RCGP Appraiser Support Survey, 2019

KEY FINDINGS, RECOMMENDATIONS AND OUTCOMES

Dr Susi Caesar
Medical Director for Revalidation
Royal College of General Practitioners

Catherine Hellewell
Revalidation Support Manager
Royal College of General Practitioners

October 2019.

With many thanks to a wide range of internal and external stakeholders for their support in the development and dissemination of the survey.
Context

Since appraisal for revalidation was brought in by the GMC in 2012, the RCGP has produced a number of guides and resources to support GPs through the process. These range from the Guide to Supporting Information, interpreting the GMC requirements into GP recommendations; to the popular Mythbusters which dispels some of the most common misconceptions about appraisal. We have worked with others to develop more specific tools such as the Low Volumes of Clinical Work Structured Reflective Template and the Toolkit for Reflective Practice. We have engaged with patients, Responsible Officers, and other key stakeholders, such as the GMC, BMA and NHS England, NES, the Wales Deanery and NIMDTA, to reduce the burden and promote the benefits of appraisal. Our focus has been on encouraging formative, developmental appraisals that support GPs throughout their careers.

However, our 2017 revalidation survey found that 41% of GPs responding felt that their most recent appraiser was only ‘adequately’, ‘minimally’ or ‘not at all’ appropriately trained and supportive. We also found a potential correlation between those who felt that appraisals did not support quality improvements in patient care and those who felt that their appraiser was not appropriately trained and supportive. Similar results were found when looking at those who did not feel that their appraisal had fulfilled its purpose of supporting quality improvements in their practice. The survey further pointed to geographic differences in the view of appraisers about appraisals across the UK, with Wales in particular showing more positive results than the rest of the UK. These differences also show in the enquiries received by the RCGP revalidation mailbox, with many GPs receiving confusing messages about the requirements and expectations for their appraisal.

We conducted this appraiser support survey to get a better understanding of who is carrying out appraisals for GPs; establish their views; identify any gaps in training and support; and, crucially, determine what role the College could play in supporting appraisers better.

Declaration: Dr Caesar’s Other Roles

Dr Caesar has been a practising GP since 1994, an appraiser and appraisal lead since 2002 and provided the clinical leadership for the Health Education Wessex Appraisal Service since 2008. She sees these roles as underpinning her understanding of what it is like to appraise and to be appraised. They inform her work as the Medical Director for Revalidation at the RCGP.
What we did

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 Dotdigital. It was tested internally and then shared externally using a variety of methods including direct emails, social media, newsletters and blogs. Questions were developed by the revalidation team at the College in conjunction with the Revalidation Working Group. The aim was to capture responses from appraisers and appraisal leads from a range of contexts and locations and include demographic questions that could help to develop a picture of the appraiser landscape across the UK. The results were analysed and presented graphically. In addition, the qualitative data from the free-text responses were coded and key themes were drawn out.
Key findings

- **A total of 909** appraisers and appraisal leads responded to the survey. This represents approximately 27% of appraisers across the UK, which is a good response rate for a survey of this kind.

- Representation across the four nations ranged from 25% of appraisers in England, to 27% in Scotland, 36% in Wales and 48% in Northern Ireland.

- Compared with GMC data on GPs as a whole, appraisers were more likely to:
  - **Be female** (61% vs 54%)
  - **Aged over 55** (44% vs 28%)
  - Have obtained their **primary medical qualification in the UK** (90% vs 78%).

- The majority of appraisers (58%) **work fewer than six clinical sessions a week**, although 41% do more. A significant minority (13%) are no longer clinically active.

- The majority of respondents have been **qualified as a GP for over 20 years**, although 55% have been appraising since prior to the introduction of revalidation.

- On average, most (55%) appraisers **carried out 11-20 appraisals each year**.

- **Most respondents** (94%) felt that appraisals contributed, either fully or partially, to **improvements in patient care**. However, 37% felt that they only partially contributed, and 6% felt that they didn’t contribute at all.

- **Most respondents** (95%) felt that appraisals supported and empowered GPs. However, 5% did not. This appeared to correlate with the training and support reported by the appraiser.

- 91% felt either very confident or confident that they had the evidence to demonstrate that they were up to date and fit to practise in their appraisal role.

- Geographically, the **most confident appraisers were based in Wales** (100% confident or very confident) and the **least confident were based in London** (81%).

- Those who stated feeling very confident that they had the evidence to demonstrate that they were up to date and fit to practise were **more likely to feel very well supported in their role** (74%).

- Most appraisers went to their **appraisal lead, admin team, and their peers for support and advice in their appraisal role**.

