was enthusiastic and knowledgeable. There was just the right amount of group working and large group discussion.”*

*“This was great and made my attendance at conference worthwhile. Speaker had a very good knowledge of scepticism faced by appraisers, reasons behind this and workable possible solutions.”*

This year we ran a programme of 8 different workshops which were delivered and repeated over the two days. A little over 300 delegates attended the joint event, from which around 90 participants took part in the Medical Appraiser workshops - and gained lots of CPD points into the bargain!

The workshops covered:

1. Negotiation Skills for Appraisers
2. Locum Doctor and SAS Grade Appraisal - Improving the Supporting Information
3. Tackling scepticism towards Appraisal and Revalidation
4. Supporting Doctors in Difficulty
5. Mindfulness Skills for Appraisers
6. ‘Systems thinking’ in Quality Improvement Activities
7. Unconscious Bias
8. Resilience Issues in Appraisees

The workshop feedback was generally very positive and we are very grateful to all of the workshop leaders. Many attendees valued the opportunity to network with other colleagues both in and outwith their particular sector and specialty. The interactive aspect of the workshops was also very well received by delegates. Judging from the comments, the workshops enabled a lot of attendees to reflect on their practice and implement new ideas learnt from their colleagues.

On the Friday morning, we had a very well attended plenary session when a question and answer panel session was preceded by a presentation by Una Lane, Director of Registration and Revalidation at the GMC, on “GMC Revalidation: Lessons Learned and Reflections for the Future”.

Una shared some of the initial insights from the UMbRELLA study, and the Pearson review of revalidation and there was a lively discussion of the implications of the initial findings for appraisal and the medical workforce. This was followed by a panel discussion with Prof Paul Knight acting as moderator. One clear take-home message from Una’s presentation and the discussion that followed was that Appraisal in Scotland was already meeting - and well placed to address - many of the challenges identified.

*“Excellent summary of the state of play and excellent panel discussion which followed.”*

*“Stimulating - encouragement regarding progress so far”*

Similar to last year we again ran a drop-in stall allowing delegates to ask any questions or provide any suggestions with regards to SOAR. The stall was manned by various staff from the Medical Appraisal team and feedback suggested that this was well supported at various times over the two days.

### SAVE THE DATE!

Next year’s Conference will be held on 26th and 27th April 2018 – make sure you pop these dates in your diary!

## Support for Appraisal Leads and ROs

We are pleased to have re-introduced six monthly meetings with Appraisal Leads and Administration Leads. In the current Appraisal year we have facilitated meetings with both groups at the NES Annual Conference in May, and also earlier in the year at separate day events at Stirling Court Hotel in January.

In addition, and with the support of Scottish Government, the meeting with Responsible Officers is now an annual event, with this year’s event being held at Murrayfield Stadium on 5th December 2017.

The meetings with these three separate stakeholder groups are valuable interactions to allow the dissemination of information and to allow the Medical Appraisal team to be kept informed of developments and emergent items that could influence future training delivery.

## National Appraisal Administrators Meeting

In addition to the Stirling meeting in January, Medical Appraisal also met with Primary and Secondary Care Appraisal Administrators as part of the pre-conference meetings held on 4th May 2017 at the EICC. The meeting was attended by 15 Local Administration team members and 4 NES staff.

Prior to the meeting, an updates report was sought from the local admins, from which several highlights were discussed.

The main discussion topics focused on appraisal of Locum doctors, Job planning for Secondary Care Appraisers, and various discussions regarding SOAR functionality and documentation.

## Medical Appraisal Team Members update

Following internal re-alignment, **William Liu**, **Alistair Bryan** and **Kris Wright** have moved out of the Medical Appraisal Team to become part of the NES Digital Directorate. William will continue to lead on SOAR Development and Alistair and Kris will also continue in their IT related roles, with all three progressing their careers as IT Developers. We wish them well with this change and recognise the valuable support and contributions that they have made over the years as the Medical Appraisal training model in Scotland has evolved.

# Plans for 2017/2018

## Course Delivery and promotion

At time of writing it is now approximately 17 months since I took up the post of Training Manager for Medical Appraisal and it has been an eventful period.

