RCGP Revalidation Survey, 2017

Key findings and conclusions

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With many thanks to a wide range of internal and external stakeholders for their support in the development and dissemination of the survey.
The Royal College of General Practitioners was founded in 1952 with this object:

‘To encourage, foster and maintain the highest possible standards in general practice and for that purpose to take or join with others in taking steps consistent with the charitable nature of that object which may assist towards the same.’

Among its responsibilities under its Royal Charter the College is entitled to:

‘Diffuse information on all matters affecting general practice and issue such publications as may assist the object of the College.’

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Context

The role of the Royal College of General Practitioners (RCGP) in appraisal and revalidation is to provide specialty-specific guidance and support. The College promotes the use of appraisal for continuous quality improvement in practice through personal and professional development, as well as to demonstrate continued competence as a GP. It recommends the types of supporting information that GPs should provide to meet the General Medical Council (GMC) requirements for revalidation in a proportionate way. The College has produced a ‘Guide to supporting information for appraisal and revalidation’, which was updated in April 2018 in line with the GMC updated guidance; a Mythbusters document addressing some of the common misconceptions about appraisal; and a variety of other resources designed to reduce the burden of regulation and increase the value of appraisal.

The College conducted a revalidation survey in 2015 to gather views from the profession on their experiences of the first cycle of revalidation and what they felt could be done to further develop the process. The survey was updated and repeated in October and November 2017 to establish how much progress has been made in encouraging a supportive and reflective appraisal process, and what could be done better.

Methodology

The survey combined quantitative and qualitative questions to gather specific answers to key questions and offered free-text fields to allow respondents to share opinions and experiences in more detail. The survey was conducted using Dotmailer, was tested internally and was then shared externally using a variety of methods including direct emails, social media, newsletters and blogs. The aim was to capture responses from GPs from a range of contexts and locations and include questions that could be directly compared with questions from the survey conducted in 2015. The results were analysed and presented graphically to provide a visual comparison between groups or surveys. The qualitative data from the free-text responses were coded and key themes were drawn out.

On this occasion, the geographical range of those who responded did not reflect the geographical spread of the profession as a whole. This has been noted in the results.
Key findings

- A total of 1100 GPs and GP trainees participated in the survey (1066 in 2015).
- Scotland was underrepresented and Wales was overrepresented in terms of the whole profession.
- The majority of respondents were principal GPs in the NHS. There was a relatively even split between full-time and part-time working.
- There was a slight drop from 2015 to 2017 (from 31% to 28%) in the percentage of GPs indicating that they had an extended scope of practice.
- Fewer respondents in 2017 had referred to the RCGP website for guidance on appraisal and revalidation. This may be because of the larger proportion of respondents from Wales, who may be more likely to refer to the Medical Appraisal and Revalidation System (MARS) for support. Over 70% of those who did refer to the website for guidance found it helpful. This percentage increased for those respondents who had been qualified for longer.
- There was a slight drop from 2015 to 2017 (from 66% to 57%) in the percentage of respondents who had contacted the RCGP team with an appraisal and revalidation query and found the response helpful.
- There was an increase in the percentage of respondents who had not experienced any difficulties with their appraisal and revalidation (from 62% in 2015 to 70% in 2017).
- There was an increase in the percentage of respondents who felt that their supporting information demonstrated the quality of care that they provided (from 33% in 2015 to 40% in 2017).
- The proportion of respondents who felt that their appraisal had fulfilled its purpose in supporting quality improvements in their practice was almost unchanged (32% in 2015 and 34% in 2017). Those respondents who worked part-time were more likely to feel that appraisal had supported quality improvements in their practice (36%), as were those who worked in Wales (46%). The majority of respondents did not feel that appraisal had fulfilled the purpose of supporting quality improvements in patient care (66%) or in their own practice (65%).
- In total, 41% of respondents felt that their most recent appraiser was only ‘adequately’, ‘minimally’ or ‘not at all’ appropriately trained and supportive, although this reduced to 21% in Wales.
- Some GPs did not have confidence in the knowledge and/or skills of their appraiser.
- Many non-members were not aware that the RCGP has a key role in providing appraisal and revalidation guidance and support for all GPs, not just members.
Results

Demography

1. Respondents were asked in which country they primarily practised. The graph below shows answers from 2017 and 2015, as well as demographic data for the whole GP profession.

Compared with the wider profession and the 2015 survey, Scotland was underrepresented and Wales was overrepresented as the country in which respondents primarily practised. As Scotland was overrepresented in 2015, this was an unexpected result for Scotland and may reflect a more successful sharing of the survey in Wales than Scotland in 2017. Other results also suggest a more positive engagement of doctors with appraisal in Wales than elsewhere in the UK in 2017.

