

Scottish Medical Appraiser Survey Report

2019/2020



Contents



This report has been drafted following the conclusion of a survey conducted with the Scottish Medical Appraiser workforce.

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Background

In July 2019, the MARQA (Medical Appraisal & Revalidation Quality Assurance) review panel was convened and met to discuss the 2018/2019 returns.

One of the early findings from the NHS Scotland submissions was that the levels of support the medical appraiser workforce received from their local health boards showed significant variation.

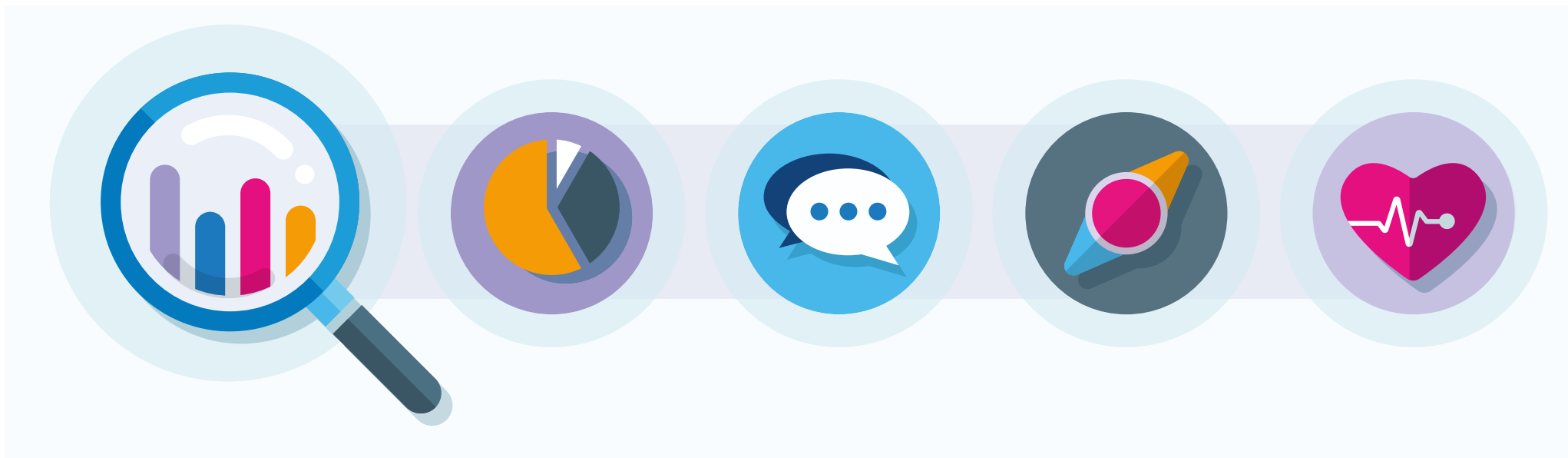
The Medical Appraisal team at NES was keen to explore this further to consider what could be done to improve this and how the level of support could be altered/changed.

What we did

Coinciding with the end of the RCGP Appraiser Survey¹ which explored similar themes, we created a Scotland-specific survey which was sent out to all medical appraisers working in NHS Scotland.

We wanted to gain a picture of the appraisers' experience, workload, cross-specialty practices, their experience of appraiser support, and their views on the impact of appraisal.

Unlike other surveys conducted in the past, we left room for free text comments in a number of areas in order for us to gain a better reflection of their views. The full list of survey questions is available in Appendix A.



¹Caesar S, Hellewell C. RCGP Appraiser Support Survey, 2019. Royal College of General Practitioners; 2019.

Background

Survey

The survey ran for 7 weeks from 20/11/2019 to 06/01/2020; with 281 respondents (circa 14.3% of appraiser workforce), of which 70 were from primary care and 205 from secondary care. Additionally, 6 respondents declared “Other” when asked which sector they worked in (e.g. Dental, Public Health, Academic etc).

APPRAISERS	ON SOAR*	RESPONDENTS	% AGAINST SOAR	% AGAINST TOTAL RESPONDENTS
Total	1963	281	14.3%	-
Primary Care	299**	70	23.4%	24.9%
Secondary Care	1849**	205	11.1%	72.9%
Other***	135	6	4.4%	2.1%

* Data grab taken from March 2020.

** Total number of individual appraisers is 1963; but 136 of them had both PC and SC appraiser roles on SOAR so they were counted at least twice (more if appraising in multiple health boards).

*** SOAR was not designed for Dental or other disciplines’ appraisal process; but they were added to the system, with agreement of local ROs, by local teams and supported as “SC appraisees”. The standalone figure of 135 was obtained via manual count after filtering out exported raw data from the secondary care count.

Analysis

For each question we analysed the responses from the total number of participants as well as breaking it down by responses from primary care (PC) and secondary care (SC) appraisers separately. Of the 281 respondents four appraisers stated that they appraised in both primary and secondary care, one dental appraiser replied to the survey, and one appraiser from the FME (Forensic Medical Examiner) Service.

For the purpose of this survey’s analysis, the 4 who stated they appraised in both primary and secondary care will be counted as PC (as that will be their main appraiser role), and the others as SC.

Where free text comments were provided, they were analysed and broken down into categories to help with the analysis.

Findings

The vast majority of appraisers in this survey are senior clinicians with at least 20 years of experience since their qualification. There are significant differences in the appraiser cohorts between primary and secondary care and their perceptions of appraisals.

Overall this cohort of appraisers felt appraisals have a positive impact on patient care and they provide support to colleagues. The picture of support for appraisers and what that includes was more variable. Appraisers made a number of suggestions towards improvements to the processes, what some of the current issues are and how they might be addressed.

In summary the results showed:

- A higher proportion of primary care appraisers are female (62.2% in PC versus 47.3% SC)
- More than 80% of appraisers had been qualified for more than 20 years
- Significantly more secondary care appraisers declared they work full time across their medical roles compared to primary care appraisers (73.9% in SC versus 31.1% in PC)
- A higher proportion of primary care appraisers had taken up the role within the last 3 years (37.8% in PC versus 21.7% in SC)
- The majority of secondary care appraisers carry out cross-specialty appraisals (only 17.9% do not); 23% of primary care appraisers also perform cross-specialty appraisals
- The majority of appraisers feel appraisals contribute at least partially to improvements in patient care (84.4%) and that appraisals empower colleagues (84%). In both areas secondary care appraisers had a less positive view to primary care appraisers (79.3% and 79.2% in SC vs. 98.6% and 97.3% in PC respectively)
- Secondary care appraisers feel less supported in their role with only 53.6% saying they were supported or very well supported, compared to 94.6% responses from primary care appraisers.
- Most of the support to appraisers is provided by Appraisal Leads (71.2%) and fellow appraisers (53%).

Findings

Looking at the comments there were a few themes coming up.

Valuable aspects of appraisal were described as:

- Giving support to appraisees
- Protected space and time for a peer discussion
- Reflection on the experience of the appraisee and their wellbeing

Appraisal was seen as less helpful when:

- There is poor engagement from the appraisee
- A tick box approach to appraisal is taken
- There is no or little management support to implement improvements appraisees have discussed at their appraisals and they do not get taken forward.

It also became apparent that there are a few misconceptions some appraisers have about their role. The role of the appraiser is to facilitate the reflective discussions of their assigned appraisees' continued learning and development, achievements, practice, wellbeing and what areas could be improved.

Appraisers do not recommend doctors for revalidation or act directly for the GMC; and the Form 4 summaries can only be accessed by appraisee, appraiser, Appraisal Lead and Responsible Officer. They are not accessible to management staff and are not a way to communicate improvement suggestions or request support for them. This is up to the appraisee to take up themselves.

Comments around support available to appraisers showed variable awareness of national and local resources. It also showed that secondary care appraisers often had less access to local support.

Results

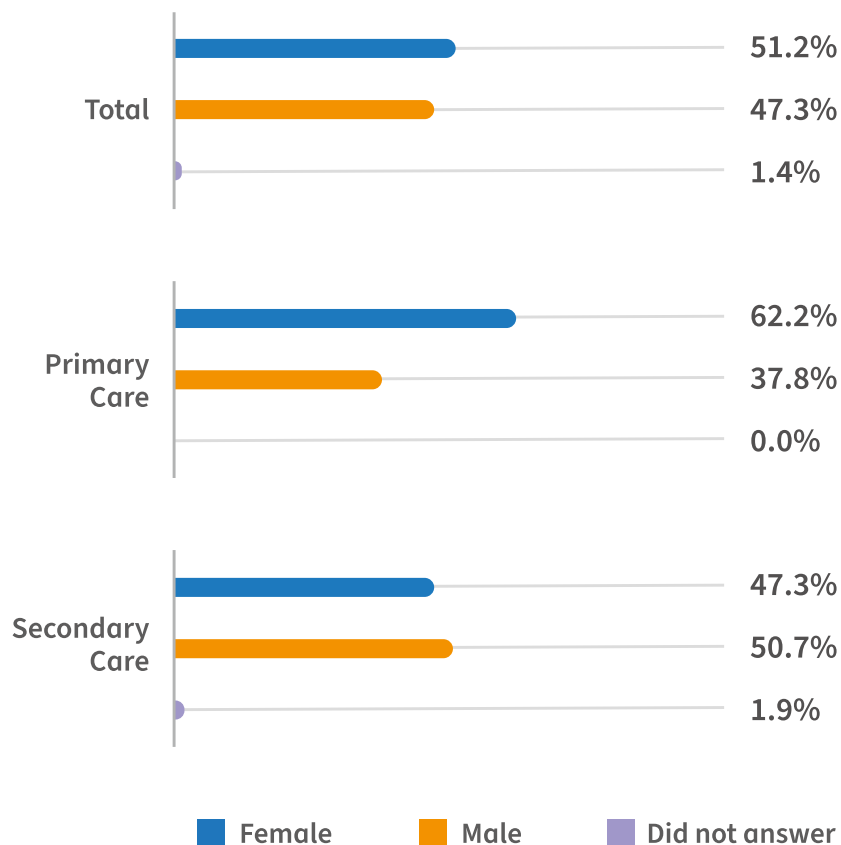
Demographics

144 (51.2%) of the respondents were female, 133 (47.3%) were male, and 4 did not provide an answer to this question. Of the doctors in Scotland who are registered with the GMC, 48.4% are male and 51.6% are female. 46 (32%) of the 144 female appraisers worked in primary care, 98 (68%) in secondary care. 28 (21.1%) of the 133 male appraisers worked in primary care, 105 (78.9%) in secondary care.

Out of the 74 primary care appraiser respondents, the 46 female colleagues make up 62.2%, and 28 male colleagues make up 37.8%. Out of the 207 secondary care responses, 98 female appraisers make up 47.3% and 105 male appraisers make up 50.7% (4 from secondary care did not reply).