I joined in the early stages of an existing schedule of training course delivery that was based on the established model of courses being delivered on a rotational basis across the territorial Health Boards. Under this arrangement it was the Health Board’s responsibility to provide the training venue and this was not always easy to do, or for the Board to provide all the room and facility requirements that we would normally seek.

Following on from an opportunity to bring an NHS Lothian course in-house to our Westport Offices, it indicated that there could be scope to use the NES estate across the country to host training courses, thus reducing the cost and administrative burdens to Boards, as well as savings around travel and accommodation, whilst also enabling more productive use of staff time during course delivery.

This concept was expanded and tested with courses in Glasgow and Inverness and the experiences and feedback have been positive.

Building on this, the latest training delivery schedule (currently known as Phase 6) will run from August 2016 to March 2017 and will aim to use the NES offices in Edinburgh, Glasgow, Inverness, and Aberdeen. The latter two venues are smaller, so course sizes will reflect that.

Our Dundee offices don’t readily lend themselves to hosting the courses that we deliver, so to be able to accommodate a central Scotland location we have sourced Stirling Court Hotel (formerly Stirling Management Centre) and having already conducted training events there we are happy that it suits our requirements.

The current schedule of courses is advertised on the Medical Appraisal Scotland website under Events:

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

Going forward, the plan is to have training delivery schedules that mirror the appraisal year and run from April to March.

## Forecasting potential Course Demand

Combined with the schedule and venue changes outlined above, one of the biggest challenges has been to forecast the volume of training required. The previous model had proved to be very successful, however there had been a couple of instances (for Refresher training) where courses had to be cancelled due to a lack of delegates.

Informal enquiries with a selected number of Boards indicated that Succession Planning and identifying potential New Appraisers was a variable process and, in the time window available to develop the Phase 6 Schedule, data would not be readily available from all Boards.

The pragmatic solution that I have developed and implemented has been to take the current number of appraisals across the country, factor it up by 10% to allow for further increase as suggested will occur because of various Government recruitment and staffing initiatives, and then compare the resultant figures with current resources per Board to see where, within the new five-centre training model, courses may best be provided.

When doing this analysis of possible appraisals required (compared to appraisal resources available), I have also based Secondary Care Appraisal levels at an average of 5 per appraiser.

Clearly we have Secondary Care Appraisers across the country who undertake the Government’s indicative activity level of 10 appraisals per annum, or more. Last year when I had the opportunity to review three years of SOAR activity per Board, it showed that over 17% of Secondary Care appraisers across Scotland deliver 10 or more appraisals, and I wish to stress that this should be encouraged and maintained, and that I am not advocating any reductions based on this data analysis.

But what the analysis also showed, is that the average number of appraisals undertaken by a Secondary Care appraiser is between 5 and 6 per annum, which is the factor that I have elected to use in the above forecasting.

The management and use of trained appraiser resources is, and will remain, the prerogative of each Health Board and the coming months will prove, via course fill rates and delivery, whether the forecast model has been successful in delivering training for those staff who need it.

## Refresher Training

An area that has not gone as well as I would have liked is that last year I reported that I had plans to introduce Refresher training on a five-yearly cycle. The intention was that 2017 would be a “Big Bang” year in terms of course delivery as it would focus on all active appraisers who had trained in 2012 or before.

Having developed the model further, it became apparent that I had been a little premature in announcing the intended schedule, as I would not have had sufficient tutoring resources to support the number of courses required.

That said, it is likely that the focus of our training course delivery will move more towards Refresher training for experienced appraisers, as the current active appraiser cohort across Scotland is much greater in number than was first envisaged at the time of annual appraisal being introduced.

## Course Validation and Governance

The new Course Validation and Review (CVR) Group has now been launched and has started its review of course feedback and areas of course content that have been identified as possibly needing review. It is expected that tangible outputs from the Group will be available later in the year and any changes to course content or delivery will be fully communicated to the Tutor Cohort.