- The most common suggestions for what the College could do to best support appraisers were to provide events and training, to **ensure clear and up to date guidance**, and to promote **formative appraisals**. There were also many respondents who felt that they were **already fully supported**.
Results

Demography

1. Respondents were asked what age they were. Answers were recorded in ranges, rather than specific years.

While the majority of respondents were aged 46 or older, there was a significant percentage aged 36-45. Looking at demographic data from the GMC, we can see that this does not fully reflect the age ranges of the GP profession as a whole. For example, those over 55 represent 27% of the whole GP profession, but 43% of GP appraisers.

Across the four UK nations, Northern Ireland had the youngest appraisers, with 40% of respondents aged 36-45 and only 20% over 55. Appraisers in England had the highest percentage over 55, making up 45% of the total with only 22% aged 36-45.

There are also differences when dividing the age data by gender. Over 65% of female appraisers were 55 and under, while 59% of male appraisers were over 55. There were almost double the percentage of female appraisers aged 36-45 than there were male appraisers in the same age range (27% and 15% respectively). This reflects the increasing percentage of female GPs in the younger age groups in GMC data.
2. Respondents were asked to identify which gender they were. Respondents chose from female, male, prefer not to say, and other, with the option of adding a description for other. All respondents answered the question, with 8 preferring not to disclose their gender and 1 choosing ‘other’ and identifying as non-binary. Of the 900 other responses 61% were female, and 38% male. Compared to GMC data for the whole profession (54% female and 46% male), we can see that female appraisers are over-represented.
3. Respondents were asked: ‘Where did you obtain your primary medical qualification?’ The following options were provided: UK, European Economic Area (EEA), outside the UK and EEA, and ‘prefer not to say’.

All respondents answered the question, with only 6 choosing ‘prefer not to say’. The vast majority obtained their primary medical qualification (PMQ) in the UK. Of the rest, slightly fewer selected EEA rather than outside the UK and EEA. We did not ask those who selected outside the UK and EEA to provide more details about where they obtained their qualification.

When looking at GMC data, we can see that a higher percentage of GPs who obtained their PMQ in the UK trained to be appraisers (90%), than the profession as a whole (78%). Those who obtained their PMQ outside the UK and EEA are correspondingly under-represented in the responses, with only 5%, compared to 16% of the GP profession.
4. Respondents were asked: ‘On average, how many clinical GP sessions have you completed per week over the past twelve months?’ Responses were subsequently divided into categories to allow for clearer analysis.

The majority of appraisers (58%) work fewer than six clinical sessions per week. However, a significant percentage (13%) indicated that they were either retired from clinical practice or were on a career break, and one had never been clinically active.

The GMC require appraisers for those revalidating by the direct route (because they have no prescribed connection) to have a GMC registered and licensed medical practitioner as an appraiser. This is not essential for those revalidating through a designated body where the RO has the responsibility for the quality assurance of the appraisals provided. Nevertheless, almost all appraisers across the UK are medical practitioners. All except one of our respondents are, or have been, medical practitioners and at least 86% remain clinically active.
5. Respondents were asked: ‘For how many years have you been a qualified GP?’. Options given were: ‘0-5 years’, ‘6-10 years’, ‘11-20 years’ and ‘more than 20 years’.

The vast majority of respondents had been a qualified GP for over 11 years, with 60% qualified for over 20 years. This corresponds to the data on the age of respondents, showing that a larger proportion of older GPs, who were therefore more likely to have been qualified for longer, were likely to be appraisers. The experience required to have credibility as a medical appraiser means that GPs at the very start of their careers are less likely to be recruited and selected to become appraisers.
6. Respondents were asked whether they worked full or part time across all of their medical roles.

![Part time vs Full time](image)

Two thirds of those who responded indicated that they worked part time across their medical roles. When breaking the responses down by gender, we see that 70% of those who indicated that they worked part time were female. In contrast, 54% of those who worked full time were male.

Those in the oldest and youngest age brackets were both most likely to work part time with 71% and 73% respectively compared to only 63% for those aged 36-45 and 54% for those aged 46-55.

7. Respondents were asked what other roles they undertook in general practice. No list of options was offered and over 1,100 other roles were listed from 660 respondents.

The most common roles listed were:

- Clinical roles - extended or out of hours work (70), locum (51), salaried GP (36);
- Educational roles – trainer (187), teaching (42), tutor (42), other role in education (37);
- Leadership and management roles – partner or senior partner (59), role within the local CCG (52), role with the local LMC (36).

There were also a number of extended roles or special interest roles identified covering a wide range of specialties, and other roles related to supporting the profession, such as being a mentor, working with the GP Health Service, and roles within the RCGP, BMA and GMC.
The Appraiser Demography

8. Respondents were asked: ‘for how long have you been an appraiser?’ Options were 0-6 years, 7-12 years and 13 years or more. These ranges were chosen to identify how many respondents had been appraisers before appraisal for revalidation was introduced by the GMC.