The responses were not weighted to reflect these differences; instead, they were factored into the analysis of responses to other relevant questions in the survey.
2. Respondents were asked to describe their practice by choosing from the following options: locum GP, principal GP, sessional GP, trainee or ‘other’. Those who selected ‘other’ were asked to describe the roles that formed the majority of their practice.

For the 52 respondents who selected ‘other’ in 2017, we received the following descriptions:

- salaried (nine responses)
- retired (nine)
- portfolio GP (four)
- private GP (four)
- academic GP (three)
- military (three)
- out-of-hours (OOH) (three)
- education/educator (three)
- acute GP unit (two)
- manager/medical director (two)
- retainer (two)
- each of the following was listed once: occupational health physician (OHP), medico legal, Local Medical Committee (LMC) CEO, local health board employed, GP with Special Interest (GPwSI), fellow, consulting doctor and clinical commissioning group (CCG).

There has been a small shift away from working as a principal doctor to working as a locum or sessional doctor. It should be noted that the 2015 survey did not include a ‘trainee’ option and that only one person who responded ‘other’ in 2015 described themselves as a trainee.
3. Respondents were asked: ‘In which setting do you predominantly work?’ The following options were provided: NHS, Defence Medical Services, private practice and ‘other’. As with the previous question, those who selected ‘other’ were asked to provide further details.

In 2017, 14 of the 1100 respondents selected ‘other’ and described their setting as:

- university (three responses)
- a mixture of settings (two)
- private practice (two)
- one response for each for the following: hospice, LMC, Alternative Provider Medical Services (APMS) GP co-operative, medical school, prison, retired and a responsible officer (RO) and appraiser.

In both 2015 and 2017 more than 94% of respondents listed the NHS as the area in which they predominantly worked. There was very little variance in the responses for each year.
4. Respondents were asked: ‘Which of the following best describes the majority of your practice?’

There was little difference from 2015 to 2017, although 2% more described their work as full-time in 2017 than in 2015. There was no opportunity to consider changing norms for what may be considered full-time general practice.

5. Respondents were asked: ‘For how many years have you been a qualified GP?’. This question was not asked in the 2015 survey. The options were grouped together and, as ‘other’ was not an option, six of the seven trainees who responded selected 0–5 years.
6. Respondents were asked whether they had any extended scopes of practice. Those who selected ‘yes’ were asked to provide further details.
The most common extended roles were all educational; training, appraising and education were the main descriptors. Dermatology was the most common specialty-specific response and this has been the College’s focus for the first extended roles accreditation pilot, which began in 2018.

These data show that GPs are undertaking a wide range of practice in addition to their core GP roles in undifferentiated primary care. RCGP resources emphasise that supporting information for appraisal and revalidation should cover the whole scope of practice.

### Analysis, actions and recommendations

These responses demonstrate a spread that is reasonably representative of general practitioners, apart from there being a disproportionately high percentage of respondents from Wales and a low percentage from Scotland. The spread of respondents has remained remarkably stable over the two RCGP revalidation surveys, which has allowed us to compare the results from the two surveys where the same wording for a question was used.

GPs in the UK are increasingly working in a wide range of settings across varied scopes of practice. The revalidation team will continue to work across the College and externally to share resources and guidance through a variety of channels, and adapt that support to suit different audiences. Areas of focus for further support include First5 GPs; those with an extended scope of practice; those returning after a break from practice, including a period of work overseas; and those undertaking a low volume of clinical work.

### RCGP support

Since the 2015 survey, the College has produced a number of resources designed to support GPs through their appraisals. These include a ‘Guide to supporting information for appraisal and revalidation’, which recommends how to meet the GMC requirements for revalidation in a general practice context; a Mythbusters document, which aims to dispel some of the common misconceptions around appraisal and revalidation; and podcasts that outline each of the types of supporting information. These resources are updated regularly in line with feedback from GPs and appraisers and changes to GMC guidance.

The College also has a revalidation mailbox that receives, on average, around 25 emails per month covering a range of questions and topics. Emails sent to this mailbox help to form new resources and to update existing resources, as well as being a source of new ‘myths’ to be answered in the Mythbusters document.

Respondents were asked questions about the support offered by the RCGP for appraisal and revalidation, seeking information about the individualised RCGP revalidation team help and use of the website. The survey questions were designed to establish how useful the existing College support was felt to be, and what more is needed.
1. Respondents were asked, ‘Have you contacted the RCGP with an appraisal or revalidation query?’

Responses did not change significantly from 2015 to 2017, with relatively few GPs contacting the College directly for information, advice or support.