## Responsible Officers Event – 5th December 2017

Following the successful Responsible Officer Event held in 2016, another Event has been scheduled for 2017, to be held at Murrayfield Stadium on Tuesday 5th December 2017.

The Chief Medical Officer, Dr Catherine Calderwood, will be attending the Event, along with senior personnel from Scottish Government Health Department and arrangements are, at the time of writing, at an advanced stage. Further details will be available to potential attendees shortly.

## Tutor Development

Last November we held the first 1-day Conference for the Medical Appraisal Tutor cohort at Stirling Court Hotel.

The day was very interactive with various presenters and workshops, and the feedback and assessment of the event was very positive.

Consequently, we will be running another event this November and initial registration information has already been sent to the delegates. More information and the Tutor Conference format will be confirmed in the coming months.

If you have any comments or feedback on the content of this Report, then please do not hesitate to contact me.

**Harry Peat**  
*Training Manager, Medical Appraisal Team*

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# Appraisers & Recognition of Trainers (ROT)

## Interview with Professor Ronald MacVicar, Postgraduate Dean, NES

### What is the role of the Appraiser?

The role of appraisers is of critical importance to the delivery of the GMC requirements on the Recognition of Trainers (RoT). We have adopted a single system approach to RoT which operates in conjunction with NES, the Scottish Medical Schools and Directors of Medical Education (DMEs) so that a trainer is recognised once in Scotland for all “named” roles requiring recognition by the GMC.

In Scotland, we are using the SOAR system to support RoT recognition which requires the trainer to complete a dedicated page on RoT (Form 3), and appraisers are asked to reflect with the trainer during appraisal on whether they continue to meet the GMC RoT requirements and on RoT issues relevant to the trainer’s CPD. The output from the appraisal that relates to the RoT role (Form 7), and the supporting evidence that has been provided is what is used for a Board’s Director of Medical Education to make a recommendation to the Education Organisation (EO - the Medical School or NES), and thereafter for the EO to make the recognition decision and inform the GMC.

We have now recognised all existing trainers in Scotland (approximately 3500) and are in the process of introducing a system of quality management where we carry out a detailed review of the evidence presented by trainers to support recognition. During this process, we have identified a variable understanding of the RoT requirements by appraisers and the quality of feedback given on RoT issues at appraisal.

### What is there available to support the appraiser?

The [Scottish Trainer Framework](http://www.scottishtrainerframework.org/educational-role/recognised-roles) (STF) is an important source of support for appraisers, as well as appraisees, and provides full details on requirements for recognition. It also provides suggestions on the types of evidence which may be submitted by trainers. However, the STF recognises that trainers have variable levels of experience and training and we have therefore allowed considerable flexibility over how the requirements are evidenced both for initial and ongoing recognition.

The RoT team have provided a document to support appraisers in these conversations entitled [‘Update for Appraisers on Minimum Standards for Recognition to meet GMC Requirements’](http://www.appraisal.nes.scot.nhs.uk/help-me-with/rot/updates.aspx). These minimum standards include clarification that we rely heavily (and appropriately) upon self-declaration supported by appropriate evidence.

### What supporting evidence is required?

Self-declaration covers educational governance requirements (e.g. GMC licence to practice, Equality & Diversity training consistent with employer requirements) and role-specific requirements (e.g. understanding the curriculum and career stage of their students/trainees).

Mandatory training requirements include the need to have an understanding of the trainer role and to undertake an induction. In practice, this will usually be an introductory trainer course which is often also submitted in response to the GMC framework areas. These framework areas describe the generic trainer skills and are:

1. [Ensuring safe and effective patient care through training](http://www.scottishtrainerframework.org/framework-area/1-safe-effective-patient-care)
2. [Establishing and maintaining an environment for learning](http://www.scottishtrainerframework.org/framework-area/2-learning-environment)
3. [Teaching and facilitating learning](http://www.scottishtrainerframework.org/framework-area/3-teaching-learning)
4. [Enhancing learning through assessment](http://www.scottishtrainerframework.org/framework-area/4-assessment)
5. [Supporting and monitoring educational process](http://www.scottishtrainerframework.org/framework-area/5-supporting-monitoring-progress) (not required for clinical supervisors)
6. [Guiding personal and professional development](http://www.scottishtrainerframework.org/framework-area/6-guiding-personal-professional-development) (not required for clinical supervisors)
7. [Continuing professional development (CPD) as an educator](http://www.scottishtrainerframework.org/framework-area/7-own-professional-development-educator)

Most trainers will submit a portfolio of evidence, which should cover all relevant framework areas. Ideally the evidence would be mapped to the framework areas but SOAR now provides flexibility for trainers to submit evidence without specifically mapping it to the areas. We have described in more detail what kind of evidence will meet the minimum requirements in the document mentioned above.