From this we can see that 0-6 years was the most common response. However, the majority of appraisers who responded to the survey (55%) had been appraising since before the GMC brought in appraisal for revalidation.

When dividing the responses by gender, we find that 51% of female appraisers had been appraising for only 0-6 years, whereas 41% of male appraisers had been appraising for 13 years or more. This suggests that more female GPs had trained as appraisers since appraisal for revalidation was introduced and reflects the changing gender ratio with age among all GPs.
9. The survey asked respondents, on average, how many appraisals they carried out each year. The responses were divided into ranges to allow for analysis. For responses where a wide range was given, the median has been assumed.

While the majority of respondents carried out fewer than 20 appraisals per year, there were still a significant proportion (19%) who completed more than 20. Out of the 829 respondents who answered this question, five stated that they completed more than 50 appraisals each year, of whom one facilitated more than 70.

The responses were then further categorised by the country where the appraisers carried out most of their appraisals, because guidance from NHS England on this matter differs from that in the devolved nations. Apart from being Deanery-led appraisal systems, one difference between the devolved nations and England is the number of appraisals that the appraisers are asked to do, with most devolved nation appraisers doing more than NHS England ones. As the responses from the devolved nations generally indicated higher levels of confidence in the ability of appraisal to support and empower GPs and improve patient care, this could have been because appraisers who do more appraisals feel more confident because of how much they do. This is refuted by the finding that in Wessex (which is also Deanery-led but works within the NHS England guidance on appraisal numbers), on average, appraisers do c.11 appraisals, yet the Wessex results are more similar to those of the devolved nations than NHS England.
10. We then asked: Where do you carry out the majority of your appraisals. Those who worked mainly in England, were asked to select from the former regions London, Midlands and East, North, and South. Wessex was also listed to allow for analysis of the potential differences in responses between the deanery-led appraisal systems in the devolved nations and Wessex and the rest of England. There was also the option to choose ‘other’ and a free text box to specify. Those who selected ‘other’ did so largely to specify either South West or the Channel Islands.

We wanted to know how representative the survey was across the UK and to allow analysis of specific questions by country or region. While there was a difference in response rates across the UK, a sufficiently high percentage of responses was received to allow for analysis: approximately 48% of appraisers in Northern Ireland responded to the survey; 36% in Wales; 27% in Scotland; and 25% in England. Within England, there were regional variations, with a 49% response rate from Wessex appraisers.

11. Respondents were asked whether they were an appraisal lead.

The vast majority of respondents were not appraisal leads, with only 79 out of 889 indicating that they were. In most areas, appraisal leads are responsible for about 25-30 appraisers each, so this is still an over-representation of appraisal leads, which is not surprising given their increased involvement in appraisal as a larger part of their work.
Analysis, actions and recommendations

The demographic data suggests that appraisers are not fully representative of the GP profession. They are more likely to be female than general practitioners as a whole. Many are over 55, and around 13% are no longer clinically active. Those who obtained their primary medical qualification outside of the UK and EEA were underrepresented. Appraisers are trained with generic appraisal skills which should apply to all GPs, at any stage of their career, and all scopes of practice. It should make no difference to the appraisal process whether the appraiser has had the same experiences or roles as the appraisee. However, it is important that there is no discrimination or bias in the recruitment and selection of appraisers, and that they have the credibility to build a relationship of trust with their appraisees, and this should be considered when recruiting new appraisers.

660 respondents listed at least one other role that they undertook in general practice. While the majority had roles in education, leadership and management or additional clinical roles, there were 159 different roles listed, showing the breadth of experience that appraisers can bring with them to the appraisal discussion. As the number of GPs with extra roles increases, it is encouraging to see this reflected among appraisers.
The Appraisal Role

The remainder of the survey questions were designed to find out the type and level of support appraisers receive in their role, and how they feel about the appraisal process. The questions included free-text boxes, which provided us with a rich source of information and viewpoints from appraisers across the UK. A taxonomy was completed for all of the free-text responses, to allow for analysis of the responses and key themes to emerge.

The responses were collated by key demographic themes (such as location or gender) to establish whether any trends emerged among different groups of appraisers. Where significant differences have been found, this has been included in the discussion of each question below.

From these responses, we aimed to better understand the role of the College in supporting appraisers to date and what we could do to improve or increase that support in future.

1. The first question in this section asked, ‘In your experience, do appraisals contribute to improvements in patient care?’ Respondents chose either ‘yes’, ‘partially’ or ‘no’ and were then asked for any further comments they might have.