Those who answered ‘no’ were not required to give further feedback so it is not known whether they had no queries about appraisal and revalidation or whether they are going to other organisations, such as the GMC, NHS bodies or local appraisal systems, if they do have queries. It is also not clear the extent to which GPs are aware of the support offered by the College.

2. Respondents who indicated that they had contacted the RCGP with an appraisal or revalidation question were asked whether the response was useful.
The results showed that, although there is room for improvement, most of those who contacted the College received the help that they needed. The reduction in the number of respondents who found the response helpful between 2015 and 2017 is a concern, but may reflect an increasing complexity in the queries received as the appraisal and revalidation process is better understood, or those who contact the College for support about issues over which the College has no influence.

A summary of the emails sent to the revalidation mailbox between August 2016 and July 2017 showed that an average of 23 emails were received each month. Of the emails that specifically included appraisal queries, the queries related most frequently to the following categories:

- how to establish who their appraiser was (24% of enquiries)
- Patient Satisfaction Questionnaire (PSQ) and Multi-Source Feedback (MSF) (14%)
- mandatory training (e.g. basic life support) (11%)
- timing of appraisals (10%)
- supporting information requirements (8%).

This suggests that the administration of the appraisal process remains an issue for many GPs and that they can be unsure of where to go locally to resolve those issues when they arise. Over one-third of the appraisal queries were from newly qualified or trainee GPs, highlighting the need to focus support on those completing appraisals for the first time.

3. Respondents were asked: ‘Have you referred to the RCGP website for guidance on appraisal and revalidation?’

![Graph showing referral to RCGP website for guidance]

Compared with 2015, fewer people had referred to the College website when looking for guidance in 2017.

The 2017 survey data were additionally analysed according to how long the respondents had been in general practice.
Those GPs who had been qualified for fewer than 10 years were more likely to refer to the College website for guidance than those who had been qualified for longer. This echoes the disproportionately higher number of younger doctors contacting the RCGP revalidation team for help.

There are a number of possible reasons for this difference: younger GPs may be more likely to utilise web-based resources; they may be more likely to look for guidance, being newer to the profession, appraisal and revalidation; or they may be more aware of the RCGP resources available. The revalidation team is working with other teams in the College to produce resources and support specifically for First5 GPs. These data suggest both that they are more likely to access such resources and that they should be available on the College website.

In both 2015 and 2017, respondents who indicated that they had visited the College website for guidance on appraisal and revalidation were asked whether they found the guidance helpful.

This shows that a high proportion of respondents, around 70%, have consistently found the guidance on the website helpful, but those who did not find it helpful clearly indicated this in 2017. This
is disappointing because of the effort that has gone into trying to improve the resources on the website.

The data show that those who have been qualified for longer were more likely to find the website helpful.

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<th>0–5 years</th>
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It is disappointing that so many GPs in the first 5 years did not find the website helpful and this is an area that the RCGP revalidation team will prioritise.

Respondents were asked what other resources they had accessed for appraisal and revalidation support. The most popular responses in both 2015 and 2017 were the GMC, local appraisal guidance [particularly the Scottish Online Appraisal Resource (SOAR) and MARS], appraisers and peers. The College needs to continue to work closely with these organisations to ensure that no mixed messages are given to GPs around requirements and recommendations for appraisal and revalidation.

Analysis, actions and recommendations

The number of GPs using the RCGP for help and advice is relatively low. Several respondents indicated that they had not contacted the RCGP because they were not members. This suggests that the role of the College in providing specialty-specific guidance and support for all GPs, not just members, should be more widely promoted. Over one-third of the appraisal queries were from newly qualified or trainee GPs, highlighting the need to focus support on those completing appraisals for the first time.

Although GPs who have been qualified for a shorter length of time are more likely to access the website for support, they are less likely than older GPs to find it helpful when they do. This suggests that the College needs to provide more specific support on the website for GPs who have not been qualified for long. The revalidation team will continue to work with the First5 and Associate in Training (AiT) committees to produce resources and support specifically for First5 GPs, as well as those transitioning from trainee to qualified GP, and GP Parents, and put the resources for these groups on the website.
It is reassuring that the majority of those who have made an enquiry have felt that the College response was helpful. To further increase the usefulness of the support provided, the revalidation team will focus on increasing the visibility and accessibility of its revalidation resources. GPs should be able to find out the answers to common questions themselves. Work has already begun on this; the revalidation landing page on the College website is now easier to navigate and the resources available have been made clearer.

The revalidation team will put a greater focus on responding quickly and thoroughly to any queries received and ensuring that GPs who contact the College about appraisal through other teams, such as the membership team, are appropriately referred to the revalidation team.