### Is it not enough to provide evidence of current teaching activity?

The GMC requirements are clear that details of teaching undertaken alone is not sufficient to demonstrate eligibility for recognition. However, evidence of a range of teaching activity undertaken, especially if there is any reflection or feedback on the teaching may form part of a portfolio of supporting information.

### How long do trainer courses remain valid?

We have not set specific guidelines on how long trainer courses remain valid as this will vary with the type of course. We also want to encourage trainers to view recognition as an ongoing development process rather than a tick box/repeat the same course process. However, any course undertaken more than five years previously is probably now less relevant for recognition purposes and trainers should be encouraged to update their training for future appraisals.

### What happens beyond recognition?

In Scotland, we have developed an approach to recognition which encourages ongoing professional development in the trainer’s education role.

Appraisers should consider discussing future development and encourage trainers to use the [Scottish Trainer Framework](http://www.scottishtrainerframework.org/educational-role/recognised-roles) for guidance. As well as attending further training courses, trainers may also wish to consider reflective accounts of the teaching/training role and the response to feedback on teaching/training. Other options include course evaluations, feedback received on teaching (from students, trainees and patients), critical analysis of relevant literature or 360° feedback to the trainer in the educational role. It is recognised that some of these options may be challenging to obtain for postgraduate roles.

### What about role-specific requirements?

If there are any role specific requirements, usually in respect of undergraduate roles, these should have been made clear to the trainer by the relevant EO (NES or the Medical School). This would be in addition to the requirement to meet the minimum GMC requirements.

### Is there any support available?

If appraisers have any queries about the relevance of evidence to support recognition or want advice on future CPD, the RoT team can be contacted at [RoTQM@nes.scot.nhs.uk](mailto:RoTQM@nes.scot.nhs.uk)

**Prof Ronald MacVicar***Postgraduate Dean, NES*

# SOARing through 2016/2017 and beyond

**Significant Milestones**

*SOAR Team re-training*

*Planning*

## Supporting SOAR Users

During 2016/2017, the SOAR helpdesk responded to 7002 enquiries[[1]](#footnote-1) – almost 500 less compared to the previous fiscal year. Of the queries we dealt with, 1975 (28%) were from Primary Care users (GPs and Primary Care Admin teams); 3026 (43%) were from Secondary Care users (including Admin teams); and Trainee queries came to 1353 (20%); with 648 queries from Other users (9%), such as MSF Raters who are not SOAR users (Pharmacists, Receptionists, GP Practice Managers, etc), and DMEs (Directors of Medical Education) and EOs (Educational Organisations) querying RoT (Recognition of Trainer) processes.

*Please review the graphical version of the annual report for chart breakdown.*

The reduction in helpdesk queries is also reflected in the reduced booking and attendance in SOAR live demo sessions. Last year we scheduled 12 sessions, from which 29 places were booked, with 17 users attending (59% attendance rate). This is a significant reduction compared to the previous year where we had 61 bookings from 17 sessions (although the attendance was lower at 55%).

The demos allowed us to demonstrate the appraisal process on SOAR, showing 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.

Upon reflection on the low uptake, we decided to merge the Primary and Secondary Care sessions into one demo, but continue to provide monthly sessions. If uptake continues to be low, we will review and reduce this further to improve efficiency and capacity.

Despite the lower number of support queries, 2016/2017 has been a busy year for the SOAR team.

