Appraisal of doctors in the United Kingdom

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The review of the appraisal of general practitioners in United Kingdom, its achievements and problems is given in the article.
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The UK's National Health Service

The National Health Service (NHS) was founded in the United Kingdom (UK) by the Labour Party health minister Aneurin Bevan in 1948. The socialist government that set it up had the ideal that good healthcare should be available to all, however poor or wealthy the patient is. That principle still stands today, and is one of the reasons that the NHS is so popular with British people. Apart from some parking fees, prescriptions charges, optician and dentist services, the NHS in England is still 'free at the point of use' for all 64.6 million UK residents.

The NHS is mainly funded by general taxation but, compared to other Western European countries. the UK spends relatively little on healthcare; this makes it difficult to achieve the improvements in quality of care and outcomes that the public expects.

The NHS sees over 1 million patients every 36 hours[1]. It covers everything from antenatal and maternity care, routine screening, treatments for long-term conditions, mental health care, transplants, emergency treatment, to end-of-life care. The NHS employs more than 1.5 million people, making it the fifth largest employer in the world. Private healthcare, paid for mainly by private insurance, is used by less than 8% of the population, and generally as a top-up to NHS services.

In the UK, family doctors are called General Practitioners (GPs). To become a GP there is a five-year training period after graduation, and then most GPs join a group family practice. Almost half of all fully-trained NHS doctors are GPs, and they earn about the same as their hospital specialist colleagues. The UK has a 'GP-as-gatekeeper' system: all medical records are held by the GP who, with the patient, decides whether a specialist referral is necessary. The NHS Electronic Referral Service allows the patient some choice in which hospital they will be seen and have treatment. Except in an emergency, and occasionally in the private sector, patients can only see specialists when they have been referred by a GP. So, very few specialists work in the community: most work in hospitals.

There is a move to encourage development of multi-speciality community providers to focus on joined-up care that is preventative, high quality, efficient, and outcome-focused. This is seen as a key part of the future NHS, with the aim of creating sustainable and integrated care systems, and helping to reduce the high and unsustainable GP workload. This is particularly important as there is a worsening shortage of GPs.

Almost all GPs work in group practices, typically with 3-5 doctors and a similar number of practice nurses, counsellors and health advisors. Every person in the UK is registered with a GP. GPs have on average 1,700 patients registered with them, although this is very variable. They give 'cradle to grave' care, but their work has expanded over the last few years: in an effort to reduce healthcare costs, more and more care of chronic diseases such as diabetes, asthma, heart disease and chronic kidney disease has been transferred from specialist to primary care.

When the NHS was launched in 1948, it had a budget of J437 million (ˆ488 million, ?14,700 million). Last year, the overall NHS budget was J117 billion (ˆ130 billion, ?3,930 billion) [1]. GP practice income is made up of a mixture of capitation fees, payments for meeting targets, and payments for meeting quality standards.

Revalidation for doctors

The General Medical Council (GMC) is a statutory independent organisation whose role is to help protect patients, and improve medical education and practice across the UK [2]. To be able to practice, all doctors in the UK must be registered with the GMC and have a licence. After extensive consultation, revalidation of all doctors every five years was introduced in 2012; in this process, all doctors have to show on a regular basis that they are up-to-date, fit to practise in their chosen field, and able to provide a good level of care.

This 'licence to practise' is an indicator that the doctor continues to meet the professional standards set by the GMC, and it aims to give confidence to patients that their doctor is being regularly checked by their employer and the GMC. It is based on the doctor having an annual, local evaluation of their practice, called the 'NHS appraisal', which is based on the GMC's guidance for doctors: 'Good medical practice' [3]. The appraisal and revalidation system is compulsory for all NHS doctors, whether specialist or GP, newly qualified or senior professor. It also includes doctors who are in difficult-to-reach groups, for example locums and those not in regular employment.

Each NHS clinical organisation is linked with a senior doctor, the 'Responsible Officer', whose role is to make a recommendation to the GMC about the doctor's fitness to practise. This recommendation is based on the outcomes of the doctor's annual appraisals over the five years, combined with information from the organisation's clinical governance (quality improvement and safeguarding) systems.

The NHS appraisal system

The NHS appraisal is now a universal process for the UK's medical profession. It looks at the doctor's professional development, patient care and patient safety. The annual NHS appraisal meetings between the doctor and their appraiser, a trained and skilled local senior colleague, typically lasts two hours. The appraisal covers four areas of the doctor's practice [4]:

1. Knowledge, skills and performance:
- Maintaining professional performance
- Applying knowledge and experience to practice
- Ensuring that all clinical records are clear, accurate and legible

2. Safety and quality:
- Contributing to and complying with systems to protect patients
- Responding to risks to safety
- Protecting patients and colleagues from any risk posed by the doctor's own health

3. Communication, partnership and teamwork:
- Communicating effectively
- Working constructively with colleagues and delegating effectively
- Establishing and maintaining partnerships with patients

4. Maintaining trust:
- Showing respect for patients
- Treating patients and colleagues fairly and without discrimination
- Acting with honesty and integrity

The NHS appraisal process consists of the preparation of supporting information, the appraisal discussion itself, and the production of an individualised Personal Development Plan. These are summarised in Figure 1.