![Pie chart showing responses to the first question](chart.png)

Out of 905 responses, 854 (94%) felt that appraisals contributed, at least partially, to improvements in patient care. Appraisal leads were more likely to answer ‘yes’ than those who weren’t appraisal leads (75% compared to 56%).
There were clear differences based on the region the appraisers were working in. For example, only 47% of those who carried out the majority of their appraisals in the Midlands and East felt that appraisals did contribute to improvements in patient care, while the devolved nations were much more likely to answer ‘yes’ (63% in Scotland, 67% in Northern Ireland, and 84% in Wales). When separating Wessex from the responses from the South of England, we also see a marked difference with 75% in Wessex answering ‘yes’ compared with 55% in the rest of the South of England. All of those regions most likely to answer ‘yes’ have deanery-led appraisal systems.
Respondents who had been appraising for longer, were slightly more likely to feel that appraisals contributed to improvements in patient care, from 54% for those who had been appraising for 0-6 years up to 60% for those appraising for more than 12 years. This is likely to be related to the experience of the appraiser.

169 of those who selected ‘yes’ also added further comments. The most common themes which emerged were that appraisal contributed to improvements in patient care:

- Through the appraisee’s reflections (38 responses);
- Through QIA (36);
- By supporting doctors (25);
- By sharing good practice (17);
- Through CPD (13);
- When the appraisal is done well (10); and
- When the appraisee and appraiser have a good relationship (10).
Those who felt that appraisal only partially contributed to improvements in patient care included 136 different comments with more information. Of those, the most common were:

- That it only happened through self-motivation (27 responses);
- That appraisal was about doctor care not patient care (13);
- That it occasionally contributed to improvements in patient care (12);
- That appraisal was simply a tick-box exercise (9);
- That improvements to patient care would happen irrespective of appraisals (8);
- That appraisals had an indirect effect on improvements to patient care (8);
- That there was no evidence to demonstrate the relationship between appraisals and improvements in patient care (8); and
- Through QIA (8).

Out of the 905 responses, 51 (6%) felt that appraisals did not contribute to improvements in patient care. Only 21 of these respondents offered a comment to explain their choice. The most common of the responses was that these improvements would be done irrespective of the appraisal process (9 responses). Other comments included that appraisal was just a box-ticking exercise (3); that appraisal simply documented what was already being done (3); that there was no evidence for this (2); and that appraisal was not supportive (2).

Given that the vast majority of appraisers feel able to facilitate appraisals that do contribute to improvements in patient care, there may be a question of training and support for any appraisers who do not.
2. Respondents were then asked whether, in their experience, appraisals supported and empowered GPs. Again, the options to choose from were ‘yes’, ‘no’ and ‘partially’ with a free-text box for further comments.

There were 897 responses to this question. As with the previous question, the majority (95%) responded ‘yes’ or ‘partially’, with 43 choosing ‘no’.

In contrast to the question about appraisal contributing to improvements in patient care, those who had been qualified as a GP for the shortest amount of time, 0-5 years, were more likely to feel that appraisals did support and empower GPs with 75% answering ‘yes’, rather than ‘partially’ or ‘no’. There was no significant difference when breaking down responses by how long respondents had been appraising.

Regionally, London and the North of England had the lowest percentage of those who felt appraisals empowered and supported GPs with 56% and 59% respectively. In England, those based in the South were most likely to answer ‘yes’ at 74% while Wales had the overall highest percentage of ‘yes’ responses with 81%.
Separating the South of England and Wessex:

- Northern Ireland
  - Yes: 65%
  - Partially: 29%
  - No: 6%

- England Midlands and East
  - Yes: 59%
  - Partially: 34%
  - No: 7%

- Scotland
  - Yes: 70%
  - Partially: 27%
  - No: 3%

- England South
  - Yes: 74%
  - Partially: 24%
  - No: 2%

- Wales
  - Yes: 81%
  - Partially: 19%
  - No: 0%

- South without Wessex
  - Yes: 83%
  - Partially: 27%
  - No: 3%

- Wessex
  - Yes: 70%
  - Partially: 17%
  - No: 0%
When compared to the responses from the previous question we can see that those who felt appraisals supported and empowered GPs were much more likely to also feel that appraisals supported improvements in patient care. 85% of respondents who answered ‘yes’ to appraisals supporting and empowering GPs also answered ‘yes’ to appraisals supporting improvements in patient care. In contrast, only 42% of those who felt that appraisals partially supported and empowered GPs answered ‘yes’ to the previous question. That percentage reduces further to 35% for those who did not feel that appraisals supported and empowered GPs.

Of the 596 who answered ‘yes’ to the question ‘in your experience, do appraisals support and empower GPs’ 219 added a further comment. The most common responses were:

- With a good appraiser (50);
- Through reflection (25);
- Through the appraisal discussion (24);
- When the appraisee is engaged (23);
- With career development (19);
- By celebrating the appraisee (15);
- Through mentoring (13); and
- By challenging the appraisee (12).

