

IDF Medical Appraisal 2020 Evaluation

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**independent
doctors
federation**

Introduction

The Independent Doctors Federation is a membership organisation for around 1500 GMC registered doctors in independent practice, both in primary and secondary care. It is also a designated body and at present 568 members are connected to the IDF for their revalidation. Under usual circumstances, the IDF undertakes about 650 appraisals per year; the majority of these are for those connected members and a small number are for members connected to other designated bodies or a Suitable Person or members who are going through the GMC annual return process. The IDF has a bespoke electronic appraisal and revalidation management system which enables robust quality assurance of the appraisal and revalidation process. Appraisees are required to pay fees for the cost of their appraisals and connection to the IDF.

The doctors who are connected to the IDF for revalidation often work on their own or in small groups and are spread widely geographically. Doctors connected to the IDF work in a wide variety of specialities which include General Practice, Medico Legal, Complementary Medicine, Aesthetic Medicine, Psychiatry, Anaesthetics as well as some other specialities. Appraisal provides vital clinical governance oversight of this particular group of doctors and without this, as a non-employing designated body, the doctors would have very little centralised clinical governance in place.

IDF Medical Appraisal 2020 during the Covid-19 pandemic

In early March 2020 the IDF was increasingly aware of the rapidly rising numbers of cases of Covid-19 in the UK and, in light of this, reviewed the policy for remote appraisals and first permitted, then mandated, that all appraisals should take place virtually to protect appraisers and appraisees. During the latter part of March 2020 NHS England suspended all appraisals up to the end of September 2020 and the IDF was advised to do the same. However, the IDF was able to continue to offer remote appraisal (provided that the appraiser and appraisee were not involved in Covid-19 related patient care) and some appraisals continued to take place during this time.

The IDF was aware that doctors in the independent sector had been impacted by the pandemic in a variety of ways and were experiencing a broad range of difficulties. Many doctors had to find new ways of working and many were unable to work due to logistics, lack of patient demand or their need to shield. Information on sources of support was shared by the IDF with doctors early on the pandemic.

In the summer of 2020, the IDF RO joined the Medical Appraisal 2020 Task and Finish Group at the Academy of Medical Royal Colleges. This group was instrumental in the relaunch of appraisals. Medical Appraisal 2020 was set up to recognise the impact of Covid-19 on doctors' personal and professional development and their wellbeing as well as to allow for a more flexible and supportive approach to appraisals in light of the pandemic.

In September 2020, following the announcement of appraisals relaunching in NHS England, the IDF announced the relaunch of appraisals from 1st October 2020. In September 2020 IDF appraisers were specifically trained to adopt a supportive and flexible approach with regards to the supporting information usually provided in appraisals depending on doctors' different circumstances, as well as to include an increased focus on supporting doctors in maintaining their health and wellbeing which was particularly important at this time. The subsequent annual IDF appraiser training sessions were held remotely and focused on remote appraisal skills for appraisers.

IDF Medical Appraisal 2020 used the standard IDF electronic appraisal form which was not adapted for Medical Appraisal 2020 as appraisees were familiar with its original format. However, appraisees were clearly informed about the expectations of Medical Appraisal 2020 particularly in terms of a more flexible and supportive approach in light of the pandemic, and that there was an understanding that the usual requirements for supporting information might not have been possible to obtain due to their circumstances. Appraisees were also reminded that the GMC's requirements for revalidation had not changed.

Methodology for the evaluation of IDF Medical Appraisal 2020

Evaluation of IDF Medical Appraisal 2020 has included:

- 1) Appraisee feedback
- 2) Appraiser feedback through a survey and a focus group discussion
- 3) Audit by the RO of appraisal summaries
- 4) Revalidation team feedback

The survey period was from 1st October 2020 to 31st March 2021.

Results

1) Appraisee Feedback on IDF Medical Appraisal 2020

The standard IDF appraisee feedback survey was used but four additional questions were included to capture feedback on the specific themes of Medical Appraisal 2020 in terms of impact, wellbeing and a flexible and supportive approach. There is no comparison year for these results.