## Recognition of Trainer (RoT) GMC Submission

Following the RoT development to enable Trainers to complete the necessary forms on SOAR, further functions to support RoT processes in Year 2 and onwards (simplified RoT form; improved DME/EO functions etc) were developed and deployed in May and July 2016. This was followed by the successful submission to the GMC of 3447 trainers on 29th July 2016.

### Post GMC-submission RoT Processes

All 3447 trainers submitted to the GMC are now recognised trainers. It has since been agreed that the recognised trainers’ next RoT recognition date will fall in line with their Revalidation year. This means potentially a trainer would require to be re-recognised on SOAR in 2017/2018 (if that’s the year they are due to be revalidated), even though they had just been recognised via the July 2016 GMC submission.

New trainers who are added after July 2016 to Turas will be asked to complete the RoT forms on SOAR on their next appraisal; and the resulting Form 7 will need to be “recognised” by the relevant DME and EO. Thereafter, the next recognition date will fall in line with their Revalidation year.

The recognition process is similar to revalidation in that it happens in the background. Trainers just need to ensure they complete their annual appraisals. If needed, the DME and EO can request additional information directly from Form 7 (SOAR will send automated email notifications).

DMEs and EOs are not expected to re-recognise all trainers every year, just those who are due. Trainers, however, are expected to complete the RoT form annually as part of their appraisal.

### RoT Process

The RoT process itself is a self-declaration process. The Trainer completes the RoT form as part of their appraisal process; and the Appraiser is simply asked to verify the submitted supporting information and document the discussion accordingly on Form 4 – just the same as with any other aspects of the appraisal process.

Once Form 4 is signed off, Form 7 is automatically generated; and depending on whether it needs to be reviewed or not, it is placed in “Ready”, “Partial Ready” or “Not Ready” lists (or “Not Appraised”). The DMEs will review the different lists and make a recommendation against the Form 7s; and the EOs will review the DMEs’ recommendations and make the final Recognition decision then.

Once the EOs make their decision, the Trainer will then be considered “Recognised”.

For further guidance please visit the Scottish Trainer Framework website: [www.scottishtrainerframework.org](http://www.scottishtrainerframework.org)

*Please review the graphical version of the annual report for flow-chart of RoT processes.*

## New Simulated Appraisal Videos recording

It has been several years since the simulated appraisal videos used for Appraiser training courses have been reviewed. We were able to recruit volunteers from our Appraiser Training Tutor panel to help record some new videos with more up-to-date appraisal scenarios. This took place in late July and the edited videos were published on the Medical Appraisal Scotland website in August, replacing some of the more outdated ones:

<http://www.appraisal.nes.scot.nhs.uk/be-an-appraiser/simulated-interviews.aspx>

Our thanks to Drs **Lorna Fleming**, **Krystyna Gruszecka**, **Hilary MacPherson**, **Anne Ramsay**, **Niall Cameron** and **John Taylor** for volunteering in this project; and **Kris Wright** for editing the finalised videos.

## Review of MSF Options

As had been reported in previous years, we had been reviewing our MSF options within NES to source a more sustainable setup, rather than paying continuous renewal fees to external companies.

Due to timescale, NES has renewed our subscription to WASP MSF for 2016/2017; and 2017/2018 after renegotiating our existing rates. This has given us time and opportunity to explore other MSF options.

Rather opportunistically, NES had just commissioned and completed a 360 tool for those in Leadership roles. We got in touch with other NES colleagues and are currently exploring options for a NES 360 tool that would work for all disciplines, rather than individual 360/MSF tools for different user groups which would have made it difficult for developers to maintain. This would also reduce unnecessary costs greatly. Discussions are still ongoing at time of writing but we hope to make an announcement by the end of 2017/2018.

## SOAR team moving to NES Digital

The long-proposed move of the SOAR team, consisting of Information Manager (**William Liu**) and 2x Information Technicians (**Alistair Bryan** and **Kris Wright**), out of the Medical directorate and into the new NES Digital directorate finally took place in the last quarter of 2016/2017.

The idea is to put all the IT minded/skilled personnel into one centrally organised and managed directorate to improve efficiency and resource.