APPRAISERS	SUB TOTAL	PRIMARY CARE	SECONDARY CARE
Female	51.2%	62.2%	47.3%
Male	47.3%	37.8%	50.7%
Blank or did not wish to answer	1.4%	0%	1.9%
TOTAL COUNT	281	74 (26.3%)	207 (73.7%)

Survey Respondents: Gender



Results

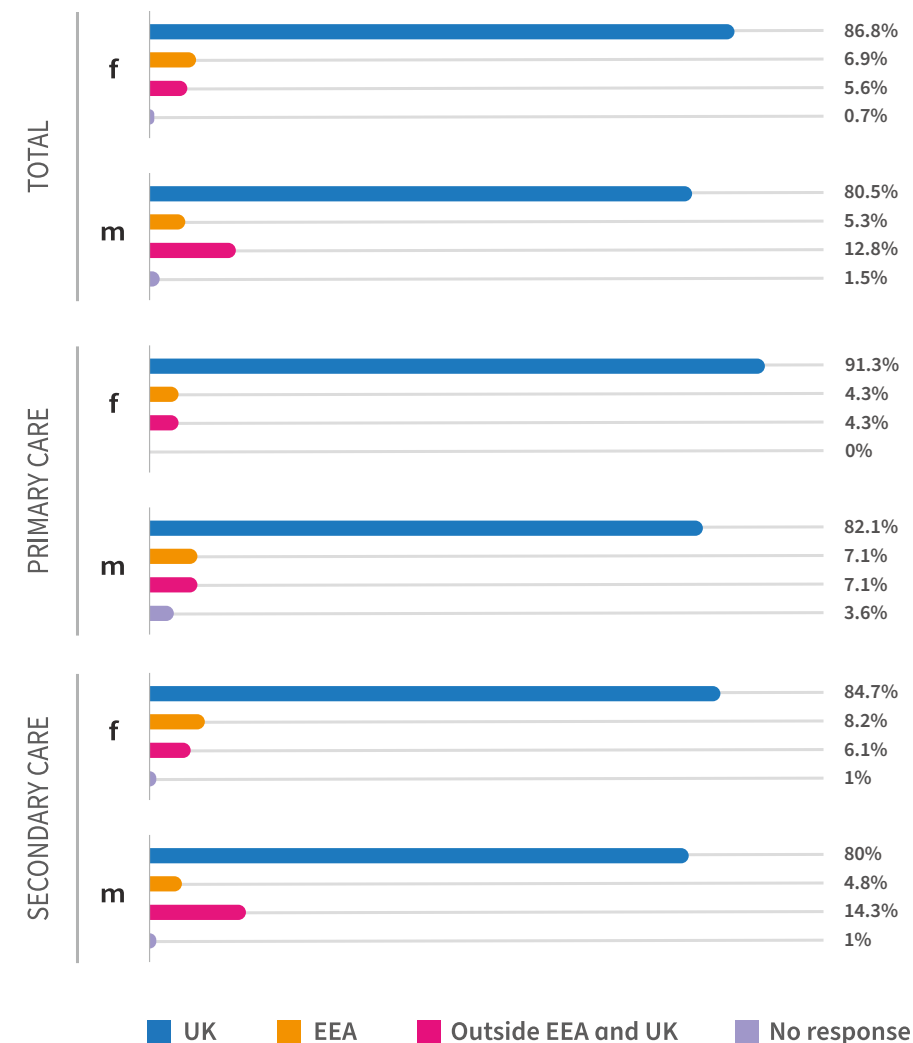
Qualifications

The majority of appraisers have a UK qualification with at least 80% in all groups. The percentages for this closely match the GMC register for doctors in Scotland (79.6% of male and 86.7% of female doctors on the GMC register who are based in Scotland have a UK qualification).

	TOTAL APPRAISERS (281)		APPRAISERS IN PRIMARY CARE (74)		APPRAISERS IN SECONDARY CARE (207)	
	f	m	f	m	f	m
UK	86.8%	80.5%	91.3%	82.1%	84.7%	80%
EEA	6.9%	5.3%	4.3%	7.1%	8.2%	4.8%
Outside UK and EEA	5.6%	12.8%	4.3%	7.1%	6.1%	14.3%
No response	0.7%	1.5%	0%	3.6%	1%	1%

The vast majority of appraisers has been qualified for more than 20 years: 84.3% vs 15.7%.

Gained qualification in

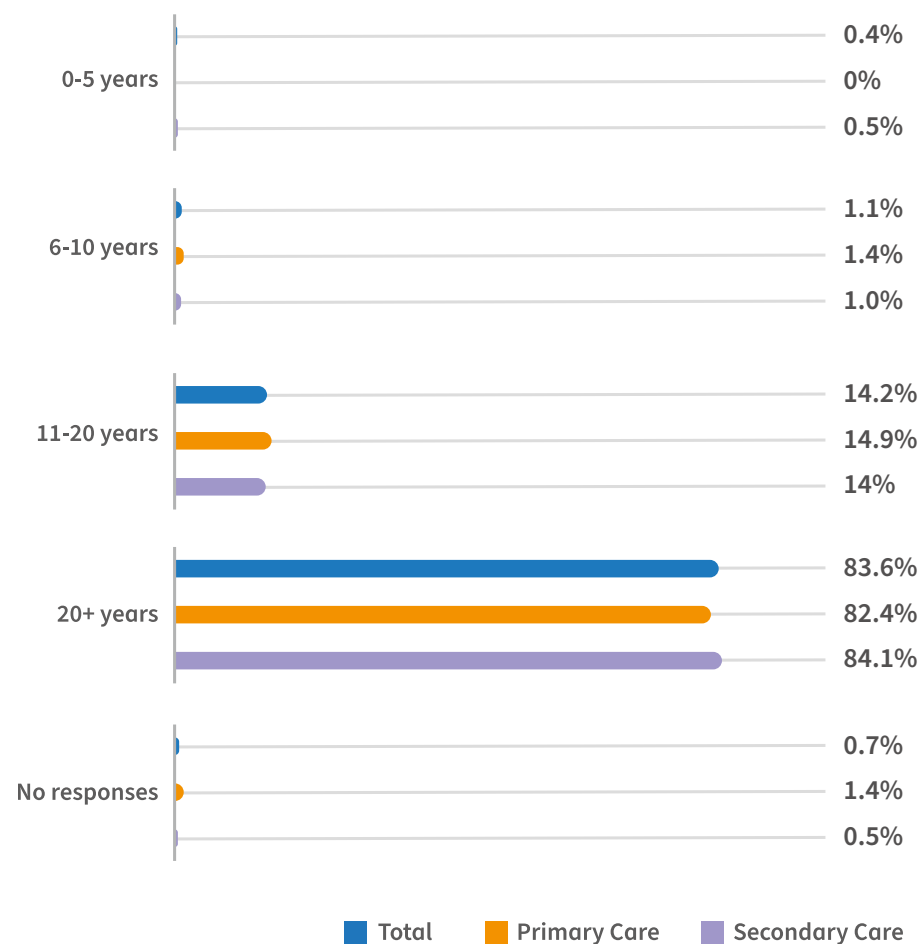


Results: Qualifications

Q | For how many years have you been qualified as a medical doctor / clinician / consultant?

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
0-5	0.4%	0%	0.5%
6-10 Years	1.1%	1.4%	1%
11-20 Years	14.2%	14.9%	14%
20+ Years	83.6%	82.4%	84.1%
No responses	0.7%	1.4%	0.5%

Years since qualification



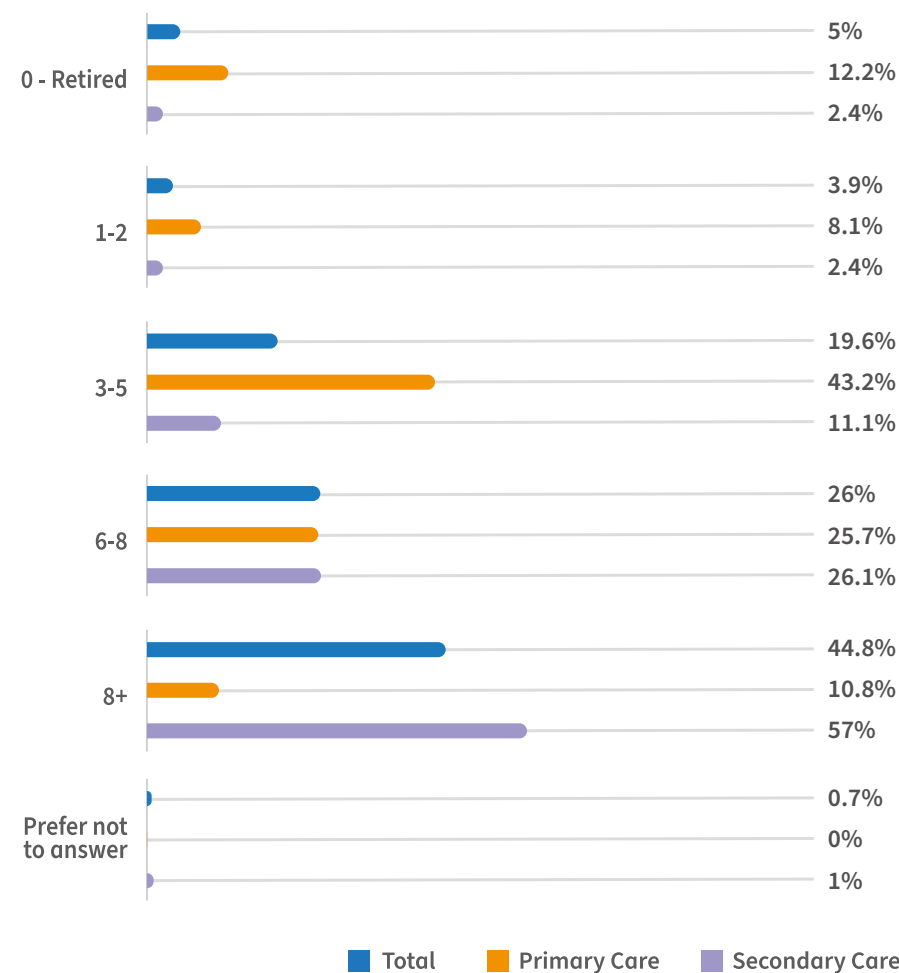
Results: Clinical Work

Q | On average, how many clinical sessions have you completed per week over the past twelve months?