Figure 1: Please rate your appraiser's skills in considering the impact of Covid-19 on your practice

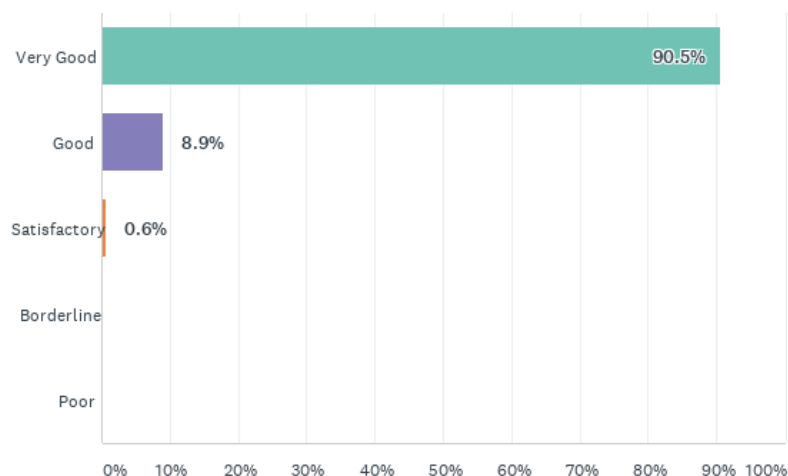


Figure 2: Please rate your appraiser's skills in being flexible regarding the requirements for supporting information in light of the recent pandemic

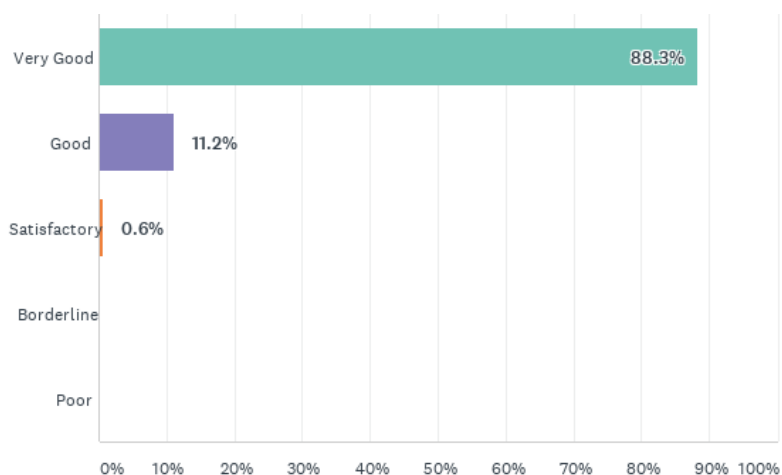


Figure 3: The appraisal was useful overall for being supportive in light of the recent pandemic

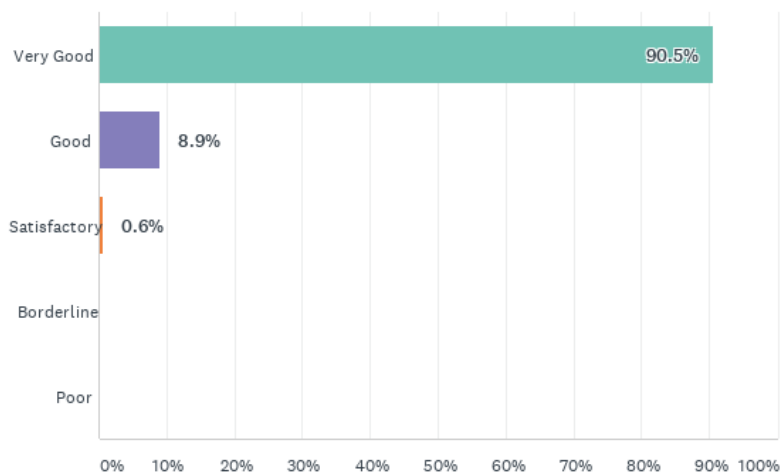
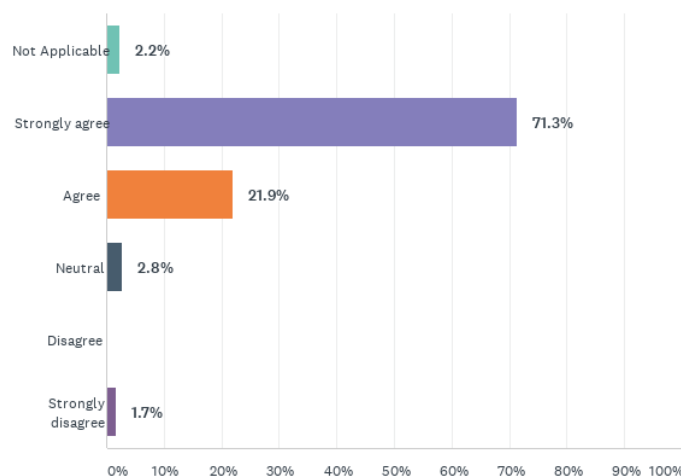


Figure 4: The appraisal was useful overall for discussing your wellbeing in light of the recent pandemic



These results (Figures 1-4) show that the majority of IDF appraisees felt that IDF Medical Appraisal 2020 considered the impact of the Covid-19 pandemic on their practice, was flexible regarding the requirements for supporting information, was useful overall in being supportive and discussed their wellbeing in light of the pandemic.