Preparing for the appraisal

Before the appraisal, the doctor needs to gather information about their continuing professional development (CPD) and the quality of their work over the past year. This includes six types of 'supporting information' (evidence) [5], and the doctor is expected to provide and discuss these at the annual appraisal:

• *Continuing professional development:* doctors need to achieve at least 50 hours of CPD a year. CPD can be reading (e.g. journals), discussions in GPs' practices (e.g. case discussions), on-line learning and postgraduate medical education courses. GPs are encouraged to provide evidence that they have thought about, and learnt from, these.

• *Quality improvement activity:* this may be a review of a clinical case, an analysis of prescribing or of referrals to specialists, or a 'clinical audit' (for instance the proportion of patients with hypothyroidism who have had thyroid function tests in the last year). 'Significant event analysis' is encouraged: this is an analysis of something that went wrong, or could have gone wrong. Examples include: a prescribing error, a delayed cancer diagnosis, a complaint, a breach in confidentiality, or how the doctor coped with a staffing crisis.

• *Feedback from colleagues:* every five years, the doctor has to get '360-degree feedback' from colleagues, using a standardised questionnaire which asks other GPs, nurses and staff for written, anonymous feedback.

• *Feedback from patients:* in this, a random sample of fifty patients the doctor has seen are given a questionnaire. This is analysed independently, and lets the doctor compare their own results with the national averages. It also encourages the doctor to reflect on their own attitudes and behaviour.

• *A review of complaints and compliments:* for example, a delayed diagnosis or a 'thank you' letter from a patient; this gives the doctor the opportunity to discuss these with their appraiser, learn from them, and improve their practice where needed.

Doctors are expected to gather all this supporting evidence in an online 'appraisal portfolio'. This portfolio usually also includes [6]:

• A description of the doctor's work and working environment, in particular any important changes since the last appraisal.

• The doctor's personal development plans from previous years' appraisal discussions.

• The doctor's written commentary on their achievements, challenges and aspirations.

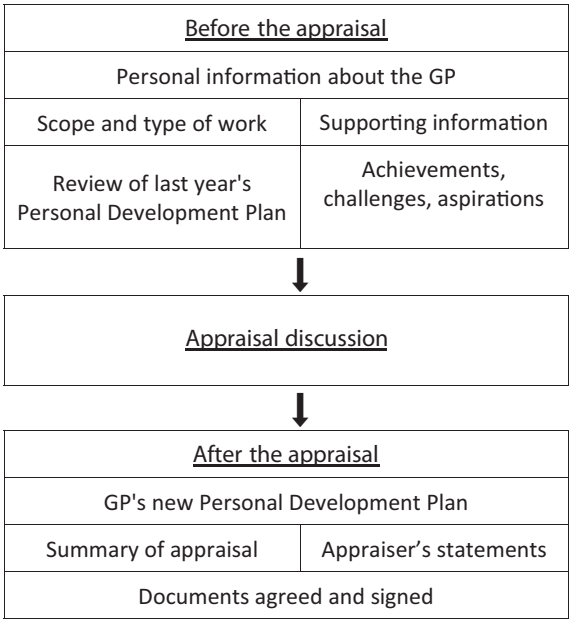
• A discussion of important issues affecting the doctor's own health and/or that may put patients at risk, for example an alcohol problem, or anything relating to the doctor's honesty, or moral principles that relate to medical practice.

• Certificates from recent resuscitation and child protection update courses.

Most GPs take about eight hours to gather the supporting information for their appraisal portfolios. While the quality of the portfolio is key to the quality of their appraisal, it is the doctor's reflection on the information that will help the doctor and appraiser to identify of areas for development and improvement.

The appraisal discussion

The appraisers are experienced, respected and motivated GPs who have been on a special training course. They have regular meetings to discuss best appraisal practice and to compare their decision-making ('bench-marking'). The appraisal discussion usually lasts two to three hours, and is confidential except in the rare cases that the appraiser identifies a serious ongoing risk to patients, or thinks that the GP is not well enough to practice. Establishing trust between the appraiser and appraised doctor is key to the success of this process. Having reviewed the doctor's supporting information and commentary, the appraiser is able to support, guide and constructively challenge the doctor – another very important part of the appraisal process.