There will be a transitional period for the team as they undergo the necessary training to re-skill themselves, with the aim of taking on some of the maintenance development work in-house. Capacity will build over time and it is hoped we can save on SLA costs in the future. The team will also continue to provide SOAR user support via the helpdesk, ensuring and minimising user impact and experience.

## Other developments

### Medical Websites Focus Group workshop

Following user feedback, NES convened a short-term working group to identify all the NES websites and identify areas where improvements and linkages can be made. The Medical Appraisal Scotland website was one of the websites reviewed, alongside websites for the Scottish Trainer Framework ([www.scottishtrainerframework.org](http://www.scottishtrainerframework.org)), Share ([www.share.scot.nhs.uk](http://www.share.scot.nhs.uk)), Scottish Medical Training ([www.scotmt.scot.nhs.uk](http://www.scotmt.scot.nhs.uk)), and Scotland Deanery ([www.scotlanddeanery.nhs.scot](http://www.scotlanddeanery.nhs.scot)).

A workshop took place in January 2017 with owners and key individuals of each website. The participants peer-reviewed them and lots of really useful suggestions were generated for each. After engaging with the NES web team, we intend to implement some of the suggested amendments in 2017/2018.

### Reporting Tools on SOAR

As reported last year, we were about to deploy a new range of reports on SOAR, intended to replace some of the older versions that are now out-of-date. Due to unforeseen technical issues, this was delayed but we now have the function to create and deploy new reports on SOAR.

One of the first reports created was a HIS stats report, designed to help Health Board admin teams collate the necessary figures for part of their HIS Report submission.

We will continue to work through the remaining reports. New reports can be requested by Health Board Admin teams on an ad hoc basis.

### Service Level Agreement (SLA) with Developers

A new Service Level Agreement (SLA) was agreed with our developers for 2016/2017. This ensured that RoT is properly supported during this first year of recognition processes, as well as giving us greater flexibility should changes to any aspects of SOAR be required (from minor bug fixes, or text changes, to more complex functional amendments).

## Future projects and Impacts

### SOAR Helpdesk

The proposed change in SOAR’s helpdesk support software remains in the pipeline as further refinements are added to the new system. In the interim, SOAR will continue to use its existing setup (with Zendesk), and the move to the new software (ServiceNow) delayed until 2017/2018.

From a user’s point of view, there is no change or impact on them. All SOAR queries will continue to be sent to [SOAR@nes.scot.nhs.uk](mailto:SOAR@nes.scot.nhs.uk) and they will be picked up and actioned as per normal.

### Dental Appraisal on SOAR?

Medical Appraisal had been asked for some time to help support Dental Appraisal. A pilot Dental Appraisal Course for Tutors took place in December 2016. As part of this, we were also asked to provide an estimate on cost and time for developing the required functions on SOAR to cater for Dental Appraisal. A rough quote was sourced from our external developers but due to time and funding, the project never came to fruition.

It is hope that this might be revisited in 2017/2018 as we move SOAR development and maintenance in-house.

# Medical Appraisal and SOAR Team Contact Details

### Contact us

The Medical Appraisal Team is located at NHS Education for Scotland, 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](mailto: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 Harry Peat, Training Manager. He represents NES at a number of key stakeholder meetings including the Scottish Revalidation Delivery Board and is lead for NES in the UMbRELLA project. He has extensive experience of Medical Appraisal as an Appraiser, Appraisal Lead, GP and Trainer.

**Harry Peat**  
*Training Manager (Medical Appraisal) (FT)*

Harry, who joined the Medical Appraisal team on 1st February 2016, has worked within the Medical Directorate for approximately 10 years and has held the posts of Hospital Training Manager and latterly Quality Improvement Manager. With approximately 4 and a half years in this role Harry has extensive experience of dealing with the GMC in relation to the delivery of Postgraduate Medical Education and is looking forward to broadening this experience with work in the fields of Appraisal and Revalidation.

**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; organising and supporting training courses; notifying participants (and Medical Directors, Appraisal Leads and Local Admins) of the outcomes; and answering health board queries about NES-trained appraisers.