Comparison of Appraisee Feedback from 1st October 2020 – 31st March 2021 and 1st October 2019 – 31st March 2020

The appraisee feedback form asks for people to give their assessment on various aspects of the appraisal process. The table below shows the percentage of respondents selecting each response using the definitions below.

179 forms were received out of a total of 360 appraisals (49.7%) for the 1st October 2020 -31st March 2021 audit period.

185 forms were received out of a total of 377 appraisals (49%) for the 1st October 2019 -31st March 2020 audit period.

SA Strongly agree	A Agree	N Neutral	D Disagree	SD Strongly disagree
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VG Very Good	G Good	S Satisfactory	B Borderline	P Poor
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Appraisal Details	Yes	No
Was there sufficient protected time for the appraisal discussion?	100%	0%
	100%	0%
Was the venue private and professional?	100%	0%
	100%	0%

The administration and management of the appraisal system		SA	A	N	D	SD
The appraisal process was satisfactory		84.9%	12.8%	1.7%	0%	0.6%
		81.6%	17.3%	0.5%	0%	0.5%
I had access to all the necessary forms and materials for my appraisal		81%	17.3%	0.6%	0.6%	0.6%
		80%	18.4%	0.5%	1.1%	0%
I was able to collect the necessary supporting information from the organisation(s) where I work	N/A					
	23.5%	43%	25.7%	3.4%	0%	4.5%
	N/A					
Information provided by the IDF helped me to prepare satisfactorily for the appraisal		49.7%	23.2%	3.8%	0%	2.2%
		57%	35.2%	6.7%	0.6%	0.6%
		60%	33.5%	5.4%	0%	1.1%

The Appraiser Please rate your appraiser's skills in...	VG	G	S	B	P
Establishing rapport	94.4%	3.9%	1.7%	0%	0%
	90.8%	8.6%	0%	0.5%	0%
Demonstrating thorough preparation for your appraisal.	92.2%	7.8%	0%	0%	0%
	88.1%	11.4%	0%	0.5%	0%
Listening to you and giving you time to talk	95%	5%	0%	0%	0%
	93%	6.5%	0.5%	0%	0%
Giving constructive and helpful feedback	91.6%	8.4%	0%	0%	0%
	91.4%	8.1%	0.5%	0%	0%
Supporting you	93.9%	6.1%	0%	0%	0%
	88.1%	10.8%	0.5%	0.5%	0%
Challenging you	81%	17.3%	1.7%	0%	0%
	75.1%	23.8%	1.1%	0%	0%
Helping you to review and reflect on your practice	88.3%	11.2%	0.6%	0%	0%
	82.7%	16.8%	0.5%	0%	0%
Helping you to identify gaps and improve your portfolio of supporting information for revalidation	86.6%	11.2%	1.7%	0.6%	0%
	81.1%	18.4%	0.5%	0%	0%
Helping you to review your progress against your last personal development plan (PDP)	88.3%	11.2%	0.6%	0%	0%
	84.9%	14.1%	1.1%	0%	0%
Helping you to produce a new PDP that reflects your development needs	86%	14%	0%	0%	0%
	84.9%	14.6%	0.5%	0%	0%
Managing the appraisal process and electronic form?	89.9%	7.8%	2.2%	0%	0%
	87.6%	10.8%	1.6%	0%	0%
Considering the impact of Covid-19 on your practice	90.5%	8.9%	0.6%	0%	0%
Being flexible regarding the requirements for supporting information in light of the recent pandemic	88.3%	11.2%	0.6%	0%	0%

The Appraisal Overall		SA	A	N	D	SD
The appraisal was useful overall for...						
My personal development		50.6%	33.7%	12.9%	2.20%	0.6%
		51.9%	33%	12.4%	2.2%	0.5%
My professional development		53.4%	37.6%	6.7%	1.7%	0.6%
		54.1%	36.2%	7%	2.2%	0.5%
My preparation for revalidation		65.7%	28.1%	6.2%	0%	0%
		70.8%	24.3%	3.8%	1.1%	0%
Promoting quality improvements in my work		51.1%	38.2%	9.6%	0.6%	0.6%
		51.9%	35.1%	11.4%	1.1%	0.5%
Improving patient care	N/A					
	21.9%	37.6%	27%	11.2%	1.1%	1.1%
	N/A					
	19.5%	34.1%	30.3%	11.9%	3.2%	1.1%
		SA	A	N	D	SD
Being supportive in light of the recent pandemic	N/A					
	5.6%	62.9%	23.6%	5.6%	0.6%	1.7%
Discussing your wellbeing in light of the recent pandemic	N/A					
	2.2%	71.3%	21.9%	2.8%	0%	1.7%