Appraisers in primary care are more likely to not practice clinically or work a maximum of 5 clinical sessions per week while the majority of secondary care appraisers are working at least 6 clinical sessions per week.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
0 Sessions <i>I am retired from clinical practice / on a career break.</i>	5%	12.2%	2.4%
1-2 Sessions	1.1%	1.4%	1%
3-5 Sessions	19.6%	43.2%	11.1%
6-8 Sessions	26%	25.7%	26.1%
8+ Sessions	44.8%	10.8%	57%
Prefer not to answer	0.7%	0%	1%

Clinical Sessions



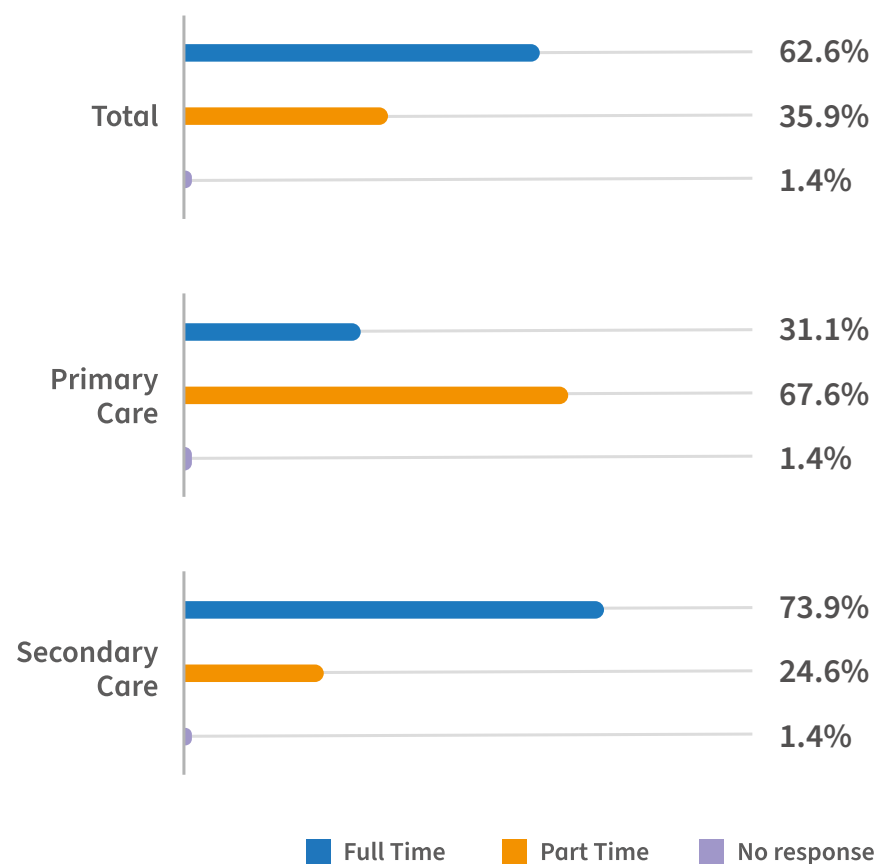
Results: Clinical Work

Q | Across all of your medical roles, do you work part-time or full-time?

The majority of secondary care appraisers stated they work full time (73.9%) across all of their medical roles, with the majority of primary care appraisers stating they work part time (67.6%).

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Full Time	62.6%	31.1%	73.9%
Part Time	35.9%	67.6%	24.6%
No response	1.4%	1.4%	1.4%

Full-Time versus Part-Time working



Results: Clinical Work

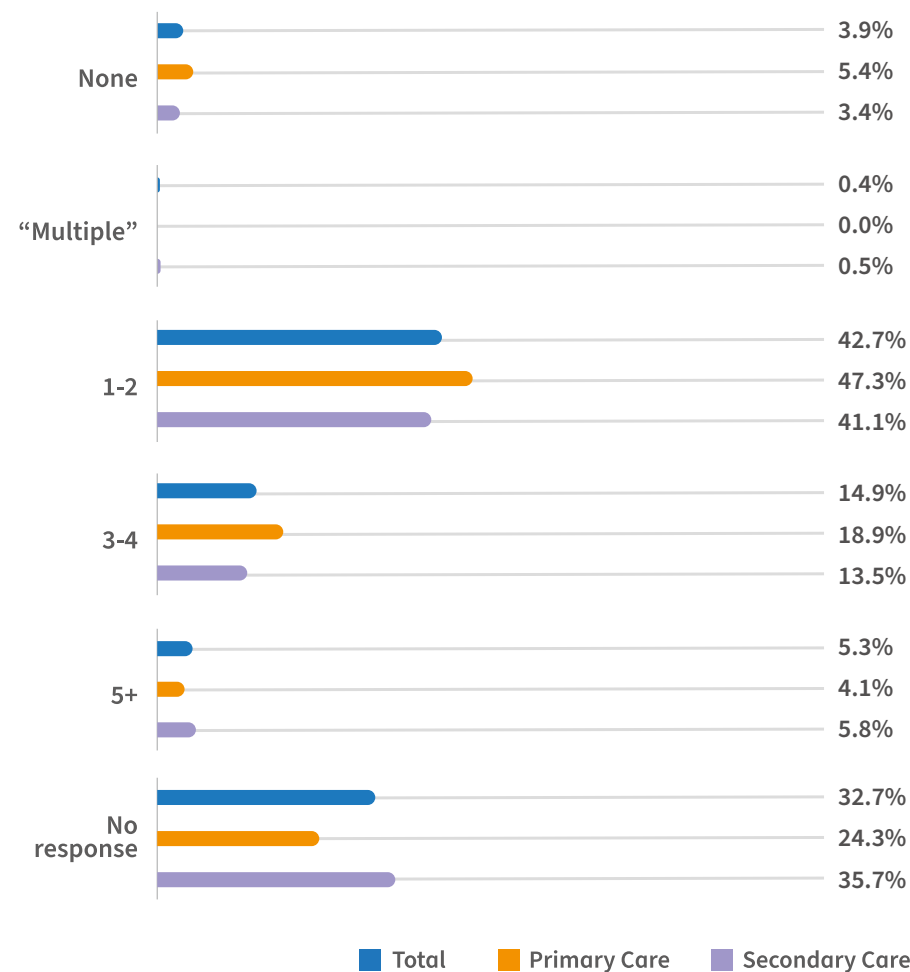
Q | What other roles do you undertake?

The majority of respondents indicated being involved with 1 or 2 additional roles. Most of the additional roles were in Education (Educational or Clinical Supervisors, GP Trainers, University lecturers etc), panel and committee members, and roles in management/senior management.

Other roles include appraisers, Appraisal Leads, Research etc. Additionally, 4 respondents commented that they had dropped roles recently due to time pressures.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
None	3.9%	5.4%	3.4%
"Multiple"	0.4%	0%	0.5%
1-2	42.7%	47.3%	41.1%
3-4	14.9%	18.9%	13.5%
5+	5.3%	4.1%	5.8%
No response	32.7%	24.3%	35.7%

Additional roles



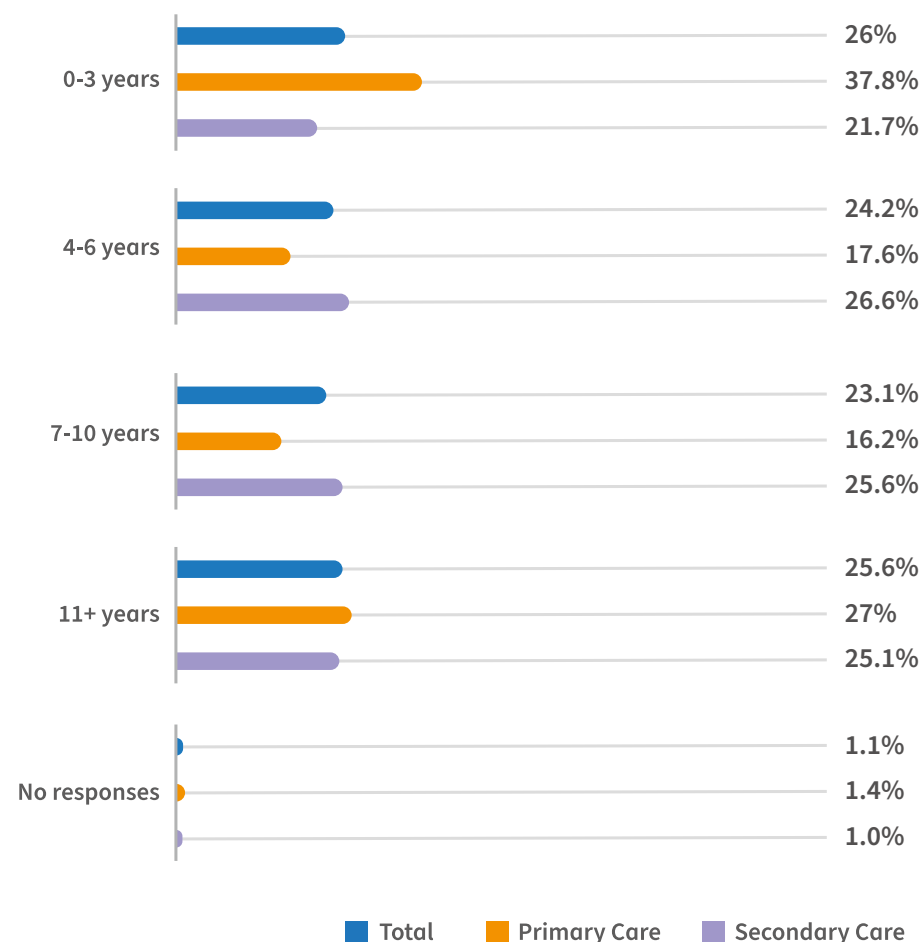
Results: Appraiser work

Q | How long have you been an appraiser?

A significant proportion (37.8%) of primary care appraisers had been in that role for up to 3 years. Just over a quarter of appraisers had been in the role for at least 11 years.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
0-3 years	26%	37.8%	21.7%
4-6 years	24.2%	17.6%	26.6%
7-10 years	23.1%	16.2%	25.6%
11+ years	25.6%	28.4%	24.6%
No response	1.1%	0%	1.4%

Appraiser for how long?



Results: Appraiser work

Q | On average, how many appraisals do you carry out each year?