109 comments were added from those who selected ‘partially’, with key themes explaining their response that:

- This was dependent on the appraisee (27);
- It was dependent on the skill of the appraiser (22);
- Appraisals were too burdensome (12);
- The appraisal discussion was useful (11);
- It was dependent on the relationship between the appraiser and appraisee (9); and
- That appraisals supported GPs but did not empower them.

Only 16 comments were added from the 43 respondents who did not feel that appraisal supported and empowered GPs. The most common themes were that appraisal was too much of a tick-box exercise (5); that it was a burden for struggling GPs (3); that it was dependent on the appraiser (2); and that GPs did not value appraisal (2).

43 individuals do not feel that the appraisals they facilitate support or empower GPs. They may need better support to be empowered to provide meaningful and valuable appraisals.
3. We then asked: ‘How do you calibrate your practice as an appraiser’. There were no options to choose from, instead respondents were given a free-text box.

Only 46 respondents provided an answer for this question, with 85 examples of how the appraisers calibrated their practice. Of those examples, the most common were:

- Through feedback received from appraisees and appraisal leads (19);
- By discussing with peers (14);
- Through their annual review (8);
- With regular meetings (7); and
- By attending workshops (5).

There were also a few comments about a lack of support for calibration; the difficulty of calibrating their practice when working in isolation; and that calibration was often simply a tick-box exercise.

4. The next question asked: ‘How confident are you that you have the evidence to demonstrate that you are up to date and fit to practise in your role as an appraiser’. Respondents were asked to choose from: ‘very confident’, ‘confident’, ‘partially confident’ and ‘not at all confident’. There was then a free text box for further comments.

While the majority of respondents were either very confident, or confident, there were still 83 out of 905 respondents who felt only partially confident or not at all confident that they had the evidence to demonstrate that they were up to date and fit to practise in their appraiser role.
When examining the responses against different areas of demography, we can see that:

- Those who listed their gender as male were most likely to choose ‘very confident’ (49%) thank those identifying as female (41%). This may reflect a recognised tendency for females to be less likely to describe themselves in a highly positive way.
- 62% of appraisers who obtained their primary medical qualification outside of the UK and EEA were ‘very confident’ compared to only 43% of those who obtained their primary medical qualification in the UK and 44% in the EEA.
- Notably, more of those retired or taking a break from clinical practice were ‘very confident’ (53%), while those doing full time clinical work were very similar to appraisers as a whole.
- Appraisers also seem to become more confident that they had the evidence to demonstrate that they were up to date and fit to practise in their appraiser role the longer they had been a qualified GP: 25% of those who had been qualified for 0-5 years were ‘very confident’; 29% who had been qualified for 6-10 years; 40% of those who had been qualified for 11-20 years; and, 49% of those who had been qualified for over 20 years.
- 71% of appraisal leads were ‘very confident’ and 28% ‘confident’, compared to appraisers who were 42% ‘very confident’ and 49% ‘confident’. Indeed, only one appraisal lead was ‘partially confident’ with none choosing ‘not at all confident’, whereas 70 of those who weren’t appraisal leads chose ‘partially confident’ and 7 ‘not at all confident’.

Looking geographically, appraisers in Wales were the most confident, with 100% feeling ‘very confident’ or ‘confident’. When combining ‘very confident’ and ‘confident’, the other geographies had the following percentages:

- 94% for England, North,
- 94% for England, South,
- 92% for England, Midlands and East,
- 87% Scotland,
- 86% Northern Ireland,
- 81% London.

We received fewer further comments to this question. However, those we did receive revealed some common themes for each response.

Very confident:

- They received feedback (16);
- They were offered training (12);
- They were well supported (12);
- They attended regular meetings (11); and
- They received regular updates (10).

Confident:

- They were offered training (13);
• They attended regular meetings (11);
• They received regular updates (9);
• They received feedback (6); and
• Their appraisal lead or senior appraiser was supportive (6).

Partially confident:

• It was difficult to evidence (8);
• They needed more feedback (4);
• They were new to the appraiser role (2); and
• They needed more training (2).

Not at all confident (Only five comments were given as follows):

• They were trying their best;
• Their appraisal team was poor;
• They needed more training and support;
• They needed clearer guidance; and
• More support was needed for those taking a break from their appraiser role.
Analysis, actions and recommendations

From these four questions, it is encouraging to see that the vast majority of appraisers who responded felt that appraisals contributed to improvements in patient care (94%) and supported and empowered GPs (95%). Most appraisers also felt they had the evidence to demonstrate that they were up to date and fit to practise in their role, and we received a number of examples of how they calibrated their role. It is clear that, as medical appraisal for revalidation becomes embedded, and GPs better understand the requirements of the process, the benefits are beginning to be realised.

However, there were still a small proportion of appraisers who did not feel positive about the appraisal process contributing to improvements in patient care or supporting and empowering GPs. The emphasis for College work in relation to appraisal and revalidation has shifted in 2019-20 from reducing the burden of the process to promoting the benefits of the appraisal. These results confirm the importance of that focus and we will now look to ensure that appraisers, not just appraisees, become the focus of that work.