The results show that appraiser feedback was overall similar for the Medical Appraisal 2020 cohort of appraisees and the appraisees in the previous comparison year. The combined scores for very good and good ratings or strongly agree and agree ratings are similar in both audit periods and so appraiser feedback for IDF Medical Appraisal 2020 is at least as positive as the appraiser feedback from the comparison year.

However in the audit period of IDF Medical Appraisal 2020 there was an increase in the ratings in the strongly agree or very good ratings compared to the agree or good ratings in some areas. These areas include establishing rapport, supporting, challenging, helping to review and reflect on practice and helping to identify and improve the portfolio of supporting information for revalidation. It is interesting to see that despite the move to remote appraisals there has been a shift to higher ratings in these areas.

Free text feedback from appraisees included:

Excellent appraiser, highly supportive and interested in my work and the impact of Covid -19 on both my work and personal life. A good balance of questions asked about my learning, clinical practice, various roles within the clinic and listed significant events and safeguarding issues. My appraiser made it clear they were willing to provide continuing support beyond the appraisal process which was very welcome.

I was very happy that the appraisal was conducted in a constructive manner, and also demonstrated concern as regards the impact of Covid on my personal life.

Made a thorough assessment of the issues surrounding Covid by which I have been affected and was very supportive. If I had been struggling, this approach would have been a very appropriate way of supporting the appraisee.

Supportive and thorough despite having to be conducted remotely this year.

My appraiser could not have been any more helpful or supportive.

Gave a good objective assessment of my current situation and made relevant suggestions moving forward. Very positive and supportive

My appraiser struck the right balance in helping me produce a new PDP that is challenging and very directed towards my needs, but also with items which are achievable, which is important. He understood the impact of Covid-19 and was supportive.

2) Appraiser Feedback

a) IDF Appraiser Survey of IDF Medical Appraisal 2020

25 IDF appraisers out of a total of 29 appraisers completed the survey which is a high response rate. The survey was carried out in March 2021 and all IDF appraisers had carried out at least one appraisal since the launch of IDF Medical Appraisal 2020.

Figure 5: How did the IDF's approach to Medical Appraisal 2020 affect your ability to prepare for a productive appraisal discussion in advance?

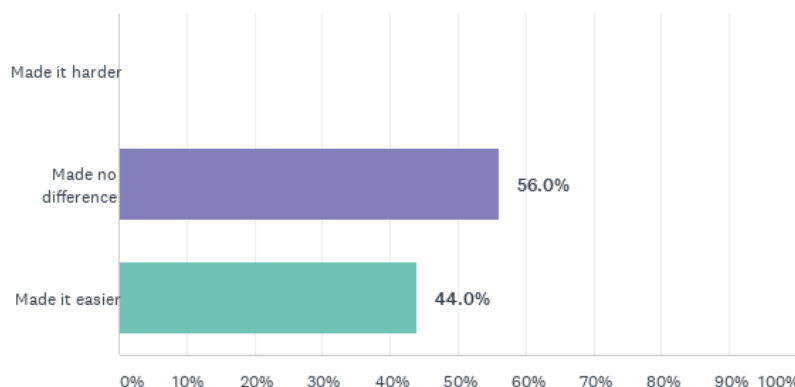


Figure 6: How did the IDF's approach to Medical Appraisal 2020 affect your ability to create a safe space for a confidential and supportive discussion?

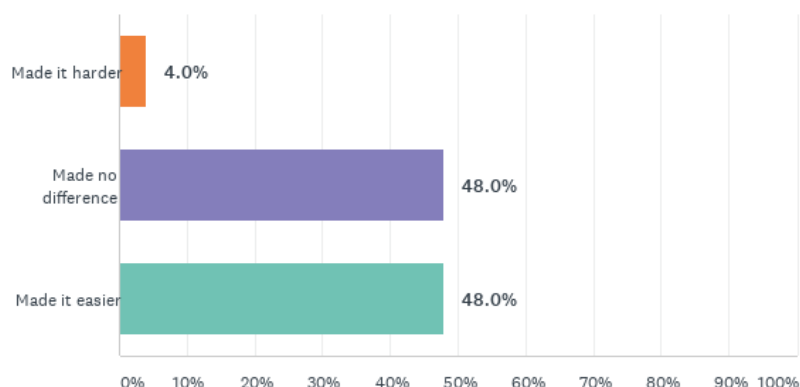


Figure 7: How did the discussion on support, the impact of the pandemic and maintaining health and wellbeing affect the appraisal?