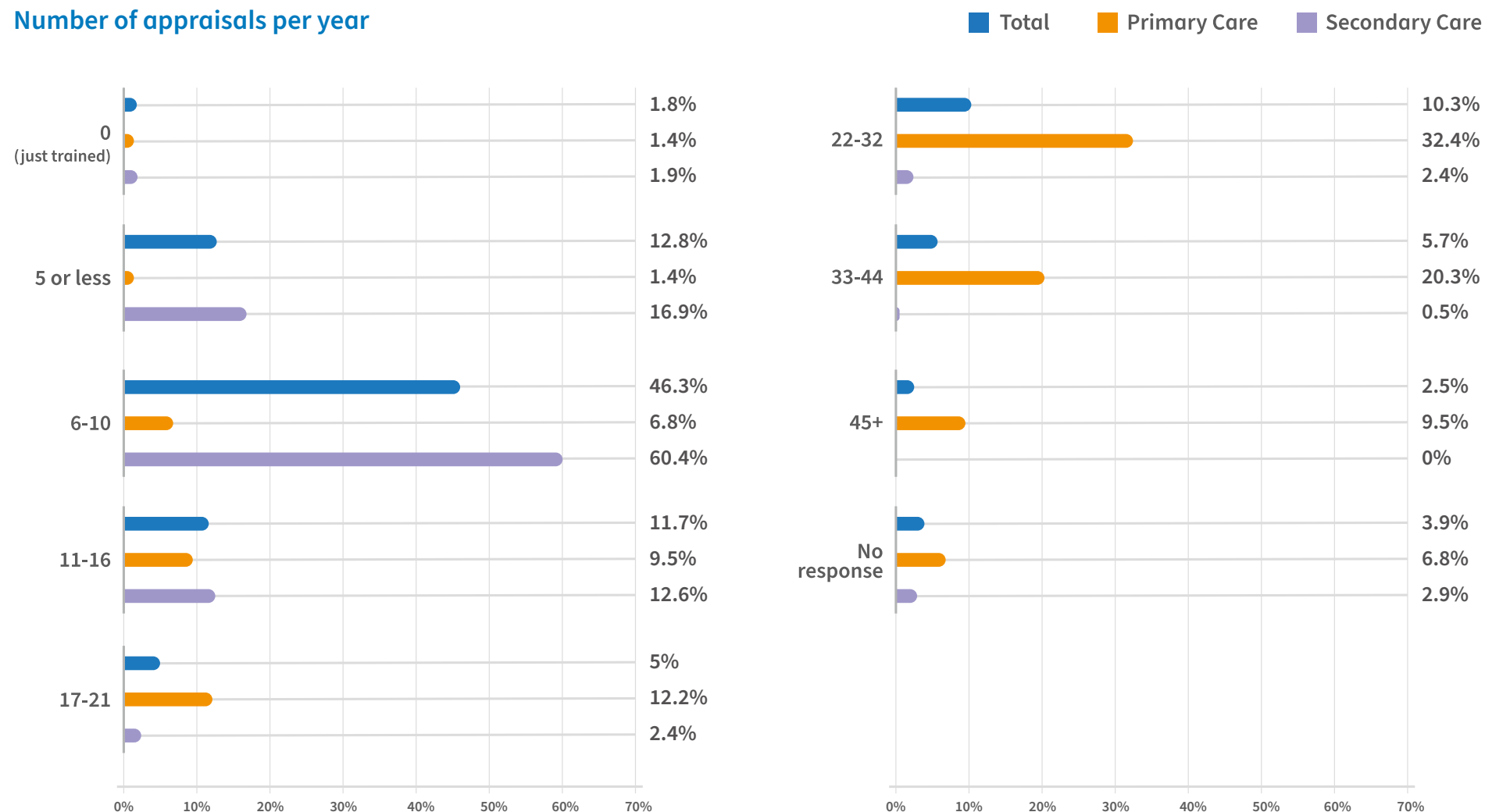
The usual contract for primary care appraisers is for 22 appraisals per year for one session per week. The usual sessional commitment for secondary care appraisers is for 10 appraisals per year for 0.5 SPA sessions. The average number of appraisals performed is broadly in keeping with that. The majority of secondary care appraisers are carrying out an average or 6-10 appraisals per year, and the primary care appraisers are averaging 22+.

PER YEAR	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
0 (just trained)	1.8%	1.4%	1.9%
5 or less	12.8%	1.4%	16.9%
6-10 Appraisals	46.3%	6.8%	60.4%
11-16 Appraisals	11.7%	9.5%	12.6%
17-21 Appraisals	5%	12.2%	2.4%
22-32 Appraisals	10.3%	32.4%	2.4%
33-44 Appraisals	5.7%	20.3%	0.5%
45+ Appraisals	2.5%	9.5%	0%
No Response	3.9%	6.8%	2.9%

Results: Appraiser work

Q | On average, how many appraisals do you carry out each year?

Number of appraisals per year



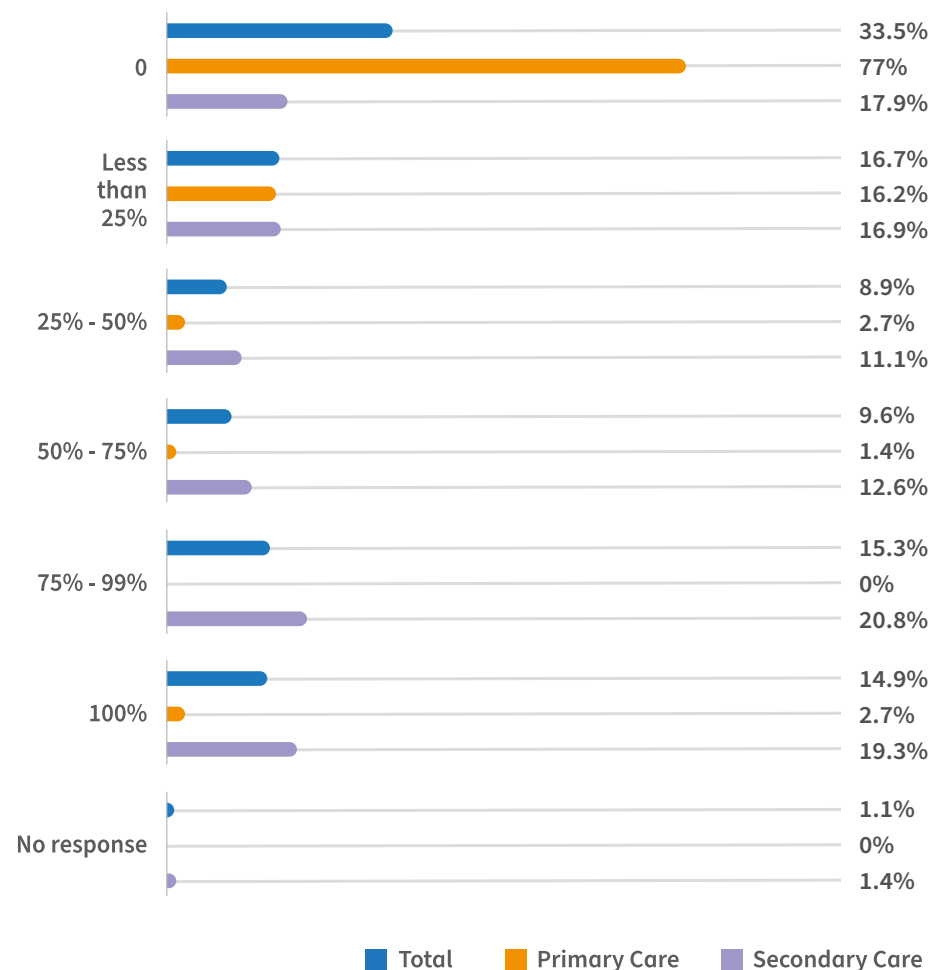
Results: Appraiser work

Q | Over the course of the year, what percentage of your appraisals are cross-specialty?

Appraising cross-specialty is more common practice in secondary care, but it is interesting to note that there is cross-specialty practice happening within primary care as well. We know that some primary care appraisers also appraise secondary care colleagues.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
0 <i>I don't carry out cross-specialty appraisals.</i>	33.5%	77%	17.9%
Less than 25%	16.7%	16.2%	16.9%
25-50%	8.9%	2.7%	11.1%
50-75%	9.6%	1.4%	12.6%
75-99%	15.3%	0%	20.8%
100%	14.9%	2.7%	19.3%
No response	1.1%	0%	1.4%

Cross specialty appraisals



Results: Reflecting on appraisal and appraiser



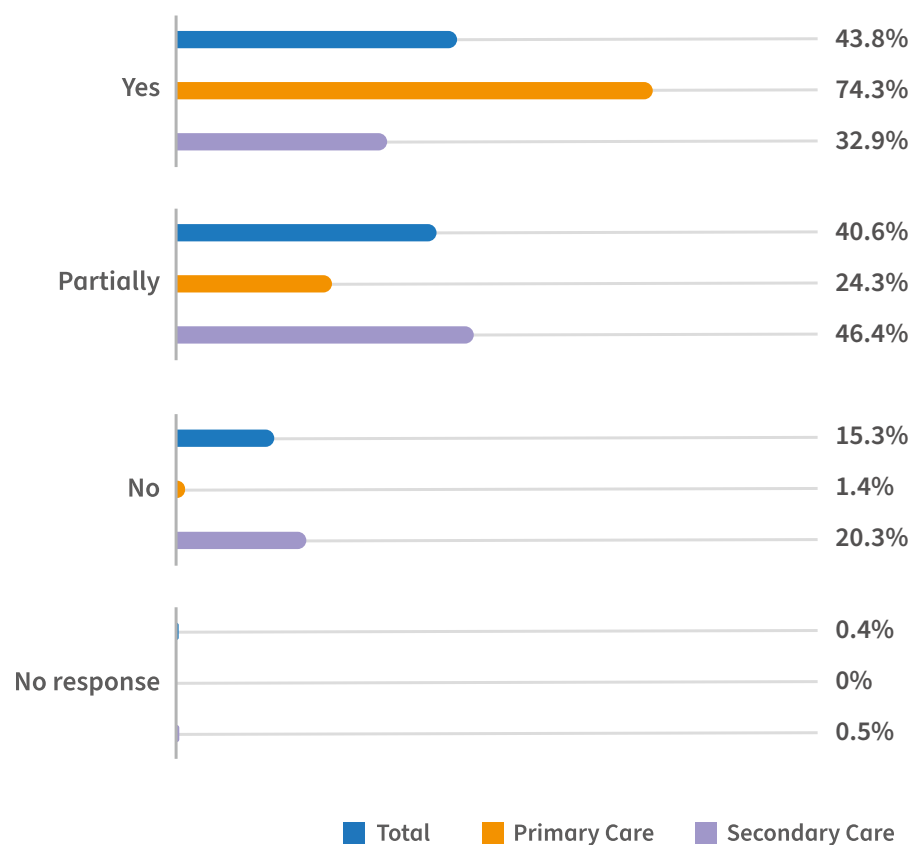
In your experience, do appraisals contribute to improvements in patient care/work/role?

Free text comments were invited in the below questions. Each response was reviewed and tagged with appropriate keywords to help us identify emergent themes.

The consensus seems to be that appraisal can contribute to improvement in patient care. It is seen as significantly more positive in primary care with 74.3% of secondary care appraisers feeling that is not the case as opposed to only 1.4% of primary care appraisers.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Yes	43.8%	74.3%	32.9%
Partially	40.6%	24.3%	46.4%
No	15.3%	1.4%	20.3%
No response	0.4%	0%	0.5%

Do appraisals contribute to improvements in patient care?



Results: Reflecting on appraisal and appraiser



In your experience, do appraisals contribute to improvements in patient care/work/role?

There were 122 additional comments in response to this question, many of which were examples of how (in their experience) appraisals contribute to an appraisee's general work.

- Most examples indicated that patient care improvements can be achieved by helping appraisees identify appropriate learning, QIA, SEA, and PDP/CPD and completion of other projects.
- Others also commented how the safe and secure environment of an appraisal allowed them to discuss an appraisee's wellbeing which in turn, along with other topics, offered them time and opportunity to reflect on current and future practices with a peer in confidence.

[Keywords count: 86 (PC = 45.9%; SC = 25.1%)]

- Others felt it depended on engagement from the appraisees, and what support there is for the appraisee from health board/service management.