The NHS appraisal process

The Personal Development Plan

An important outcome from the appraisal is the doctor's Personal Development Plan (PDP). In this, the doctor and appraiser decide on the GP's main learning goals [7]. This is made up of at least three agreed objectives which should be about specific activities, be measurable and attainable, and include what the doctor both wants and needs to learn. The PDP document records what the objectives are, how they will be achieved (Personal study? Lecture? Discussion with colleagues?), when they will be achieved by, and any potential barriers to achieving them. Doctors know that the PDP, and evidence of completion, will be reviewed a year later: What was achieved? What wasn't achieved, and why?

The NHS appraisal – formative or summative?

One controversial aspect of NHS appraisal is whether it should be 'formative' or 'summative' [8]. Should it be a way to help all doctors to improve? Or should its main aim be to identify 'bad' doctors?

In formative assessment, there is no 'pass/fail'. The aim is to monitor the doctor's learning and professional development, so that the appraiser can give feedback that helps the doctor to improve their learning and practice. It is designed to help the doctor to identify their strengths and weaknesses, discover areas that need further development, and check whether the doctor is struggling and needs extra support. In contrast, a summative approach aims to evaluate the doctor's learning and performance, compare it with a standard or benchmark, and then give a pass/fail decision. Views about where appraisal and revalidation fit in this vary, from the management-orientated approach of those who want to use the system to ensure that all NHS doctors meet a minimum standard, to the more professionally orientated approach of those who view appraisal as a way to support all doctors in their professional development.

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Another controversy is over the use of written reflection in NHS appraisals. Reflection and reflective medical practice are considered essential for professional competence, so appraisers want to see evidence that their doctors are reflecting on their work and learning. Doctors do this formally, by writing their reflections down in their appraisal portfolio. However, there is evidence from a recent survey of British GPs that there is considerable unhappiness with compulsory written reflection, and that this may be contributing to recruitment and retention difficulties within general practice [9]. The majority of those surveyed felt that informal verbal reflection was a lot more helpful to them than written reflection.

Discussion

While there is little objective evidence that appraisal changes doctors' behaviour and directly results in better patient care, there is evidence about specific appraisal techniques (goal-setting, for example) in non-medical sectors. There is a widespread acceptance and understanding that there is a lot to gain from well-conducted appraisals, and appraisers aim to ensure that they are a supportive, positive and motivational experience. Examples of good practice are identified and shared with other colleagues where appropriate. Combining positive feedback with constructive criticism is thought to help doctors make decisions about the skills that they need to develop their individual practice, maintain their wellbeing, improve their performance, and increase patient safety.

A large qualitative study published in 2014 found that doctors in the UK were receiving mixed messages about the purpose of appraisal and revalidation [10]. Some were cynical about the purpose of assuring the general public of doctors' fitness to practise. However, doctors in the study were able to identify possible benefits, particularly developmental opportunities. Many wanted to use appraisal and revalidation as a tool to improve the quality of patient care and encourage individual professional development.

'Resilience' – the ability to continue coping with a demanding workload and stressful job – is an important issue for GPs and the profession as a whole [11]. Appraisal aims to help doctors to work on skills that will help them with this. Sometimes a change in the GP's personal life, a poor work/life balance, a lack of supportive relationships, or a failure to cooperate with the appraisal process alerts the appraiser that the GP may have a problem. The appraiser and appraisee can then identify areas to work on: these may include how the GP can control their workload, the need to look after themselves, and how to get personal and/or professional support.

CONCLUSION

Being appraised is not something we necessarily look forward to – we feel that we work hard and do our best, so being criticised, even constructively, can be an uncomfortable experience. However, appraisers consider that they help their GPs increase their professional skills and confidence. They report that their appraisal discussions often identify learning opportunities for both the GP and the appraiser.

We believe that appraisal of doctors in the NHS helps doctors to have a good sense of perspective in their work, lets them see the opportunities for learning and professional growth, and reassures the general public that all their doctors are taking part in regular, effective learning activities that keep them up-to-date with guidance on best practice. As well as promoting clinical excellence, appraisal encourages career development and provides support for GPs. Leadership across the NHS is needed to support appraisal and drive continuous quality improvement.

While appraisal seems to be 'a good idea' and benefit the whole NHS, doctors and their patients need more clarity about what the appraisal system is aiming to achieve, and evidence that it is actually achieving it.

Оцінювання та атестація лікарів у Великобританії
Ульріке Науман, Майкл Харріс

У статті наведено огляд здобутків та проблем системи атестації лікарів загальної практики у Великобританії.
Ключові слова: *оцінювання і атестація лікарів, національна служба охорони здоров'я, належна лікарська практика.*

Оценивание и аттестация врачей в Великобритании
Ульрике Науман, Майкл Харрис

В статье представлен обзор достижений и проблем процесса оценивания и аттестации врачей общей практики в Великобритании.
Ключевые слова: *оценивание и аттестация врачей, Национальная система здравоохранения, надлежащая врачебная практика.*

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