Any issues that the College does not have direct control over need to be flagged with the relevant stakeholder organisations. The RCGP will continue to work closely with all stakeholders to ensure that standards are consistently applied and confusion can be avoided. The election of the Medical Director for Revalidation to the Chair of the Academy Revalidation and Professional Development Committee in October 2017, and the adoption of the Mythbusters by the Academy and other Medical Royal Colleges and Faculties, will help to reduce inconsistencies across the medical profession.

The purpose of appraisal

The survey included questions aimed at establishing whether appraisal has fulfilled its intended purposes.

1. Respondents were asked: ‘Do you feel that appraisal has fulfilled its purpose in supporting quality improvements in patient care?’

   Around one-third of GPs felt that appraisal had fulfilled the purpose of supporting quality improvements in patient care. This question had not been asked previously and so no comparison with 2015 was possible.
2. Respondents were asked the more personal question: ‘Do you feel that appraisal has fulfilled its purpose in supporting quality improvements in your practice?’

This question was also asked in 2015 and so a comparison is possible between the data. There was a very small increase from 2015 to 2017 in the percentage of respondents who felt that their appraisal had supported quality improvements in their practice (from 32% to 34%). In contrast to 2015, when 17% of respondents left the answer blank or responded ‘don’t know’, in 2017 almost all respondents who did not answer ‘yes’ answered ‘no’.

Further exploration of the data shows that those who indicated that they worked part-time were more likely, in both years, to answer ‘yes’ (37% in 2015 and 36% in 2017) than those who worked full-time (27% and 33% respectively).

Across the four nations, those based in Wales were significantly more likely to feel that their appraisal had supported quality improvements in their practice (46% in both surveys). This is an important finding which suggests that there may be a difference in the quality or emphasis of the appraisals being delivered across the four nations.

Of the further comments provided in response to this question in 2017, there were negative and positive comments, with the most common responses being:

- appraisal did not add to what was already being done for quality improvement (91 responses)
- appraisal was a waste of time (80)
- appraisal actually detracted from other activities to drive quality improvement (42)
- appraisal allowed time to reflect and plan education needs (17)
- evidence gathering was not useful (11).

The comments suggest a disproportionate burden of documentation in this area, which the College is attempting to address in a variety of ways. Between 1% and 8% of respondents expressed a strong opinion that evidence gathering is not useful, detracts from other activities to drive quality improvement or is a waste of time. Similar results have been presented in other published work,
with few respondents expressing strongly negative views about appraisal and revalidation (Dale et al., 2016).

Other respondents expressed equally strong positive views about the potential for appraisal to improve their patient care and the quality of their professional practice.

In the 2017 survey, respondents were asked to provide examples of successful innovations and quality improvement activities that had made a positive difference to their work and patient care. They were then asked for brief details of the activities. Forty-eight of the responses to this question included specific examples or an email address to contact for more information. Examples included:

- feedback forms specifically for locums
- improving the timing of baby immunisations
- reduction in prescribing of tramadol in a deprived community
- instigation of a local home visiting service to help relieve work pressure
- process mapping to improve referral pathways
- piloting a ‘living well with diabetes’ programme
- creating a coded system for GPs’ emails to help prioritise tasks
- other responses included praise for appraisers and the appraisal process for encouraging quality improvement.

Analysis, actions and recommendations

It is a challenge to demonstrate that any intervention supports quality improvements in professional practice or patient care because of the complexity of the healthcare environment and the number of confounding factors involved. The fact that around one-third of respondents found that appraisal supports quality improvements in patient care and in their practice demonstrates that there are potentially positive impacts and clear benefits of appraisal. However, it is disappointing that this proportion has not increased over the 2 years between the two surveys as appraisal systems have matured.

All GPs deserve appraisals that support quality improvements in their practice. It is a concern that two-thirds of respondents did not feel that their appraisal did this and this result calls into question the quality of the appraisal provided for these doctors. The College aims to increase the number of GPs facilitated to make positive changes in their patient care and their practice through their appraisal.

The College will continue to work with stakeholders including appraisers, appraisal leads, responsible officers and organisations such as the GMC and the Academy of Medical Royal Colleges across a number of key areas, for example:

- understanding the reasons why appraisals are not felt to be supporting quality improvement for a significant number of GPs
- further promoting the role of appraisal in supporting quality improvements in practice
- issuing guidance on the training and support of appraisers
- addressing the concerns around a disproportionate burden of documentation for appraisal.

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The experience of appraisal

The final set of questions focused on the value of appraisals and what could be done to improve the appraisal experience.

1. Respondents were asked to rate their most recent appraiser in terms of how appropriately trained and supportive they were felt to be.