[Keywords count: 21 (PC = 4.1%; SC = 8.7%)]

- Some appraisers did not feel appraisal contributed to patient care improvements because doctors already strive to improve the quality of their work regardless of appraisal.

- There were also comments from some who felt appraisal had become too much of a tick box exercise for revalidation which hindered reflection.

[Keywords count: 26 (PC = 6.8%; SC = 10.1%)]

- Others felt that this was difficult to measure, citing lack of motivation from the appraisees and the increased pressures on their workload and time, with appraisal making little difference to this.
- There also appeared to be a misunderstanding amongst a minority of appraisers with regards to the confidentiality of Form 4s, suggesting that service management has routine access to them (they don't) but it does not link up with service planning thereafter.

[Keywords count: 19 (PC = 2.7%; SC = 8.2%)]

- Some felt this question was difficult to respond to due to lack of Form 6A feedback² from appraisees; other mechanisms are in place to measure patient care; and the expectations on supporting information required of part time doctors.

[Keywords count: 3 (PC = 1.4%; SC = 1%)]

² Appraisees are invited to complete Form 6A after the appraisal to provide feedback on how the appraisal went. An anonymised version of this is made available to appraisers for their reflection and learning.

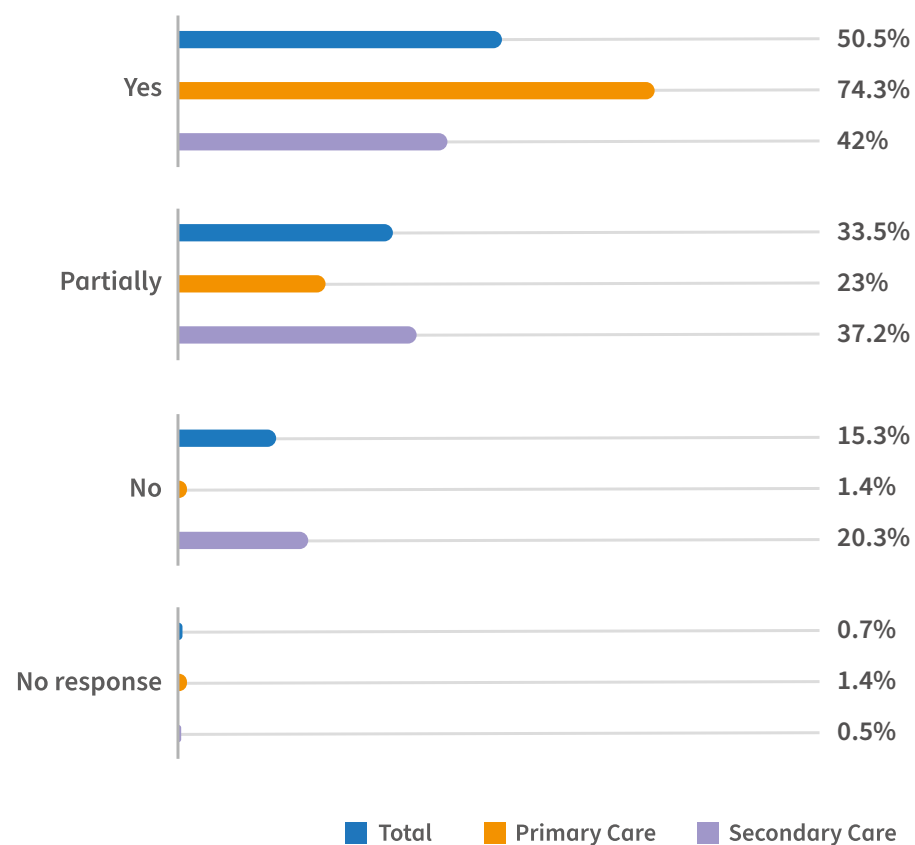
Results: Reflecting on appraisal and appraiser

Q | In your experience, do appraisals support and empower your colleagues?

Similar to the previous question, there was a strong consensus that appraisal can support and empower colleagues. It is also seen as significantly more positive in primary care, with 20.3% of secondary care appraisers feeling that is not the case as opposed to only 1.4% of primary care appraisers.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Yes	50.5%	74.3%	42%
Partially	33.5%	23%	37.2%
No	15.3%	1.4%	20.3%
No response	0.7%	1.4%	0.5%

Do appraisals empower your colleagues?



Results: Reflecting on appraisal and appraiser



In your experience, do appraisals support and empower your colleagues?

There were 120 additional comments in response to this question, providing examples of how this might be achieved, as well as reasons why it might not.

- Many explained that the opportunity for protected space and time to discuss with a peer and to be able to reflect on themselves and their wellbeing (burnout worries) was really valuable; some using it successfully as evidence to seek further support from their health boards.

[Keywords count: 67 (PC = 36.5%; SC = 19.3%)]

- Some appraisers reported that it gave them an opportunity to help reassure appraisees of their good practice and focus on the positives. Some commented that meaningful PDP and CPD also helped.

[Keywords count: 11 (PC = 2.7%; SC = 4.3%)]

- Some appraisers also felt that appraisal was particularly useful for newer doctors and SAS doctors.

[Keywords count: 7 (PC = 2.7%; SC = 2.4%)]

- Other positive examples include Coaching & Mentoring and cross-specialty appraisals.

[Keywords count: 4 (1.9%, all SC)]

- Some appraisers indicated that similar to patient improvement, it was dependent on appraisees' engagement.

[Keywords count: 19 (PC = 6.8%; SC = 6.7%)]

- Some felt this was difficult to achieve due to lack of management support and linkage to organisational planning.
- Some also felt this was too onerous for their appraisees, with some seeing it as too much of a tickbox exercise and viewing the appraisers as the "GMC police".

[Keywords count: 24 (PC = 9.5%; SC = 8.2%)]

- Similar to the patient improvement question, some appraisers reiterated the Form 4 access for service planning and their lack of actions. **Only appraisees, their assigned appraisers, their Appraisal Leads and RO have access to Form 4 summaries.**
- Other comments included a suggestion for SOAR improvements to facilitate this; some appraisers would like to be able to support their appraisees more.

[Keywords count: 6 (2.9%, all SC)]

Results: Reflecting on appraisal and appraiser

Q | How do you calibrate your practice as an appraiser?

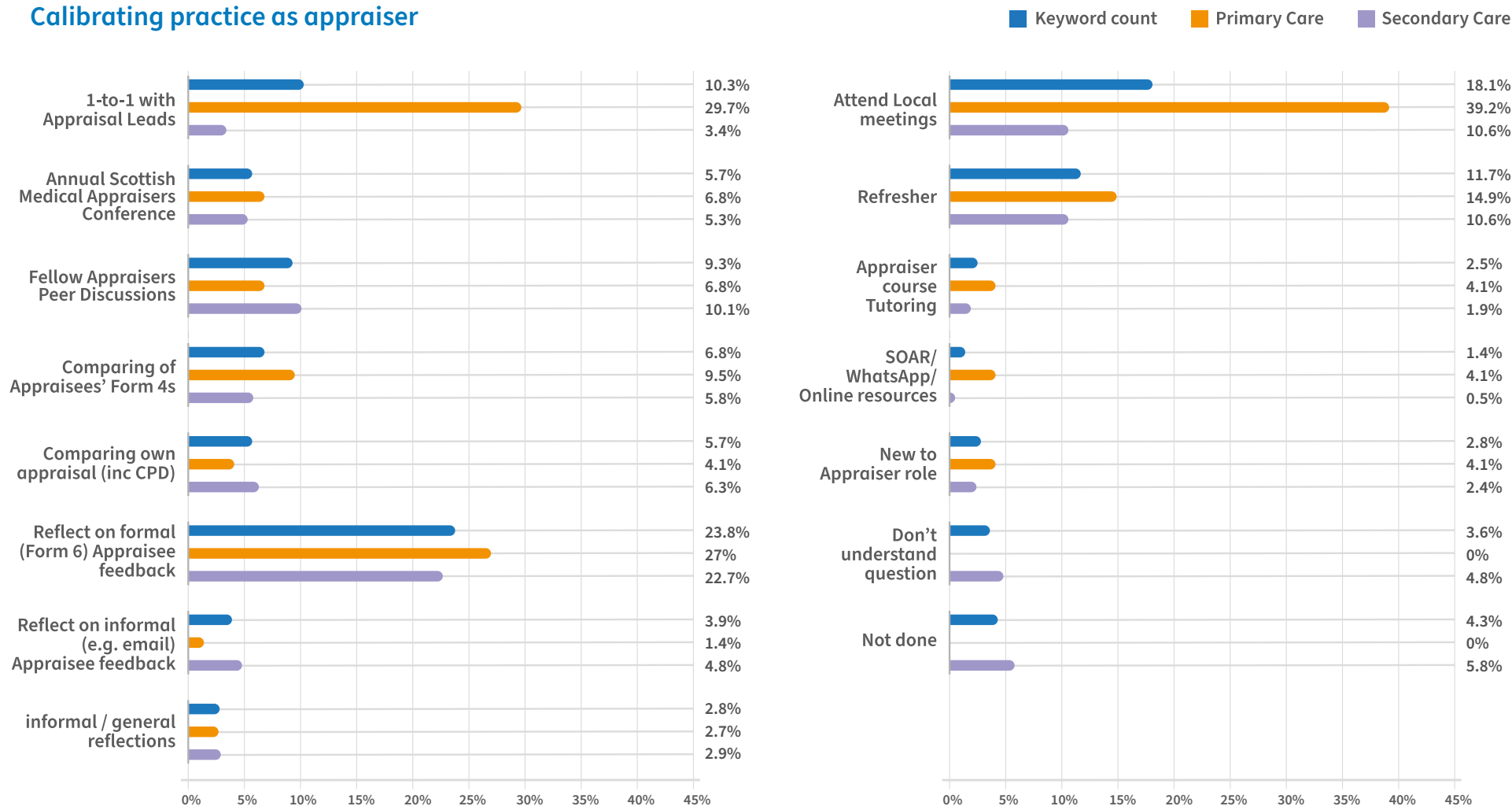
There were 193 responses, all comments were broken down and the main themes are as below:

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
1-to-1 with Appraisal Leads	10.3%	29.7%	3.4%
Annual Scottish Medical Appraisers Conference	5.7%	6.8%	5.3%
Fellow Appraisers / Peer Discussions	9.3%	6.8%	10.1%
Comparing of appraisees' Form 4s	6.8%	9.5%	5.8%
Comparing own appraisal (inc CPD)	5.7%	4.1%	6.3%
Reflect on formal (Form 6) appraisee feedback	23.8%	27%	22.7%
Reflect on informal (e.g. email) appraisee feedback	3.9%	1.4%	4.8%
Informal / general reflections	2.8%	2.7%	2.9%
Attend Local meetings	18.1%	39.2%	10.6%
Refresher	11.7%	14.9%	10.6%
Appraiser course Tutoring	2.5%	4.1%	1.9%
SOAR/WhatsApp/Online resources	1.4%	4.1%	0.5%
New to appraiser role	2.8%	4.1%	2.4%
Don't understand question	3.6%	0%	4.8%
Not done	4.3%	0%	5.8%

Results: Reflecting on appraisal and appraiser

Q | How do you calibrate your practice as an appraiser?