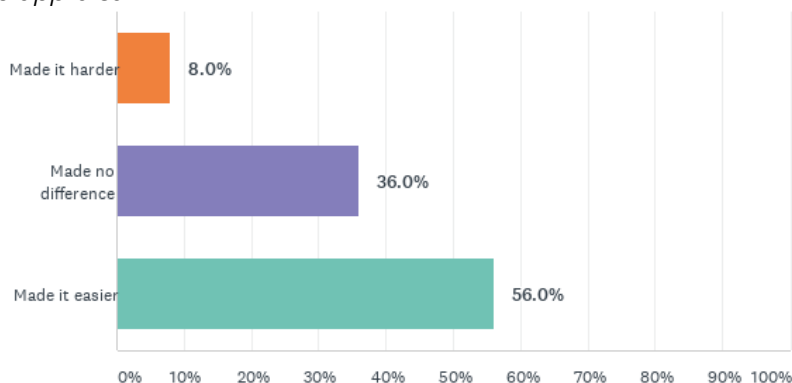


Figure 8: What was the effect of the IDF's approach to Medical Appraisal 2020 on considering the appraisee's personal development and support needs?

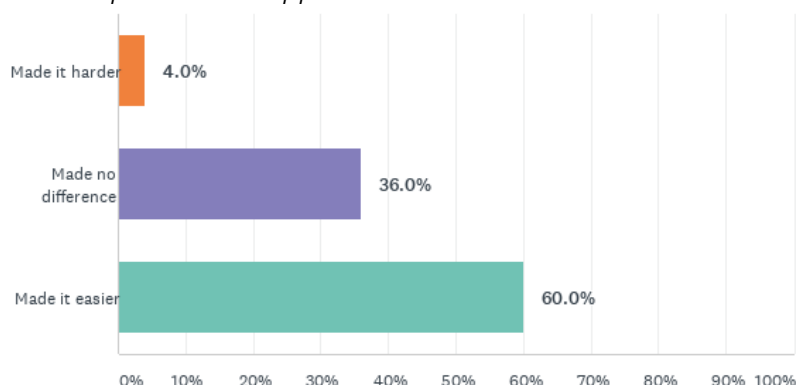


Figure 9: What was the effect of the IDF's approach to Medical Appraisal 2020 on considering the appraiser's professional development and support needs?

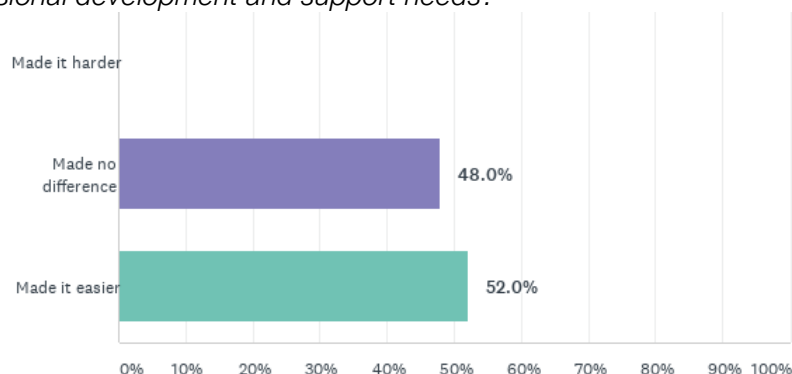


Figure 10: How effective was Medical Appraisal 2020 appraisal in contributing to better patient care?

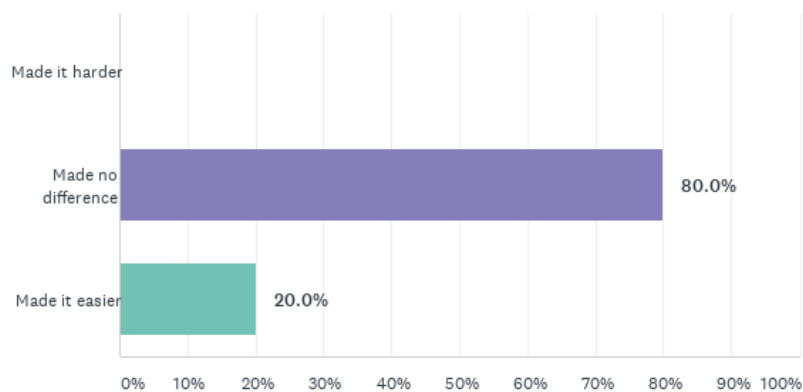


Figure 11: How did the IDF's approach to Medical Appraisal 2020 affect your judgement of the appraiser's professionalism?

