

TAKE-HOME NOTES:  
**Appraisal for psychiatrists**

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- Appraisal is now a well-established tool to help doctors (and of course other healthcare staff) to deliver high quality care.
- The most basic questions for all doctors within the appraisal process are:

*What do I do?*

*How well do I do it?*

*What should I do to continuously improve?*

- When being appraised you must ensure that you have carefully, and with thought and reflection, compiled sufficient subjective and objective evidence.
- When appraising you must be able to understand what the doctor being appraised actually does, and develop some judgement as to how well they do it.
- In concluding a successful appraisal meeting you both should be in a position to agree what should be in place for continued personal development.

**The nine 'P's of the appraisal process**

- **P**reparation

In preparing for an appraisal you should be able to ask and answer some key questions in advance of the appraisal interview:

*Am I a good doctor?*

*Do I perform well?*

*Am I up to date?*

*Do I work well in a team?*

*Do I listen to and respect patients and reflect on the user experience?*

*How well do I deploy resources available and what resources are needed?*

*How well do I meet service objectives?*

*What are my development needs?*

In advance of the appraisal meeting it is useful to draft out your personal development plans as a basis for more detailed discussion.

- **Parameters**

These involve:

- setting the scene
- agreeing the process

- **Outputs**

The appraiser will aim to complete a summary sheet (the output Form 4 in England) as the interview proceeds, so that it can then be signed off at the end of the meeting without having to be 'taken away for completion'.

- **Professionalism**

Challenging and questioning is done *by consent* and you should constantly take stock of that professional relationship throughout the appraisal meeting.

- **Presence**

As appraiser you will need to *concentrate* throughout the meeting, *listen actively*, keep the process on track, but *interrupt* occasionally when necessary. This does mean that it is easier to challenge and test the data from a position of being involved in the process than that of being passively outside, that of an onlooker.

- **Politics**

Good appraisers will pay heed to the potential for power relationships to distort the appraisal process, with the possibility of it becoming a very unsatisfactory process for either or both.

- **Personal intervention**

Any personal intervention on the part of an appraiser *on behalf of the appraisee* either to a medical management colleague or perhaps the Chief Executive or similar should only be done with the *explicit* permission of the appraisee.

- **Performance concerns**

It is rare that a single appraisal meeting will be the first opportunity that someone can raise such a serious concern, but it is of course essential that an appraiser is aware of that responsibility. The appraisee should also be aware that this (rare) action is the responsibility of an appraiser.

- **Parting**

At the end of the appraisal meeting the appraiser will take stock of the process and agree with the appraisee the Personal Development and 'other' tasks they have signed up to complete.

### **The skills for appraisal**

- Interpersonal/social skills
- Knowledge of systems and organisations
- Being respectful
- Questioning skills (as opposed to interrogating skills)
- Listening skills
- Integrity and confidentiality
- Trust and support

Good appraisers can learn a lot from the 'coaching skills' that are increasingly widely employed in business to bring out the best in performance in the workplace

### The unsatisfactory appraisal

When there is clear lack of agreement, and the appraiser is being asked to complete an appraisal that glosses over concerns, the appraiser should refuse to sign off the form and pass the issue to the Clinical or Medical Director, Clinical Tutor or Deanery, or in cases where the appraisal is out with managed organisations, discussion with the National Clinical Assessment Service for advice (in England)

Clearly not all appraisers will be equipped to conduct good appraisals, and appraisees should also raise concerns through the Medical Director (NHS and non-NHS alike), Deaneries, NHS Boards or other routes as appropriate.

### Reflection

(1.7) The appraisal process can be defined in terms of nine 'P's, for example **P**reparation. Can you think of any more?

(2.6) Write a short text about your own work in your specialty, and what activities you undertake.

(3.1) What things might you consider before scheduling an appraisal? How much time do you think should be scheduled?

(3.2) Which things do you think the appraiser and appraisee should agree on before beginning the appraisal process?

(3.6) Which issues do you think might cause friction between the appraiser and appraisee?

(3.8) Think back again to your last appraisal. Did you discuss the purpose of the meeting and what the expected outcomes would be? Was the time allotted sufficient? Were issues of confidentiality discussed as part of the planning process? How do you think the way the meeting was held affected the outcome?

(4.2) What do you think are the core skills and qualities necessary for carrying out a successful appraisal?

(4.5) Think back to your last appraisal meeting, either as appraiser or appraisee. **If you were the appraiser:** How far did you feel that you had helped the appraisee find their own solutions to their objectives and areas for concern? Can you remember any particular techniques that were successful? **If you were the appraisee:** How far did you feel that your appraiser had helped you do this? Can you remember any particular techniques that were successful?

(4.6) How good are your questioning skills? What do you think are the elements of a good question?

(4.10) Can you think of any ways to interrupt that would be better than the above?

### Questionnaires

[\(2.23\) Preparation of your last appraisal](#)

## References

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## Further reading

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Royal College of Psychiatrists (2010) Draft Revalidation Guidance for Psychiatrists. [\[PDF\]](#)