These questions also highlighted the differences in how appraisers feel about the appraisal process across the UK. There was a higher percentage of respondents from Wales, Northern Ireland, Scotland, and Wessex who felt that appraisals contribute to improvements in patient care, compared to the rest of the UK. Similarly, those in Wales and the South of England were more likely to feel that appraisals supported and empowered GPs (at 81% and 74% respectively), while London and the North of England had the lowest percentage (56% and 59%). It is noticeable that those areas where appraisers felt most positive about the appraisal process were deanery-led appraisal systems. This suggests that it is a model that works and that the successful elements of those systems should be identified and shared.

From other research – particularly data from our revalidation enquiries mailbox and our revalidation survey – we had identified similar trends in appraisal across the profession. Our experience of talking to appraisees, regulators, and other organisations involved in revalidation, make it clear that the process, requirements, and experiences of appraisal vary across the UK.

The College has already begun work to address this. We have held three events to bring together responsible officers and those involved in the regulation of appraisal and revalidation to promote discussion across the regions, share best practice, and find solutions to common problems faced throughout the UK. We also work closely with the Academy of Medical Royal Colleges, the BMA, the GMC, and others to encourage consistency and promote formative, supportive appraisals. We will continue that work.

One new initiative is based on the findings from this survey that there is unwarranted variation in the perceived experience of appraiser support and training across the UK. In future, we plan to work more closely with appraisal leads, including hosting a networking and calibration event ‘Appraisal Matters’ in October 2019.
Respondents were then asked: ‘How well supported do you feel in your appraisal role?’ Options given were ‘very well supported’, ‘supported’, ‘partially supported’ and ‘not at all supported’.

A significant proportion (87%) of the 878 who responded to this question felt either ‘very well supported’ or ‘supported’ in their appraisal role. However, 13% listed feeling only ‘partially supported’ or ‘not at all supported’, and all those who felt ‘not at all supported’ were in England.

Appraisal leads felt better supported than appraisers (79% and 52% respectively felt ‘very well supported’).

Again, we see a marked difference across the regions. When combining the percentage of those who felt ‘very well supported’ and ‘supported’, we can see the following results:

- 100% for Wales,
- 100% for Northern Ireland,
- 97% for England, South,
- 95% for Scotland,
- 90% for England, North,
- 83% for England, Midlands and East,
- 58% for London.
Separating the South of England and Wessex:

The differences are also clear when looking at responses to this question in relation to the previous questions. Comparing these responses to those for the question: 'in your experience, do appraisals contribute to improvements in patient care', the majority of those who felt 'very well supported' also felt that appraisals did contribute to improvements in patient care (64%). Similarly, 61% of respondents who felt that appraisals supported and empowered GPs also felt 'very well supported' in their role.

When comparing responses to this question with the previous question about how confident appraisers were that they could demonstrate they were up to date and fit to practise, there is an even higher correlation. 74% of those who felt 'very confident', also claimed that they were 'very well supported'. For those who felt either 'confident' or 'partially confident', the percentage who felt 'very well supported' drops to 41% and 18% respectively. All those who were 'not at all' confident that they could demonstrate they were up to date and fit to practise felt either 'partially supported' or 'not at all' supported in their role.

There were 204 further comments from those who felt 'very well supported' in their appraiser role with 329 different examples for why they felt so well supported. These were categorised, and the following were the most common examples given:

- The appraisal lead/locality lead/senior appraiser (119 responses);
- The local appraisal admin team/appraisal co-ordinator (94);
- Group meetings (27);
- Peer support (including online) (12);
- Training (10).

For those who felt 'supported' in their appraiser role, 123 examples were given. The most common were:

- The appraisal lead/locality lead appraiser (21 responses);
- The local appraisal admin team (16).

Even among this group there were some comments that:

- More (timely) support was needed (13);
• The process was too summative (8); and
• More resources were needed (7).

90 examples were given from those who felt ‘partially supported’, including:

• More support was needed (14);
• Support groups and meetings were needed (9);
• The appraisal lead should be more supportive (8);
• There should be better admin support (8); and
• There was a lack of consistency.

Only four examples were provided by those who felt ‘not at all’ supported in their role. Two had resigned as a result of the lack of support; one felt that the process was too bureaucratic; and one stated that no support had been received.

6. The next series of questions were designed to establish what support was available to appraisers, and where there may be gaps. First, we asked: ‘what organisations do you go for support and advice in your appraisal role?’

We received 778 responses with over 1,500 examples of where appraisers go for support in their role. As with the other free-text responses, these were categorised to establish key themes and trends. The most common examples given were:

• Their appraisal lead or senior appraiser (372 responses);
• The local admin team or appraisal office (320);
• Their peers (117);
• NHS England (either locally or centrally) (97);
• The RCGP (95);
• The GMC (84);
• Wessex Appraisal Service (63);
• Online resources (34);
• Their RO (32); and
• Their LMC (25).