In total, 59% of respondents felt that their most recent appraiser was either ‘extremely’ or ‘very’ appropriately trained and supportive; 39% felt that their appraiser was only ‘adequately’, ‘minimally’ or ‘not at all’ appropriately trained and supportive.

A total of 79% of those who indicated that appraisal had fulfilled its purpose in supporting quality improvements in patient care felt that their appraiser was ‘extremely’ or ‘very’ appropriately trained and supportive. However, for those respondents who felt that appraisal had not fulfilled its purpose in supporting quality improvements in patient care, only 49% felt that their most recent appraiser was ‘extremely’ (14%) or ‘very’ (35%) appropriately trained and supportive, with 38% selecting ‘adequately’, 9% ‘minimally’ and 3% ‘not at all’. This significant difference highlights a potential correlation between appraisals that support quality improvements in patient care and how appropriately trained and supportive the appraiser is. Unsurprisingly, very similar results were found when isolating data from respondents who did not feel that their appraisal had fulfilled its purpose in supporting quality improvements in their practice.

Separating the data by country showed that those working in Wales were much more likely to feel that their most recent appraiser was ‘extremely’ or ‘very’ appropriately trained and supportive (79%) than those based in England (59%).

A total of 217 respondents provided further comments in response to this question, explaining why they had given a particular rating to their appraiser. The most common responses included:

- that the appraiser was good but the appraisal process was not (49 responses)
- that the appraiser had been supportive, challenging, confident or skilful (35)
that the appraiser did not value the process, stuck too rigidly to the guidance or did not understand the guidance (25)

- a lack of confidence in the clinical skills of the appraiser (10).

Analysis, actions and recommendations

Those who did not find their appraisal supportive were more likely to have felt that their appraiser was not adequately trained or supported. In primary care, where GP appraisers are paid directly for facilitating appraisals as a professional role and part of their scope of practice, and responsible officers have a statutory responsibility for the quality assurance of the appraisals in their designated body, it is unacceptable that almost 10% of appraisers were felt to be minimally or not at all trained and supported.

Although more comments about the quality of the appraiser were positive than not, a few GPs did not have confidence in the knowledge and/or skills, including the clinical skills, of their appraiser. This is a key finding. The College will work with other stakeholders to review the guidance on the selection, recruitment, training and support of appraisers to ensure that every GP has an appropriately skilled appraiser.

The finding that there are more appraisers in Wales who are felt to be appropriately trained and supportive is important and means that the RCGP should carry out more work to understand the differences in Wales and adopt and promote examples of good practice. It is noteworthy that the appraiser in Wales can be selected by a doctor from a list of available appraisers, rather than being allocated, as is the case in England, for example; this may be a confounding factor in the increased satisfaction of the GPs in Wales with their appraiser. However, the question asked in the survey was specifically about the training and support of appraisers and the Welsh appraisal system has an excellent track record in this area.

2. Respondents were asked whether they had experienced any difficulties with their appraisal and revalidation and, if yes, to explain why.
There was an increase from 2015 to 2017 in the percentage of respondents indicating that they had experienced no difficulties with their appraisal and revalidation (from 62% to 70%). This is a positive sign which suggests that the process is being better understood and managed. However, it is unacceptable that almost one-third of respondents (29% in 2017) had still experienced difficulties. This should be a focus for future RCGP support through clear signposting, sharing of resources and working with other stakeholders to streamline the process.

Exploring the data in more detail reveals that, in 2017, trainees were more likely to have experienced difficulties, with 43% answering ‘yes’ to this question compared with 23–34% for sessional, principal and locum GPs. This may be, in part, because of performers list delays, but also reinforces the finding that trainees and First5 GPs should be a particular focus for RCGP support.

In 2015, the most common categories of further comments were that it was time-consuming, a lack of appraiser help, IT issues, bureaucracy, difficulty with collecting evidence and workload. Similar concerns arose in 2017, including:

- a lack of time to complete paperwork (110 responses)
- a lack of local appraisers (21)
- changing appraisal dates for administrative reasons (18)
- poor appraisers or appraisals (17)
- the appraiser not understanding supporting information requirements (14)
- difficulties with patient satisfaction surveys and MSF (13).

3. A follow-up question was asked to find out what respondents felt could be done to address the difficulties that they had experienced with appraisal and revalidation.

The most common suggestions in 2015 were:

- simplify, overhaul or scrap the system
- amalgamate regulatory processes to reduce the burden
- promote greater responsible officer and appraiser consistency
- clarify recommendations and requirements
- give protected time outside of working hours for appraisal preparation
- redesign or remove specific items of supporting information
- improve IT.