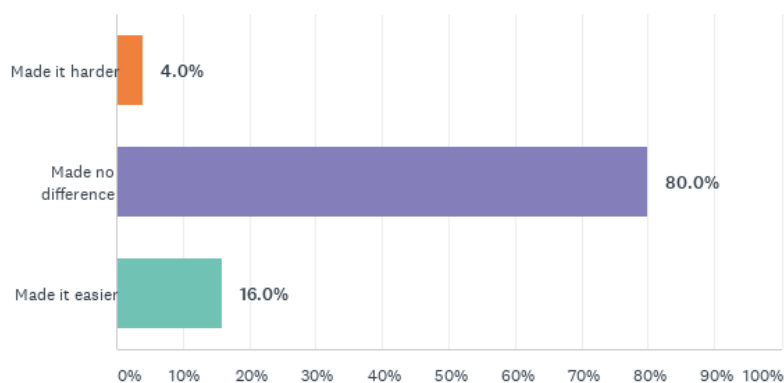


Figure 12: How did the IDF's approach to Medical Appraisal 2020 affect your ability to write a satisfactory appraisal summary?

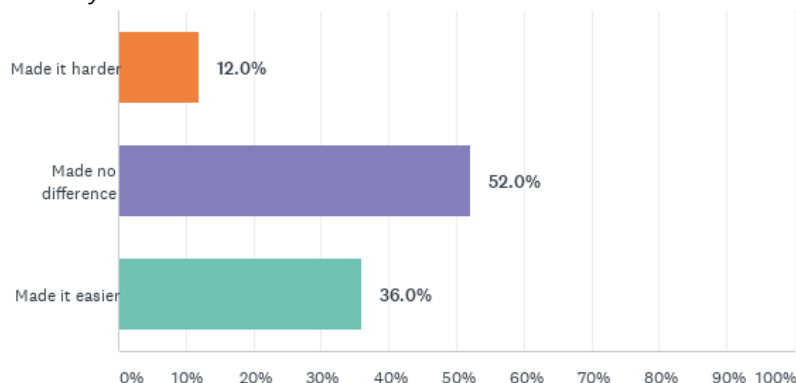


Figure 13: How did the IDF's approach to Medical Appraisal 2020 affect your ability to develop an appropriate PDP?

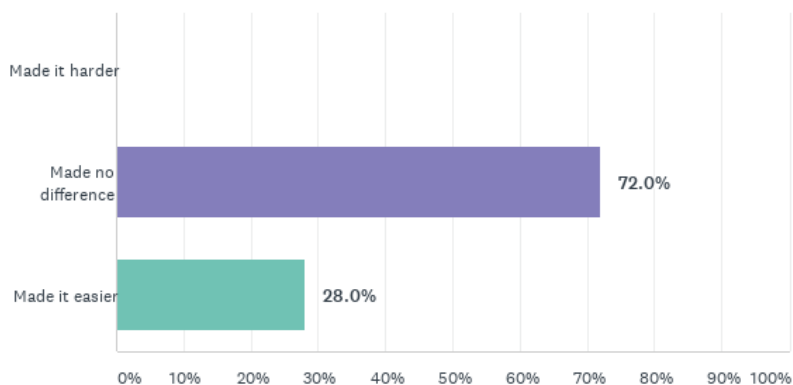


Figure 14: How did the IDF's approach to Medical Appraisal 2020 affect your ability to sign off the appraiser's statements?