Isolating responses from Wales, Scotland, and Northern Ireland also shows a significant proportion who looked to the Wales Deanery (or HEIW), SOAR, and NIMDTA for support.
7. The survey then asked respondents to list what resources and structures were available to support them in their appraisal role.

730 respondents provided an answer to the question, with almost 1,700 examples listed. Once the responses had been categorised, similar themes emerged from the previous question. The top eight most common were:

- Events – such as Appraiser Conferences, workshops, training, study days and update sessions (229 responses, of which 89 specified appraiser conferences);
- The appraisal lead or senior appraiser (207);
- Regular meetings, appraiser groups and support groups (167);
- Revalidation and appraisal admin teams (149);
- Online resources, including appraisal websites, online training, and toolkits (127);
- **RCGP resources**, such as the website, Mythbusters, Guide to supporting information, and the revalidation helpdesk (96);
- Peers, either through whatsapp groups, informal conversations, networking events, or online forums such as Facebook (89);
- The GMC website and resources (75).

There were also 24 comments about issues with support. These included: that there were no resources to support them; that they were not aware of any support; staffing issues such as admin teams being understaffed or frequent changes in personnel; and issues with the resources which were available, for example, that they were contradictory or lacked structure.
**Analysis, actions and recommendations**

It was encouraging to see that 87% of respondents felt supported or very well supported in their appraisal role. However, if the majority of appraisers are carrying out between 11 and 20 appraisals each year, then there are a significant number of GPs being appraised by the 13% of appraisers who felt either partially supported or not at all supported.

As with the previous set of questions, there were marked differences in the response to this question across the UK. 100% of respondents based in Wales and Northern Ireland felt either supported or very well supported, with that percentage dropping to 58% for those based in London.

When comparing these responses to the previous questions, we can see that those who felt well supported in their role were more likely to feel positive about the appraisal process in terms of supporting GPs and improving patient care.

The most common examples given for why those appraisers felt very well supported were focused on personnel (especially appraisal leads and admin teams) and peer support, either through group meetings, training or informal discussions and forums. Similar examples were given for the organisations appraisers went to for support and advice. Those who felt the most supported most frequently listed their appraisal lead, admin team, and peers, with national organisations such as the RCGP and GMC being the fifth and sixth most frequently listed.

In terms of what resources and structures are available to support appraisers, the appraisal lead or senior appraiser was again listed most frequently, along with admin teams, events such as training, workshops, and update sessions, and support groups.

Examples of issues with support included that there were no resources available, there were staffing issues, or that those resources that were available were contradictory or lacked structure.

The responses to all of these questions suggest that a clear and accessible support structure with regular opportunities for discussion is important for appraisers to feel supported in what can otherwise be a role carried out largely independently.

While some of these issues may be financial or political in nature, such as a lack of funding leading to fewer personnel and resources to support appraisers, there may be things that the College can do to help those who did not feel adequately supported and we will work more closely with appraisal leads to establish these.
8. The final question asked: ‘What could the College do to best support appraisers?’

We received 630 responses to the question, and 886 suggestions for what the College could be doing in this area.

Once again, key themes emerged, which mirrored those from the previous questions. It was a reassuring finding that 50 respondents (8%) commented that they were already well supported. The most frequently suggested were:

- To provide courses, training, and events for appraisers (65 responses);
- To ensure guidance was clear and up to date (60);
- To promote consistency of guidance and requirements (46);
- To promote formative appraisals (46);
- To clarify appraisal requirements (38);
- To produce online resources or factsheets (38);
- To reduce the burden and reduce mandatory requirements (38);
- To simply increase support around appraisals – including targeted support at groups such as late career GPs, First5 GPs, trainees, and non-RCGP members (34);
- To support local appraisal teams (29); and
- To provide examples of good practice and sharing best practice (28).

Among the positive suggestions were: that the College should be ‘an advocate for these people to support the absolute gem that is primary care in the UK…General practice should be the best job there is’ and ‘I applaud simplifying the process into light touch and reprofessionalising our profession, progress can be measured by the quality of what is produced not just the number of boxes completed’.

There were also five respondents who felt that the College should not get involved in the appraisal process. Reasons given for this included that the College’s involvement would lead to further confusion and that the College is too remote to offer the type of support needed. A few respondents also suggested that the College should be advocating for the appraisal process itself to be scrapped: ‘Work to scrap Appraisal.’ Unsurprisingly, these comments came from those who did not feel that appraisal supported and empowered GPs or contributed to improvements in patient care.

9. There was then space for any further comments, to allow for anything else respondents felt was important and hadn’t already been addressed in the previous questions.