**Stacey Lucas (PT) & Elaine McKendry (FT)***Training and SOAR Helpdesk Administrators*E: stacey.lucas@nes.scot.nhs.uk & E: elaine.mckendry@nes.scot.nhs.uk

Stacey and Elaine joined the team on 31st October 2016 as Training Scheme Administrators. Their role in Medical Appraisal includes organising and administering Training Courses for Appraisers as well as being first point of contact for all SOAR users answering helpdesk enquiries.

Both Stacey and Elaine are new to NES. Stacey previously worked for Police Scotland and Elaine worked for the Royal Bank of Scotland. Both bring a range of knowledge and experience to the team.

# Farewells and Welcomes

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** |
| Prof Musheer Hussain | NHS Tayside Appraisal Lead - retired October 2016 |
| Margaret Aitken | NHS Tayside Administrator - retired October 2016 |
| David Farquharson | NHS Lothian Medical Director - retired March 2017 |
| Roger Diggle | NHS Shetland Medical Director - relocating April 2017 |
| Marjorie McArthur | NES Medical Appraisal Team. Marjorie retired in August 2016 after more than a decade with the Medical Appraisal team as Appraisal Scheme Manager. |

### …Hello and Welcome!

|  |  |
| --- | --- |
| **Name** | **Role / Health Board** |
| David Mowle | NHS Tayside Appraisal Lead |
| Lynne Armstrong | NHS Tayside Administrator |
| Tracey Gillies | NHS Lothian Medical Director |
| Andrew Murray | NHS Forth Valley Medical Director |
| Cliff Sharp | NHS Borders Medical Director |

# Acknowledgements

2016/2017 has been another significant and busy year for Medical Appraisal, 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 Medical Appraisal team. Your contributions have not gone unnoticed and we are grateful for your help.

Similarly, our thanks and gratitude also to **Professor William Reid and all the Deanery regional teams** for their continuing support with Trainees on SOAR.

Recognition of Trainers expanded and extended into 2016/17 and we remain grateful for the support offered by **Jayne Scott** (RoT Project Manager), **Claire MacRae** (RoT Project Advisor), **Dr Ronald MacVicar** (Post Graduate Dean) and **Dr David Bruce** (Associate PG Dean) in shaping up the Recognition of Trainer development on SOAR.

*Thank you everyone!*

# Appendices

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

*(Data taken on 9th June 2017 – 9 weeks after end of fiscal year)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NHS Scotland Health Board** | **Primary Care (GP)** | | | **Secondary Care** | | |
| **Appraisees** | **Appraisers** | **Avg Appraisees per Appraiser allocation** | **Appraisees** | **Appraisers** | **Avg Appraisees per Appraiser allocation** |
| Argyll & Bute | 120 (-4) | 6 | 20 (-0.67) |  | | |
| Ayrshire & Arran | 345 (+2) | 14 | 24.64 (+0.14) | 471 (+21) | 65 (+7) | 7.25 (-0.51) |
| Borders \*\* | 129 (+1) | 25 (-1) | 5.16 (+0.24) | 160 (+16) | 26 (+5) | 6.15 (-0.7) |
| Dumfries & Galloway | 162 (+1) | 9 | 18 (+0.11) | 181 (-20) | 21 | 8.62 (-0.95) |
| Fife | 322 (+14) | 15 (+1) | 21.47 (-0.53) | 379 (-12) | 62 (+5) | 6.11 (-0.75) |
| Forth Valley | 294 (+3) | 12 (+2) | 24.5 (-4.6) | 327 (+24) | 40 (-4) | 8.18 (+1.29) |
| Golden Jubilee |  | | | 124 (+7) | 19 | 6.53 (+0.37) |
| Grampian | 589 (-4) | 19 (+5) | 31 (-11.36) | 767 (+43) | 121 (+6) | 6.34 (+0.04) |
| Greater Glasgow & Clyde | 1181 (-1) | 31 (-4) | 38.1 (+4.33) | 2159 (+121) | 549 (+97) | 3.93 (-0.58) |
| Highland | 356 (+11) | 14 (-1) | 25.43 (+2.43) | 334 (-9) | 66 (-11) | 5.06 (+0.61) |
| Lanarkshire | 500 (+4) | 28 (+2) | 17.86 (-1.22) | 646 (+18) | 72 (+11) | 8.97 (-1.32) |
| Lothian | 984 (+14) | 40 (+4) | 24.6 (-2.34) | 1608 (+62) | 304 (+37) | 5.29 (-0.5) |
| NSS |  | | | 52 (+14) | 12 (+2) | 4.33 (+0.53) |
| Orkney \*\* | 35 | 4 | 8.75 | 35 (+4) | 13 | 2.69 (+0.31) |
| Shetland \*\* | 30 | 2 | 15 | 17 (-1) | 7 (+1) | 2.43 (-0.57) |
| Tayside | 460 (+20) | 19 (+1) | 24.21 (-0.23) | 648 (+48) | 98 (+6) | 6.61 (+0.09) |
| The State Hospital |  | | | 15 | 7 (+1) | 2.14 (-0.36) |
| Western Isles \*\* | 40 (-2) | 4 (+1) | 10 (-4) | 18 (-1) | 2 | 9 (-0.5) |
| **Total** | **5547** (+59) | **242** (+10) | **22.92** (-0.73) | **7941** (+335) | **1484** (+163) | **5.35** (-0.41) |