These suggestions led to the programme of work undertaken by the revalidation team over the past 2 years. In 2017, similar themes arose, with the following being the most common:

- scrap revalidation (86 responses)
- streamline and reduce the requirements (30)
- make the process and supporting information requirements more proportionate (23)
- reduce the frequency of appraisals (20)
- make it a more supportive and developmental process (14).
Analysis, actions and recommendations

Scrapping revalidation is not an idea that the RCGP supports. Revalidation is a positive affirmation of continued fitness to practise. The College believes that a doctor’s ability to demonstrate that they are up-to-date and fit to practise every year is essential for patient safety.

As we are all patients, we all want to be seen by doctors who are able to demonstrate their continued competence at what they do. However, the challenge to streamline the process and make the supporting information requirements and recommendations more proportionate is appropriate and timely at the start of the second cycle of revalidation. It is disappointing that the hard work and RCGP interventions of the past 2 years have not had a significant impact on the proportion of GPs making this suggestion.

Annual whole scope of practice appraisal allows individuals to reclaim their professionalism by providing supporting information that is relevant to what they actually do. Reducing the frequency of appraisal would reduce access to a potentially supportive and empowering intervention, albeit only once a year. The RCGP will continue to work to improve the quality of the appraisals offered to GPs to ensure that everyone receives a valuable appraisal annually.

The RCGP guidance suggests that it should take no more than half a day to complete the appraisal documentation and so it is a concern that 10% of respondents made specific comments that they did not have the time to complete the paperwork. Under the headlines of increasing the value of appraisal and reducing the burden of documentation, the College is already working hard to streamline, reduce and clarify the requirements and make appraisals more supportive and developmental.

4. Respondents were asked: ‘Do you feel that the supporting information you collect for appraisal and revalidation demonstrates the quality of the care you provide?’

Although the percentage of respondents who felt that their supporting information did reflect the quality of care they provided increased from 2015 to 2017, the percentage who felt the opposite...
increased by a slightly bigger margin. Over half of GPs who responded did not think that the supporting information they collect demonstrates the quality of the care they provide.

In 2015, only those who answered ‘no’ or who were unsure were asked for further feedback. The following were the most common responses provided:

- It is a box-ticking process
- It just shows I can gather information and write about myself
- The information I present does not reflect the quality of my work
- It only measures what is easy to measure
- It is subjective
- It doesn’t pick up poorly performing doctors.

In 2017, all respondents were asked to provide further comments. Of the 348 comments received, the most common were:

- It is too time-consuming and burdensome (74 responses)
- It does not measure care (49)
- It does not reflect quality (43)
- It partially reflects the quality of care provided (42)
- It is a box-ticking exercise (40).

The similarity between the two lists demonstrates the lack of change in this area since 2015, despite increasing understanding of appraisal requirements.

To help understand how appraisals could better demonstrate the quality of care provided, respondents were asked whether there were alternative ways they could demonstrate this.

In 2015, the most common suggestions included:

- observed practice
- Quality and Outcomes Framework (QOF) results
- peer review
- Care Quality Commission (CQC) assessment
- clinical outcomes
- additional patient feedback
- small group learning
- satisfaction reviews (e.g. NHS Choices)
- random selection of referral letters or case review
- examination/assessment [e.g. CSA/Applied Knowledge Test (AKT)]
- automated collection of quality indicators.

In 2017, there were similar trends, with the following being suggested most frequently:

- more emphasis on patient and colleague feedback (58 responses)
- direct peer review of practice (46)
- using outcome data (37)
- reducing requirements or making appraisals less time-consuming (28)
- using CQC reports (27)
- using existing clinical data (27)
- examinations (either CSA or AKT) (24).
Analysis, actions and recommendations

Any system for the demonstration of continued competence has to balance the costs and benefits of the processes chosen. Revalidation is a positive affirmation that a doctor continues to be safe, up-to-date and fit to practise. It is based on collecting and reflecting on a portfolio of defined supporting information, which is then discussed with a trained appraiser and used as the basis for planning professional development and activity for the coming year.

Individual GPs also have a responsibility to make appropriate professional judgements about how to keep their portfolio of supporting information proportionate and valuable in demonstrating the quality of care they provide, and their appraisers should be able to support them in doing so. Direct observation of practice is prohibitively expensive to be required for all, although it may be useful in targeted cases where there is already a concern. The cost of examinations generally falls on the individual and they do not assess what doctors do in their day-to-day practice. The alternative of a high-stakes examination would miss the opportunity to support and stimulate quality improvements in practice, and is likely to be much less acceptable to the profession than medical appraisal.