Calibrating practice as appraiser



Results: Reflecting on appraisal and appraiser

Q | How do you calibrate your practice as an appraiser?

The majority cited the use of Form 6 feedback from appraisees and attendance of local appraisers meetings as the main way they calibrate their practice as appraisers; followed by attendance of NES refresher training and maintaining contact with fellow appraisers/peer discussions.

There were other comments on the benefits of cross-specialty appraisals, the use of reflective templates and notes from NES appraiser training (new and refresher) which aided their calibration. There were also a few further comments on satisfaction from the appraiser after witnessing their appraisees' successes and progress at subsequent appraisals.

A few appraisers reported that this was difficult to achieve due to time constraints and lack of appraisee Form 6A feedback.

It was also reported that Appraisal Leads themselves don't have routine access to 1-to-1 meetings to calibrate their own practice.

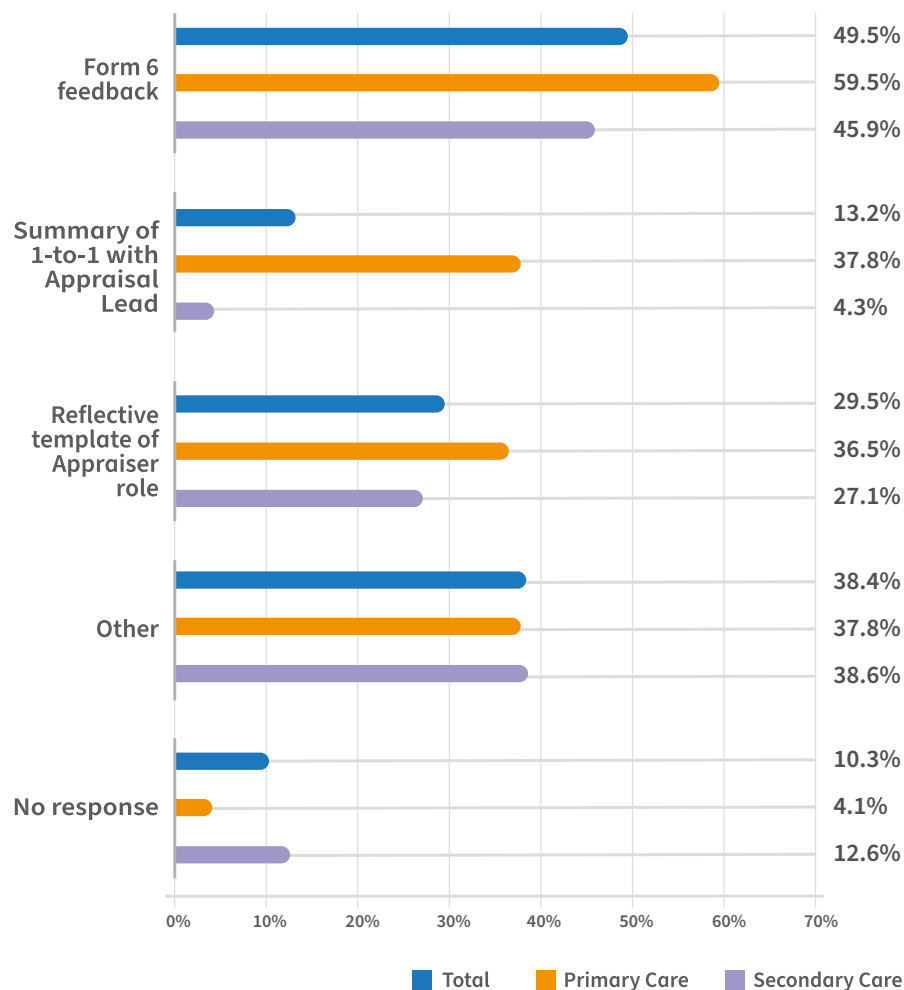
Results: Reflecting on appraisal and appraiser

Q | What supporting information do you provide at appraisal for your appraiser role?

Form 6 feedback from appraisees was the most commonly used supporting information, followed by using a reflective template in the appraiser role. Both were used by a higher proportion of primary care appraisers compared to secondary care. Only a small proportion of secondary care appraisers use summaries from 1-to-1s with their Appraisal Lead, which is likely a reflection of these meetings happening much less commonly in secondary care. Overall 16% of secondary care appraisers do not submit any supporting information for this role in their own appraisal.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Form 6 feedback	49.5%	59.5%	45.9%
Summary of 1-to-1 with Appraisal Lead	13.2%	37.8%	4.3%
Reflective template of Appraiser role	29.5%	36.5%	27.1%
Other	38.4%	37.8%	38.6%
No response	10.3%	4.1%	12.6%

Supporting information used in own appraisal



Results: Reflecting on appraisal and appraiser

Q | What supporting information do you provide at appraisal for your appraiser role?

Each response provided under “Other” was analysed and tagged into appropriate themes for easier review. From the comments received:

OTHER COMMENTS	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE
Additional description to 1-to-1s with Appraisal Leads	2.1%	8.1%	0%
Attends local meetings and details (how many etc)	3.2%	5.4%	2.4%
Direct emailed feedback from appraisees	1.1%	0%	1.4%
Included details of Form 6	2.5%	2.7%	2.4%
Formally discussed and documented as part of appraisal	1.1%	1.4%	1%
Engage with other appraisers	0.7%	1.4%	0.5%
Via logging of PDP/CPD	2.5%	6.8%	1%
Reflective template	0.7%	1.4%	0.5%
Refresher	1.4%	2.7%	1%
Form 4 reviews	41.4%	5.4%	0%
Tutor role	0.4%	0%	0.5%
Discussion with other appraisers (rather than own appraisal)	0.7%	1.4%	0.5%

OTHER COMMENTS	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE
Would make use of Form 6 more but not enough appraisee completions	1.4%	1.4%	1.4%
Discussed informally at appraisal but nothing submitted	6.8%	2.7%	8.2%
No access to 1-to-1s with their Appraisal Leads	2.8%	0%	3.9%
Not yet appraised since becoming appraiser	0.7%	1.4%	0.5%
Provides no information of their appraiser role at appraisal	6%	1.4%	7.7%
Survey has prompted them to take action at next appraisal	5%	1.4%	6.3%
Not aware they could/should	0.7%	0%	1%
Did not elaborate what “Other” supporting info they provide at appraisal for their appraiser role	5.7%	5.4%	5.8%

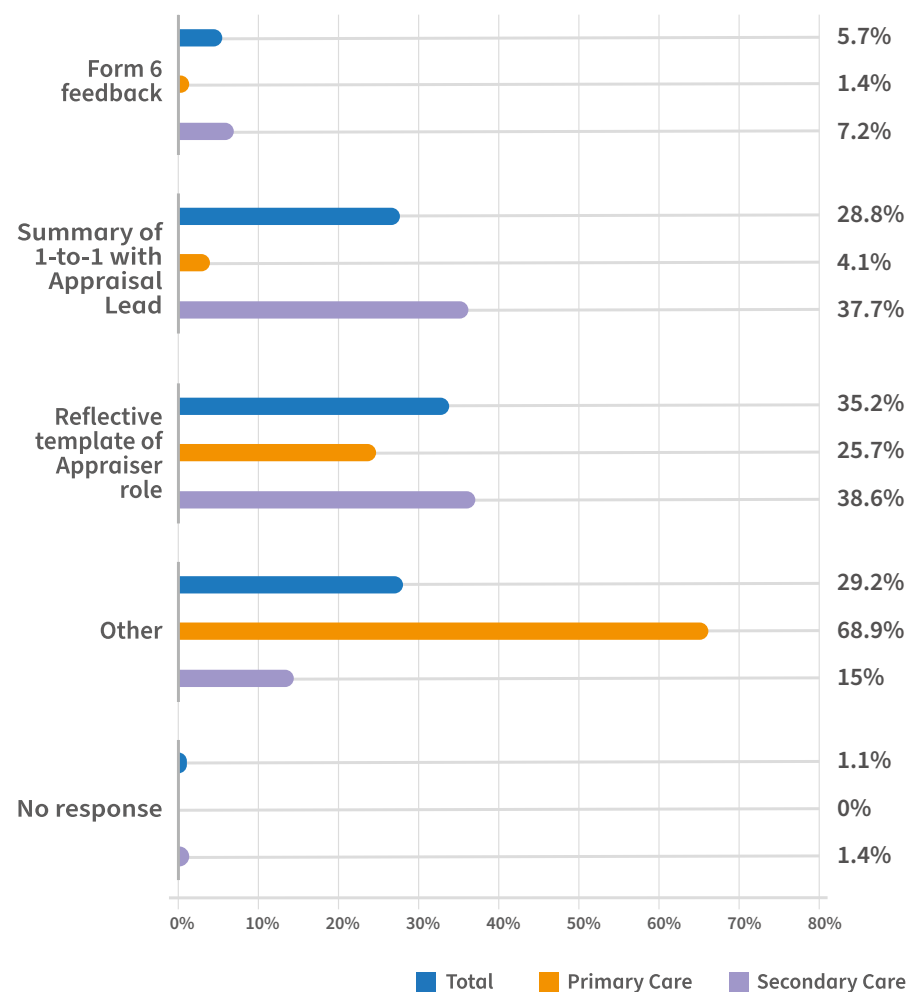
Results: Reflecting on appraisal and appraiser

Q | How well supported do you feel in your appraiser role?

The majority of appraisers report that they are supported in their appraiser role, particularly in Primary care.

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Not at all supported	5.7%	1.4%	7.2%
Partially supported	28.8%	4.1%	37.7%
Supported	35.2%	25.7%	38.6%
Very well supported	29.2%	68.9%	15%
No response	1.1%	0	1.4%

How well supported do you feel as an appraiser?



Results: Reflecting on appraisal and appraiser



How well supported do you feel in your appraiser role?

There were 78 additional comments, providing details of the support received and issues experienced.

- The majority of the comments cited their gratitude for their Appraisal Leads' support, and the benefits of attending local appraisers meetings.
- Others highlighted the administrative support they received through the local health board teams and NES.
- Others commented on the quality of the NES training courses and attendance of conference workshops.

[Keywords count: 54 (PC = 43.2%; SC = 10.6%)]

- A few had commented that they only sought support if required; sometimes the quality of support can be varied, and not sure where to seek further support.

[Keywords count: 10 (PC = 2.7%; SC = 3.9%)]

- Some appraisers highlighted issues with engagement, communications, workload (too onerous for appraisees and appraisers), working in silos, lack of support from senior colleagues and lack of availability of private meeting space.
- Many also reported time pressures in their clinical role and feeling undervalued.

[Keywords count: 29 (PC = 1.4%; SC = 13.5%)]

- A couple of Appraisal Leads also reported support issues for them in their role.
- The comments also included suggestions on improvement, such as SOAR, staying in contact with fellow trained appraisers, and the use of WhatsApp.