\*\* These health boards have more Primary Care (GP) Appraisers on SOAR, but only those assigned to Appraisees have been counted.

decrease from last year; increase from last year; no change from last year

### B: Appraisal counts from SOAR – interview dates set between 1st April 2016 and 31st March 2017

*(Data taken on 9th June 2017 – 9 weeks 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 \* | 109 | 0 | 106 | 97.25 (+5.74) |  |  |  |  |
| Ayrshire & Arran | 333 | 6 | 333 | 100 (+0.87) | 446 | 19 | 430 | 96.41 (+2.65) |
| Borders | 121 | 3 | 121 | 100 (+3.31) | 132 | 7 | 129 | 97.73 (+5.49) |
| Dumfries & Galloway | 158 | 0 | 157 | 99.37 (-0.01) | 161 | 1 | 157 | 97.52 (+3.03) |
| Fife | 304 | 12 | 303 | 99.67 (+0.37) | 301 | 6 | 279 | 92.69 (-2.81) |
| Forth Valley | 274 | 0 | 270 | 98.54 (+1.15) | 285 | 2 | 284 | 99.65 (+1.08) |
| Golden Jubilee |  |  |  |  | 114 | 3 | 109 | 95.61 (-0.58) |
| Grampian | 603 | 29 | 595 | 98.67 (-0.17) | 705 | 83 | 672 | 95.32 (-0.08) |
| Gt Glasgow & Clyde | 1055 | 0 | 1054 | 99.91 (+1.15) | 1829 | 0 | 1792 | 97.98 (+1.54) |
| Highland | 329 | 6 | 329 | 100 (+0.91) | 300 | 6 | 292 | 97.33 (+4.84) |
| Lanarkshire | 443 | 12 | 440 | 99.32 (+0.51) | 607 | 19 | 594 | 97.86 (+0.84) |
| Lothian | 933 | 19 | 928 | 99.46 (+0.13) | 1366 | 41 | 1306 | 95.61 (+0.19) |
| NSS |  |  |  |  | 44 | 0 | 44 | 100 (+5.13) |
| Orkney | 36 | 1 | 35 | 97.22 (+6.31) | 21 | 0 | 19 | 90.48 (+8.12) |
| Shetland | 27 | 0 | 27 | 100 (+3.85) | 14 | 0 | 12 | 85.71 (-7.14) |
| Tayside | 424 | 16 | 421 | 99.29 (-0.71) | 384 | 1 | 363 | 94.53 (+1.15) |
| The State Hospital |  |  |  |  | 13 | 0 | 13 | 100 (+7.69) |
| Western Isles | 44 | 1 | 44 | 100 | 16 | 0 | 16 | 100 |

\* 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.

decrease from last year; increase from last year; no change from last year

1. Figures taken from Zendesk support system [↑](#footnote-ref-1)