The suggestion to increase the emphasis on patient and colleague feedback is reflected in a national move to strengthen the timeliness and role of feedback in appraisal. Using reflection on existing organisational data, such as outcome data, clinical data and CQC reports, is one way to reduce the burden on the individual. The College will continue to work with others to reduce the documentation required for the portfolio and make it less time-consuming to collate.

5. Finally, respondents were asked: ‘Please give details of any additional support that would help you with appraisal and revalidation’.

A total of 539 suggestions were made in 2015, including:

- administrative support
- face-to-face educational events
- IT support
- interoperability between IT systems
- responsible officers specifically for GPs in niche areas of practice
- protected time and remuneration for preparation time
- less written evidence
- contact with an appraiser or mentor at any point in the year.

In 2017, fewer respondents offered examples, with 274 suggestions, of which the most common were:

- to scrap the process altogether (70 responses)
- to reduce the burden by removing reflection, reducing the amount of paperwork, removing audit or making it less time-consuming (62)
- providing protected time for learning (35)
- changing the frequency of appraisals, either by extending the interval between them or by reducing the frequency for those with no concerns and those nearing retirement (27)
- improving e-portfolios (11)
- providing administrative support (11).
Analysis, actions and recommendations

The RCGP continues to work with IT providers to improve both pre- and post-Certificate of Completion of Training (CCT) electronic platforms to support the collation of the GMC-required supporting information for appraisal and revalidation.

The call to change the frequency of appraisal is one that the RCGP does not support. Instead, the revalidation team is working to change the emphasis and delivery of appraisal. Rather than hard-pressed GPs feeling so pressurised that they would prefer to postpone or miss their appraisal, these GPs should look forward to their appraisal as a supportive intervention at a difficult time. Once again, this is dependent on the training and support of the appraisers.

The RCGP works with a range of external organisations involved in revalidation to increase the support and resources available for appraisers. This includes running a workshop with responsible officers to discuss common questions and issues faced across the UK, such as establishing a framework for supporting GPs undertaking a low volume of clinical work, a restricted scope of practice or work overseas. The revalidation team will also work with others to improve signposting for appraisers and appraisees to a range of support and resources.
Summary of findings and next steps

Here we provide a summary of the key findings from the survey in grey and, in blue, we detail how the College is responding to the findings.

● In total, 28% of those who responded to the survey indicated that they had an extended scope of practice, with many listing more than one extended role.
  
  ● The College published a new GP with Extended Role (GPwER) framework and began trialling a dermatology and skin surgery accreditation pilot in 2018.
  
  ● Future revalidation resources should put greater emphasis on ensuring that supporting information for appraisal and revalidation should cover the whole scope of practice and explaining how this can be done in a proportionate way.

● Although fewer respondents had contacted the RCGP with an appraisal or revalidation query, this should not be seen as a negative. It may indicate that, as we enter the second cycle of revalidation, fewer GPs need support with their appraisal or that the resources available through the College and other organisations are sufficient to answer a higher proportion of queries.

  ● The College should continue to provide resources and information on the RCGP website, in a range of formats, and monitor common themes among the queries that are received to inform future resources.

● There was a decrease in the percentage of respondents who had contacted the College with an appraisal query and found the response helpful.

  ● The revalidation team will put a greater focus on responding quickly and thoroughly to any queries received and on ensuring that GPs who contact the College about appraisal through other teams are appropriately referred.

  ● The College will also continue to discuss issues beyond its direct control with relevant external stakeholders. This includes running a workshop with responsible officers to discuss common questions and issues faced across the UK, such as establishing a framework for supporting GPs undertaking a low volume of clinical work, a restricted scope of practice or work overseas. The revalidation team will also work with others to improve signposting for appraisers and appraisees to a range of support and resources.

● Those GPs who had been qualified for between 0 and 10 years were more likely to refer to the College website for guidance but were also least likely to find the guidance helpful.

  ● The revalidation team will continue to work with other teams in the College to produce resources and support for newly qualified GPs that are easily accessible.

● Although the proportion of GPs who felt that appraisal had fulfilled its purpose in supporting quality improvements in patient care and their own practice has remained stable at around one-third, the majority of GPs who responded still did not feel that appraisal had fulfilled its purpose.
The College will continue to work with external organisations such as the GMC and British Medical Association (BMA) to encourage a more formative approach to appraisal, and find ways to capture and cascade best practice from those areas where GPs do feel that appraisal is fulfilling its purpose.

The revalidation team will also increase links with quality improvement work being carried out elsewhere in the College.

Many respondents (41%) felt that their appraiser was only ‘adequately’, ‘minimally’ or ‘not at all’ well trained and supportive (this fell to 21% in Wales). Further comments indicated that the appraiser did not value the appraisal process, did not understand the guidance or stuck too rigidly to the process.