[Keywords count: 6 (PC = 1.4%; SC = 2.4%)]

Results: Reflecting on appraisal and appraiser

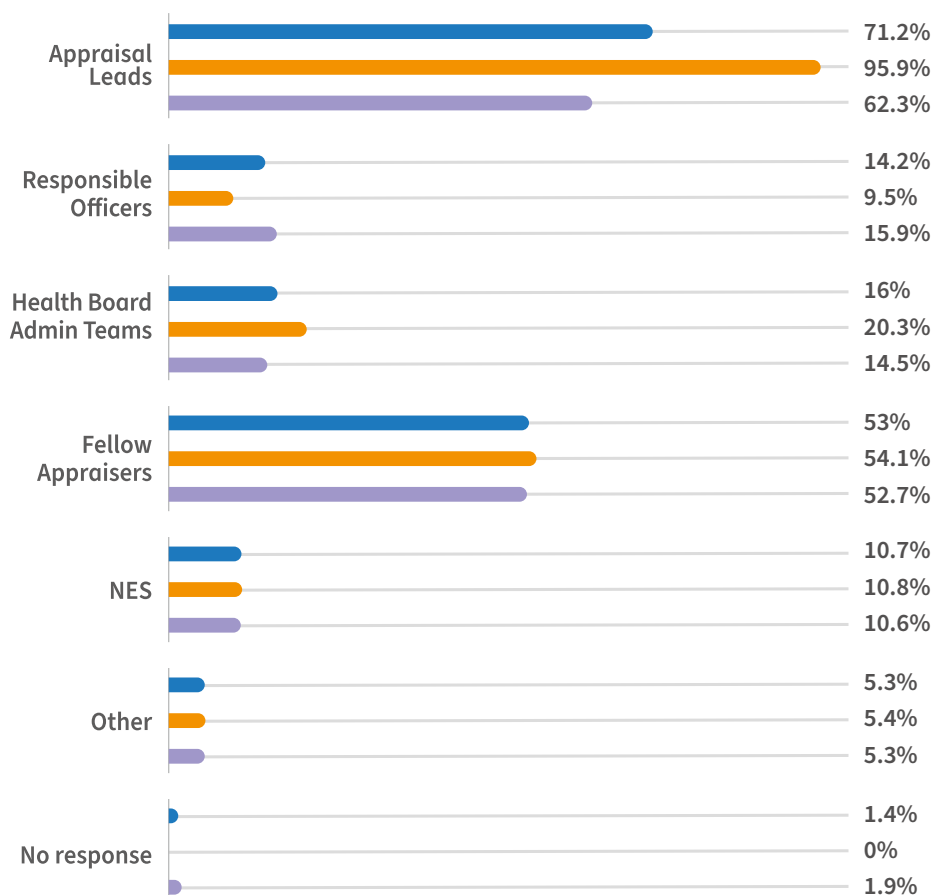
Q | Who do you go to for support and advice in your appraiser role?

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Appraisal Leads	71.2%	95.9%	62.3%
Responsible Officers	14.2%	9.5%	15.9%
Health Board Admin teams	16%	20.3%	14.5%
Fellow appraisers	53%	54.1%	52.7%
NES	10.7%	10.8%	10.6%
Other	5.3%	5.4%	5.3%
No response	1.4%	0%	1.9%

Of the 12 who commented in the “Other” section:

OTHER COMMENTS	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE
SOAR/Medical Appraisal Scotland website	0.7%	1.4%	0.5%
Clinical Director	0.4%	0	0.5%
Own appraiser	0.4%	0	0.5%
WhatsApp	0.4%	1.4%	0
Depends on situation	0.4%	0	0.5%
Do not seek further advice in appraiser role	0.7%	0	1%
Did not provide further details	1.4%	1.4%	1.4%

Who do you go to for support in your appraiser role?



■ Total ■ Primary Care ■ Secondary Care

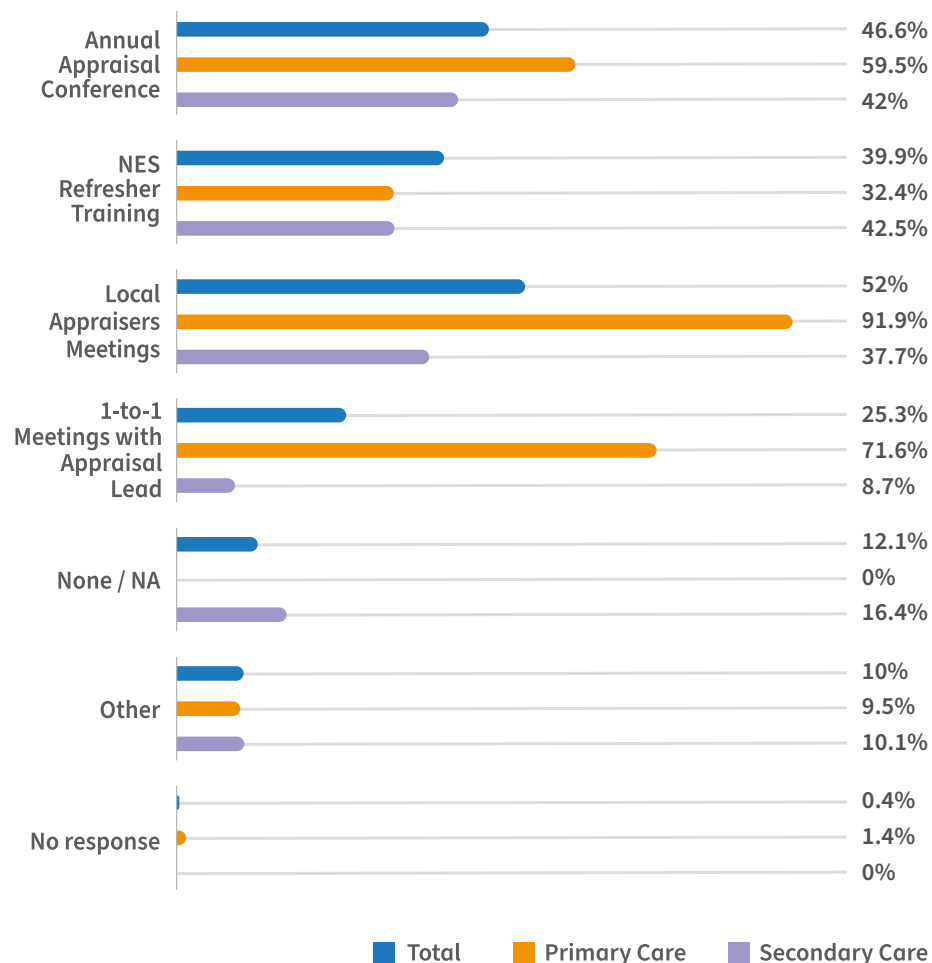
Results: Reflecting on appraisal and appraiser

Q | What resources have you accessed to develop yourself in your appraiser role?

The majority of appraisers cited their Appraisal Lead and fellow appraisers for further support in their appraiser role.

	TOTAL	PRIMARY CARE	SECONDARY CARE
Annual Appraisers Conference	46.6%	59.5%	42%
NES refresher training	39.9%	32.4%	42.5%
Local Appraisers Meetings Admin teams	52%	91.9%	37.7%
1-to-1 Meetings with Appraisal Lead	25.3%	71.6%	8.7%
None / NA	12.1%	0%	16.4%
Other	10%	9.5%	10.1%
No response	0.4%	1.4%	0%

What resources have you accessed?



Results: Reflecting on appraisal and appraiser

Q | What resources have you accessed to develop yourself in your appraiser role?

Many of the appraisers made use of local appraisers meetings, annual appraisers conference and NES refresher training to help them develop in their appraiser role. There is a significant difference in attendance rates between Primary and secondary care.

Primary care appraisers also made use of their annual 1-to-1 reviews with their Appraisal Leads to discuss their role; something not widely available to secondary care appraisers.

For those who provided comments under “Others”:

OTHER COMMENTS	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE
Other trainings	3.6%	4.1%	3.4%
Share practice with other appraisers	1.1%	1.4%	1%
SOAR/Medical Appraisal Scotland website	1.8%	4.1%	1%
Part of tutors panel	1.4%	0	1.9%
Part of national group discussions	0.4%	0	0.5%
NES comms	0.4%	0	0.5%
n/a - newly trained appraisers	0.7%	0	1%
Did not disclose info	0.7%	0	1%

Q | You indicated that you have not accessed developmental resources in your appraiser role, please elaborate: (34, 16.4% of SC appraisers)

	TOTAL	PRIMARY CARE	SECONDARY CARE
Not aware they existed	4.6%	0	6.3%
Did not have time	4.6%	0	6.3%
Did not feel I needed them	2.5%	0	3.4%
Other	2.1%	0	2.9%
No response	0	0	0

For those who provided comments under “Others”:

OTHER COMMENTS	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE
About to/just attended refresher	0.7%	0	1%
Used MyStar	0.4%	0	0.5%
n/a - newly trained appraisers	0.4%	0	0.5%
Did not disclose info	0.7%	0	1%

Results: Reflecting on appraisal and appraiser

Q | What could your health board or NES do to best support you in your appraiser role?

Quite a few comments and suggestions reflect things which NES already provides, e.g. providing online guidance on topics like MSF or Form 4, or helping new appraisees and appraisers, or details of who my Appraisal Lead and Admin teams are etc – all of which are available on the Medical Appraisal Scotland website: www.appraisal.nes.scot.nhs.uk.

There were 174 comments which was broken down into the below themes:

THEMES FROM RESPONSES	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE	HIGHLIGHTS
Already feel supported	6.4%	8.1%	5.8%	-
Suggestions for more Appraisal Leads support	5.3%	2.7%	6.3%	<ul style="list-style-type: none"> • Access to 1-to-1s • Form 4 audits with Appraisal Lead
Suggestions for more Health Board / Admin / NES support	13.2%	20.3%	10.6%	<ul style="list-style-type: none"> • Get feedback from ROs • More admin support in arranging appraisals (and access to venues) • More communications • Spread appraisals throughout the year • Link appraisal with service/management planning
Comments and suggestions re local meetings	14.6%	13.5%	15%	<ul style="list-style-type: none"> • More Local Meetings • More educational meetings • Difficult to attend local meetings due to time constraints and workload • Calibration (e.g. How am I doing as an appraiser?)
Comments and suggestions re NES Training and Conference	8.2%	8.1%	8.2%	<ul style="list-style-type: none"> • Benefits of cross-specialty training • More refreshers training • Conference workshops • MSF/Form 4 training

Results: Reflecting on appraisal and appraiser

Q | Any other comments/feedback?