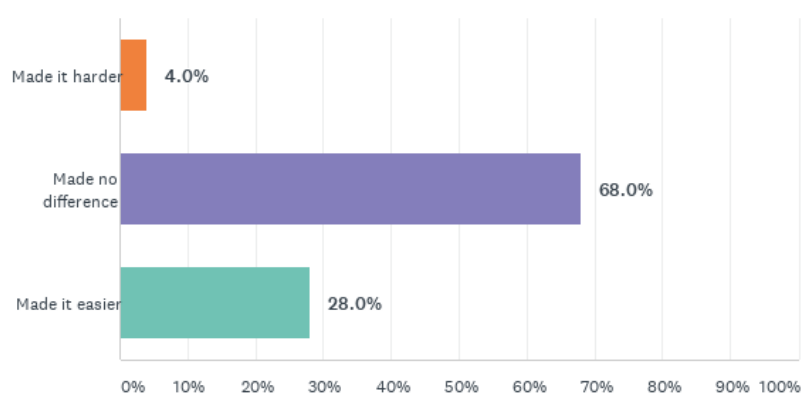
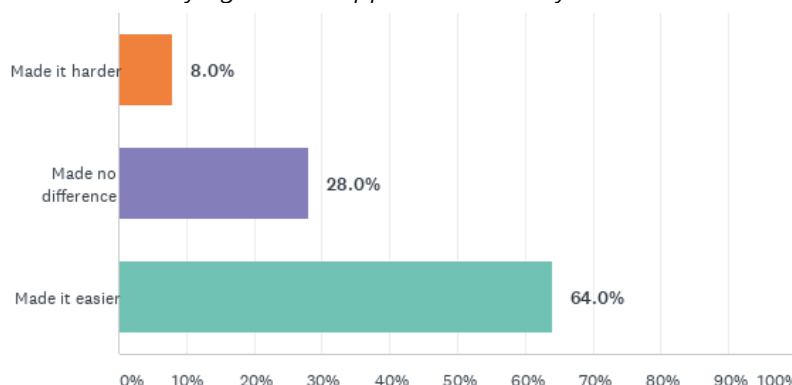


Figure 15: What was the effect of carrying out the appraisal remotely?



In most areas the IDF's approach to Medical Appraisal 2020 was felt to have made no difference or made it easier than previously. Many appraisers commented that the IDF had historically taken a supportive approach which may explain this. 80% of respondents felt that the effect of IDF Medical Appraisal 2020 made no difference on patient care (Figure 10). 60% of appraisers said that carrying out appraisals remotely made it easier but 8% felt this made it harder (Figure 15).

Interestingly a very small number of appraisers found the Medical Appraisal 2020 harder in certain areas. These included the ability to sign off the appraiser's statements (Figure 14), the ability to write a satisfactory appraisal summary (Figure 12) and judgement of the appraisee's professionalism (Figure 11).

Appraisers were also asked to provide their free text comments on IDF Medical Appraisal 2020. Collated themes from these included the following:

- Discussion of wellbeing and the personal impact of the pandemic has been appreciated and welcomed but can spin off into many wider discussions.
- Remote appraisal:
 - Positive feedback about it overall
 - Appraisees and appraisers more relaxed, open, communicative and engaged when in their own environment
 - Saves travel time and allows more flexibility re dates and times.
 - Sometimes harder to establish rapport on remote meetings especially if a new pairing
 - Pros and cons
 - One appraiser expressed a wish to have at least 1 face to face meeting in each 3 year appraisal pairing cycle
 - Challenging initially but techniques developed and training by MIAD on remote appraising was helpful

- One appraiser reported that they had received feedback from appraisees about the IDF system being supportive and formative, having experienced a different approach with other systems.
- Very diverse experiences of IDF appraisees, some positive with more time off with family and for others financial uncertainty and stress due to reduction in work. All appraisees had been impacted by the pandemic in some way.
- IDF Medical Appraisal 2020 was helpful to some appraisees but for others the IDF Medical Appraisal 2020 approach was not required as much and appraisees did not want to spend time discussing it.

b) Qualitative appraiser feedback through appraiser focus group discussion

A focus group session on IDF Medical Appraisal 2020 was held on April 8th 2021 and was open to all appraisers. Five appraisers joined the session. Most appraisers had found the standard of appraisal forms provided by appraisees to be similar to previously and that remote appraisals had worked very effectively. However, in a small number of cases it had been challenging for appraisers when presented with little or no supporting information to discuss with the appraisee at the appraisal meeting and write a comprehensive summary. Appraisers expressed concern about this if little or no supporting information was to be presented on an ongoing basis.

3) Appraisal Audit undertaken by IDF RO

The IDF Responsible Officer reads each completed appraisal soon after completion. Between 1st October 2020 and 31st March 2021 appraisal summaries were specifically reviewed to see whether the summaries captured the impact of the Covid-19 pandemic on the appraisee, discussed wellbeing and demonstrated a flexible and supportive approach.