Of the 124 extra comments we received, a few trends emerged. These included general positives about the appraiser role such as noting how much they enjoyed it and how important the appraisal discussion was for doctors and a call to focus on formative, supportive appraisals with consistent and simple requirements.
Analysis, actions and recommendations

One of the key purposes of this survey was to establish whether there was a role for the College in supporting appraisers and what shape that support should take. Our findings make it clear that a proportion of appraisers already feel well supported but that there is room for improvement.

The rest of the survey suggested that the majority of appraisers felt positive about the appraisal process and that they were well supported in their role. However, there were a small number of appraisers (5-6%) who did not feel that appraisal was supportive and empowering, or that it contributed to improvements in patient care. This raises a question about allowing such appraisers to continue to appraise which would require a much more detailed understanding of the reasoning behind their responses. There were also clear regional differences in the reported levels of training and support for appraisers, and confidence in the process, with all three devolved nations, and Wessex, which have educationally based, Deanery-led appraisal systems, rated most highly.

Many of the suggestions for what the College could do to best support appraisers were things that we are already doing, to varying degrees. For example, many respondents wrote that the College should: promote clarity and consistency of guidance and requirements; promote formative appraisals; and produce online resources. It is clear that many appraisers are either not aware of the College’s work in these areas or feel that what we are doing so far is not enough.

To tackle this, we plan to produce a regular newsletter for appraisers. Topics covered will include sharing examples of best practice from across the UK; showcasing existing College resources such as our Mythbusters, the Guide to supporting information, and the low volume of clinical work structured reflective template (LVCW SRT); and an in-depth focus on different aspects of appraisals. We plan to make the newsletter as user-led as possible, with suggestions for topics and best practice coming from appraisers across the UK.

In relation to the suggestion that the College should focus on promoting consistency, clarity of requirements, and formative appraisals, our events bringing together ROs, regulators and appraisal leads from across the UK will continue to focus on those areas.

Many respondents also suggested that the College should increase support for key groups such as late career GPs, newly qualified GPs, and trainees. Our focus previously has been on supporting those GPs with a varied scope of practice, those who spend time away from practice, and those with a low volume of clinical work, and our resources (particularly the Mythbusters, and the LVCW SRT) reflect that. In June 2019 we also produced a guide for newly qualified GPs and have worked closely with the College’s First5 members to establish their appraisal needs, including running a session for First5 members at the 2019 annual conference.

We will continue to identify groups and areas for targeted support and work with those groups to establish how best to provide that support.
Summary of findings and next steps

We have pulled together a summary of the key findings from the survey, on the left. On the right, we detail how the College is responding to the findings.

The vast majority of respondents felt that appraisals contributed to improvements in patient care and supported and empowered GPs. However, there were still a proportion of appraisers (c.6%) who did not feel as positive about the appraisal process.

The emphasis for the College in relation to appraisal and revalidation has shifted in 2019-20 from reducing the burden to promoting the benefits. This will shape future resources we produce as well as the conversations we have with other organisations involved in the regulation of appraisal and revalidation.

There were clear differences in how appraisers viewed appraisal and how supported they felt across the UK. Those based in the deanery-led devolved nations and Wessex were more likely to feel well supported and to feel that appraisals contributed to improvements in patient care and supported and empowered GPs.

Sharing the results of this survey will allow regions to review their own results and to consider what factors may be contributing to the responses and any variation in levels of appraiser training and support.

We will continue to work with responsible officers and regulators across the UK to share best practice and promote consistency of requirements, standards and support. In 2019, we will host two events for responsible officers and one for appraisal leads.

We will also continue to work with patients to ensure their views on appraisal, particularly patient feedback, are considered in any future changes to recommendations or requirements.
The most common examples given from those appraisers who felt very well supported were focused on personnel (especially appraisal leads and admin teams) and peer support, either through group meetings, training or informal discussions and forums. This was replicated by the examples of structures and resources available to support them in their role.

While it would not be appropriate for the College to be involved in the administration of the appraisal process, we will work with appraisal leads and responsible officers to promote and share examples of best practice from across the UK and will host a bank of practical resources and tools.

The suggestions for what the College could do to best support appraisers were often things that we are already doing, to varying degrees. For example: promote consistency and clarity of guidance and requirements; promote formative appraisals; and produce online resources.

We will continue to work with all relevant stakeholders to promote consistency and clarity of guidance and requirements and to update and develop our online resources.

We will produce a newsletter for appraisers to showcase the resources we already have, promote the formative aspects of appraisal, share examples of good practice, and reach out to appraisers. We will focus on hot topics for appraisers.

We will promote consistency and best practice across the UK to help to ensure that all GPs, wherever they are based, have similar experiences of a valuable appraisal that promotes quality improvements in their practice and better patient care.