THEMES FROM RESPONSES	KEYWORDS COUNT	PRIMARY CARE	SECONDARY CARE	HIGHLIGHTS
Suggestions for SOAR/web resources	8.9%	13.5%	7.2%	<ul style="list-style-type: none"> • Online modules/webinars • Lack of appraisee Form 6 feedback
Suggestions and comments on general appraisal and revalidation	11.4%	4.1%	14%	<ul style="list-style-type: none"> • Need more appraisers • Recognition of Trainer • Create positive/reflective environments • Simplify processes • Guidance on “satisfactory” or “minimum requirements” for appraisal • How to deal with late submissions
Time and role recognition and remuneration	16%	8.1%	18.8%	<ul style="list-style-type: none"> • Time recognition in job planning (33) • Recognition / feeling undervalued • Separate paid role (SC) • Up-to-date remuneration (PC) against increased workload and responsibility since revalidation
Others	2.1%	0%	2.9%	<ul style="list-style-type: none"> • n/a (mostly comments around personal circumstances)

Results: Reflecting on appraisal and appraiser

Q | Any other comments/feedback?

There were 40 additional comments at the end of the survey, ranging from general thanks to additional comments and suggestions not explored in the survey; but most were reiterations of the comments made in previous questions. Although each comment was analysed as per previous questions, the responses were very diverse and not many of them were able to be categorised.

- There were 4 comments from appraisers who found the role enjoyable and rewarding;
- There were 3 comments reiterating the need for guidance on dealing with late submissions;
- There were 8 comments around the issue of not enough time for the appraiser role, and how onerous and time-consuming it was for the appraisees;
- There were further comments regarding appraisal being used as a tick box for revalidation and the need to simplify the process.

Most other comments were regarding how and why appraisers' wellbeing was also important.

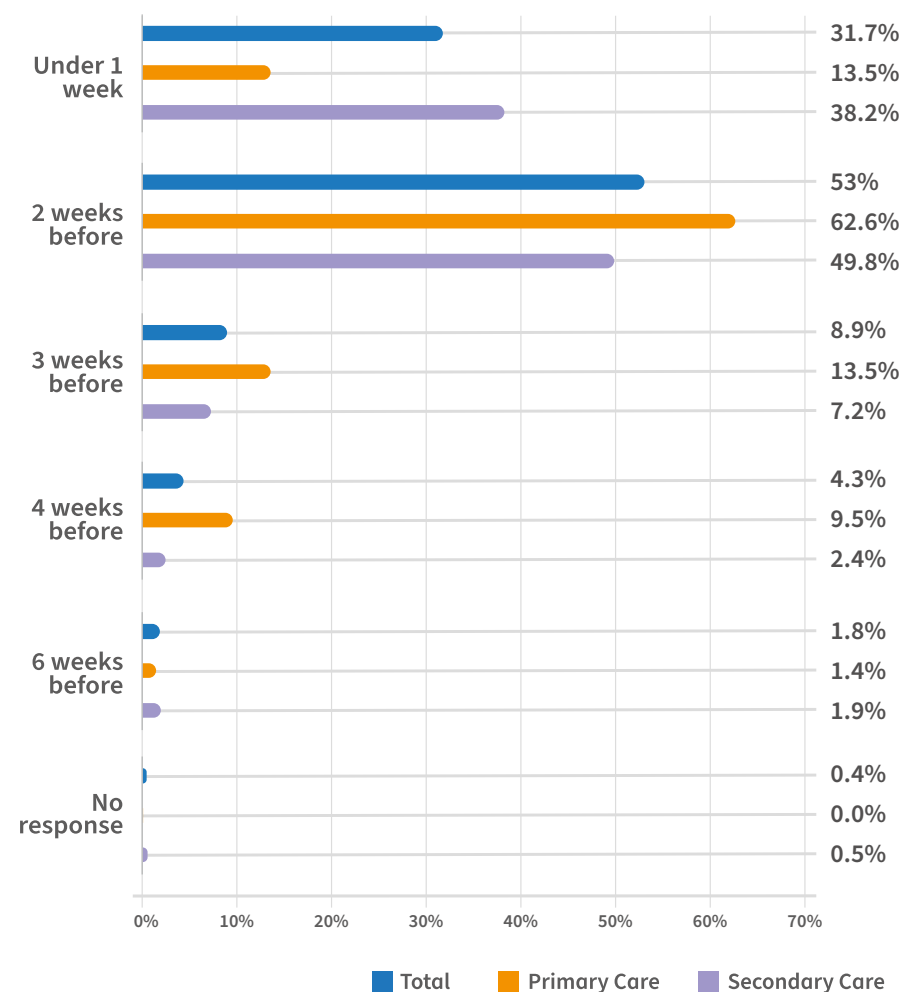
Results: Reflecting on appraisal and appraiser

Q | In your opinion/experience, what is the ideal timescale to receive appraisees' documents in preparation for the appraisal?

	TOTAL (281)	PRIMARY CARE (74)	SECONDARY CARE (207)
Under 1 week	31.7%	13.5%	38.2%
2 weeks before	53%	62.2%	49.8%
3 weeks before	8.9%	13.5%	7.2%
4 weeks before	4.3%	9.5%	2.4%
6 weeks before	1.8%	1.4%	1.9%
No response	0.4%	0	0.5%

Thank you for your responses, we will amend the guidance regarding timescale on the Medical Appraisal Scotland website in due course.

Ideal timescale for receiving appraisal documentation



Summary

These results show a complex picture of the differences between the primary and secondary care appraiser cohorts and their experience of appraisals and support in the appraiser role.

With initial training in Scotland run nationally by NES and ongoing support provided both nationally and locally within Health Boards and other organisations who employ appraisers, it would be useful to explore these differences and the reasons behind it further.

The survey confirmed the MARQA returns indication that support to medical appraisers is variable. In order to address these differences action will need to be taken at local as well as national level. Considerations will also need to be given to COVID-19's impact in our ongoing work.

Plan of action

To support this NES will make the report available to:

- The Revalidation Delivery Board Scotland (RDBS)
- Responsible Officers
- Appraisal Leads
- Local Appraisal Admin Teams
- Appraisers
- All doctors in Scotland via the NES [Medical Appraisal Scotland](#) website

Specific actions NES will take are:

- Review and update the national new appraisal training courses and refresher training
- Facilitate discussions with the Appraisal Leads about local actions
- Consider developing refresher modules that could be run at local appraiser meetings
- Present the survey results at the next RDBS meeting
- Continue to contribute to the update of the national appraisal guidance for Scotland led by Scottish Government
- Promote and where necessary update the information already available on the Medical Appraisal Scotland website:
www.appraisal.nes.scot.nhs.uk

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Appendix A: Survey Questions

#	QUESTION	OPTIONS
1.	YEAR of birth	<i>[Free text comments]</i>
2.	Gender	Female Male Non-binary Do not wish to answer Other
3.	Are you a Primary or Secondary Care Appraiser?	Primary Care (GP) Secondary Care Other
4.	Where did you obtain your primary medical qualification?	UK European Economic Area (EEA) Outside the UK and EEA Prefer not to say
5.	On average, how many clinical sessions have you completed per week over the past twelve months?	0 - I am retired from clinical practice / on a career break 0 - I have never been clinically active 1-2 3-5 6-8 More than 8 Prefer not to answer
6.	For how many years have you been qualified as a medical doctor / clinician / consultant?	0-5 years 6-10 years 11-20 years More than 20 years

#	QUESTION	OPTIONS
7.	Across all of your medical roles, do you work part time or full time?	Full Time Part Time
8.	What other roles do you undertake?	<i>[Free text comments]</i>
9.	How long have you been an appraiser?	0-3 years 4-6 years 7-10 years 11 years or more
10.	On average, how many appraisals do you carry out each year?	<i>[Free text comments]</i>
11.	Over the course of the year, what percentage of your appraisals are cross-specialty?	100% 99-75% 75-50% 25-50% Less than 25% I don't carry out cross-specialty appraisals
12.	In your experience, do appraisals contribute to improvements in patient care/work/role?	Yes No Partially
13.	Any further comments or examples?	<i>[Free text comments]</i>
14.	In your experience, do appraisals support and empower your colleagues?	Yes No Partially
15.	Any further comments or examples?	<i>[Free text comments]</i>

Appendix A: Survey Questions

#	QUESTION	OPTIONS
16.	How do you calibrate your practice as an appraiser?	<i>[Free text comments]</i>
17.	What supporting information do you provide at appraisal for your appraiser role?	Form 6 feedback Summary of 1-to-1 with Appraisal Lead Reflective template of appraiser role Other
18.	Any further comments or examples?	<i>[Free text comments]</i>
19.	How well supported do you feel in your appraiser role?	Very well supported Supported Partially supported Not at all supported
20.	Any further comments or examples?	<i>[Free text comments]</i>
21.	Who do you go to for support and advice in your appraiser role?	Appraisal Leads Responsible Officers Health Board Admin teams Fellow appraisers NES Other
22.	What resources have you accessed to develop yourself in your appraiser role?	Annual Appraiser Conference NES Refresher Training Local Appraisers Meetings 1-to-1 Meetings with Appraisal Lead None / NA Other

#	QUESTION	OPTIONS
23.	<i>[If "None/NA" was selected in previous question]</i> You indicated that you have not accessed developmental resources in your appraiser role, please elaborate:	Not aware they existed Did not have time Did not feel I needed them Other
24.	What could your health board or NES do to best support you in your appraiser role?	<i>[Free text comments]</i>
25.	Any other comments/feedback?	<i>[Free text comments]</i>
26.	In your opinion/experience, what is the ideal timescale to receive appraisees' documents in preparation for the appraisal?	1 week before meeting 2 weeks before meeting 3 weeks before meeting 4 weeks before meeting 6 weeks before meeting Other (please provide details)

Appendix A: Survey Questions

#	QUESTION	OPTIONS
16.	How do you calibrate your practice as an appraiser?	<i>[Free text comments]</i>
17.	What supporting information do you provide at appraisal for your appraiser role?	Form 6 feedback Summary of 1-to-1 with Appraisal Lead Reflective template of appraiser role Other
18.	Any further comments or examples?	<i>[Free text comments]</i>
19.	How well supported do you feel in your appraiser role?	Very well supported Supported Partially supported Not at all supported
20.	Any further comments or examples?	<i>[Free text comments]</i>
21.	Who do you go to for support and advice in your appraiser role?	Appraisal Leads Responsible Officers Health Board Admin teams Fellow appraisers NES Other
22.	What resources have you accessed to develop yourself in your appraiser role?	Annual Appraiser Conference NES Refresher Training Local Appraisers Meetings 1-to-1 Meetings with Appraisal Lead None / NA Other

#	QUESTION	OPTIONS
23.	<i>[If "None/NA" was selected in previous question]</i> You indicated that you have not accessed developmental resources in your appraiser role, please elaborate:	Not aware they existed Did not have time Did not feel I needed them Other
24.	What could your health board or NES do to best support you in your appraiser role?	<i>[Free text comments]</i>
25.	Any other comments/feedback?	<i>[Free text comments]</i>
26.	In your opinion/experience, what is the ideal timescale to receive appraisees' documents in preparation for the appraisal?	1 week before meeting 2 weeks before meeting 3 weeks before meeting 4 weeks before meeting 6 weeks before meeting Other (please provide details)

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.