By working with ROs, NHS England, NHS Education for Scotland (NES), the Wales Deanery, Health and Social Care Northern Ireland (HSCNI) and other stakeholders across the UK, the College is attempting to increase the support and resources available for appraisers. There appears to be a correlation between those who did not find their appraisal valuable to the quality of their patient care and those who did not feel that their appraiser was adequately trained. An increased emphasis on the professionalism, support and training of appraisers is clearly necessary.

When asked what could be done to address any difficulties respondents had experienced with appraisal and revalidation, the most common suggestions were to scrap revalidation, to streamline and reduce the requirements and to make the process more proportionate. Failing to engage with a process to demonstrate continued competence as doctors would be inappropriate. Focusing on making the process more proportionate and reducing the burden of documentation is at the heart of the College’s work in this area.

The College’s second version of the ‘Guide to supporting information for appraisal and revalidation’, updated in line with the GMC’s updated guidance, is aimed at clarifying requirements and simplifying recommendations to make the process more flexible and supportive.

The College will continue to work with others to reduce the requirements and make the documentation required for the portfolio less time-consuming to collate.

The election of the Medical Director for Revalidation to the Chair of the Academy Revalidation and Professional Development Committee in October 2017, and the adoption of the Mythbusters by the Academy and other Medical Royal Colleges and Faculties, will help to reduce inconsistencies across the medical profession.

Suggestions for how appraisals could better demonstrate the quality of care provided included more emphasis on patient and colleague feedback, use of direct peer review of practice, use of outcome data and reducing requirements.

The College will continue to work with patient representatives around patient feedback; further clarify what is a revalidation requirement and what is either an employer requirement or an employer recommendation; and encourage a more supportive and formative approach to appraisals.

The College is involved in a national move to strengthen the timeliness and role of feedback in appraisal.
To conclude

GPs in the UK are increasingly working in a wide range of settings and across very varied scopes of practice. It is crucial that they have supportive and appropriately trained appraisers providing proportionate and developmental appraisals that encourage quality improvement throughout general practice. It is therefore a concern that two-thirds of respondents did not feel that their appraisal supported quality improvement and almost 10% of appraisers were described as ‘minimally’ or ‘not at all’ appropriately trained and supportive.

Revalidation is a positive affirmation that a GP remains up-to-date and fit to practise across their whole scope of work and providing annual evidence of this through appraisal is essential for patient safety. The College does not support the suggestion that appraisals should be scrapped or reduced in frequency. Instead, there should be an increased emphasis on the role of appraisals as a formative intervention providing much-needed time for reflection and support to GPs in what is recognised as a difficult time for general practice.

The College must continue to work with stakeholders including appraisers, responsible officers, appraisal toolkit providers, the GMC, the BMA and the Academy of Medical Royal Colleges to ensure that appraisal standards are applied consistently; appraisers are appropriately trained and supportive; more resources are provided; requirements are reduced; and the process becomes less time-consuming.

We are already working, and will continue to do so, to increase the variety and visibility of the support available, particularly for newly qualified GPs, those with an extended scope of practice and those taking a break from practice or undertaking a low volume of clinical work. We will investigate the differences in responses across the UK and identify and promote examples of best practice. Finally, the College will continue to work hard to streamline the appraisal process; make the requirements clear and proportionate; and ensure that appraisals are a supportive and developmental tool for all GPs.
## Glossary of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>Academy</td>
<td>Academy of Medical Royal Colleges</td>
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<tr>
<td>AKT</td>
<td>Applied Knowledge Test</td>
</tr>
<tr>
<td>BMA</td>
<td>British Medical Association</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical commissioning group</td>
</tr>
<tr>
<td>CCT</td>
<td>Certificate of Completion of Training</td>
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<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<tr>
<td>CSA</td>
<td>Clinical Skills Assessment</td>
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<tr>
<td>First5</td>
<td>GPs in their first 5 years after completing training</td>
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<tr>
<td>GMC</td>
<td>General Medical Council</td>
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<tr>
<td>LMC</td>
<td>Local Medical Committee</td>
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<tr>
<td>MARS</td>
<td>Medical Appraisal and Revalidation System (the online appraisal system for GPs in Wales)</td>
</tr>
<tr>
<td>MSF</td>
<td>Multi-Source Feedback</td>
</tr>
<tr>
<td>OOH</td>
<td>out-of-hours</td>
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<tr>
<td>RO</td>
<td>responsible officer</td>
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<tr>
<td>SOAR</td>
<td>Scottish Online Appraisal Resource</td>
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