Figure 16: Wellbeing – discusses wellbeing in light of the pandemic

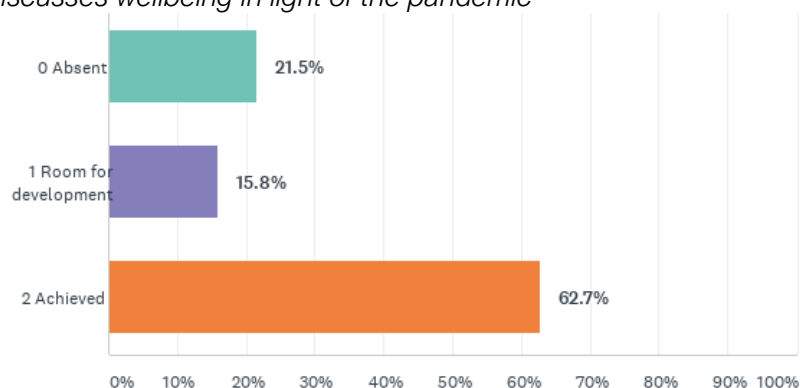


Figure 17: Impact – reviews the impact of the Covid-19 pandemic, lessons learned and any changes made on quality of practice and better patient care

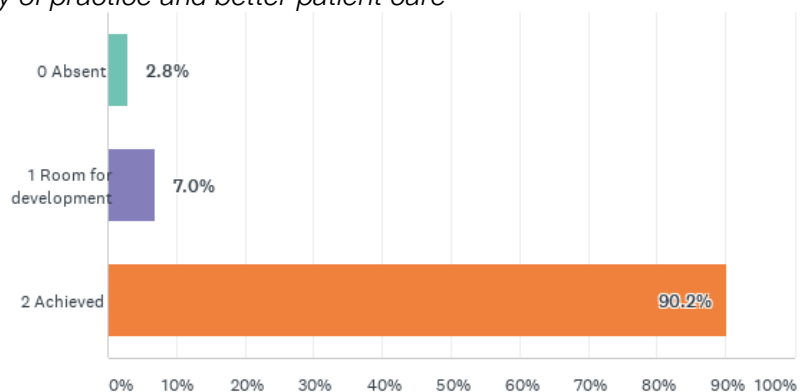


Figure 18: Flexible – flexible approach to supporting information taking account of individual circumstances.

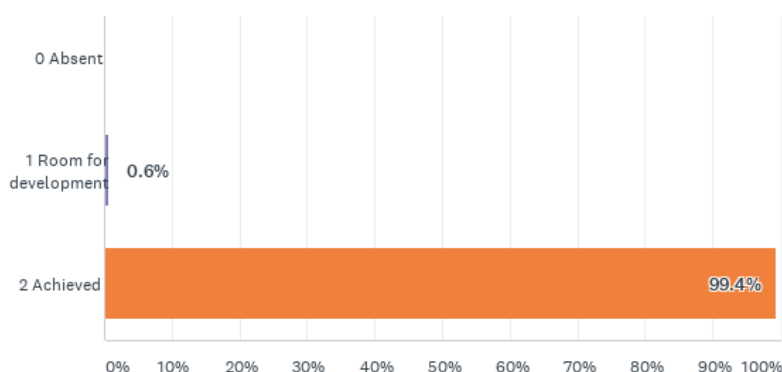
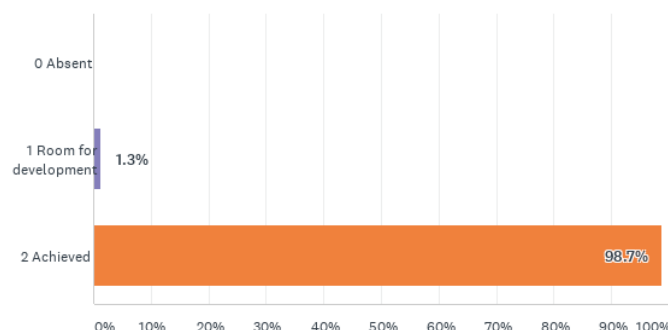


Figure 19: Supportive – focuses on the needs of the doctor and support for their personal and professional development, identifies and comments on challenges from the past year (and any anticipated challenges/developments) and signposts resources (if applicable)



Almost all the appraisal summaries demonstrated a flexible and supportive approach (Figures 18 and 19). 90.2% of the appraisal summaries reviewed the impact of the Covid-19 pandemic, lessons learned and any changes made on quality of practice and better patient care with 7% having room for development in this regard (Figure 17).

Interestingly 60.2% of appraisal summaries satisfactorily discussed wellbeing in light of the pandemic with 15.8% showing room for development and 21.5% not including this information in the summary (Figure 16). However this does not necessarily mean that wellbeing was not discussed during the meeting as it may have been discussed but not recorded in the summary. On some occasions the appraisee talked about their wellbeing in detail in the appraisal inputs and so the appraiser may have felt it was not necessary to duplicate the information. Some appraisers may have only included information about wellbeing if it was felt to be a matter of concern rather than expressing a statement to say the appraisee had coped well and did not require any further support. Some appraisers may have found discussions about wellbeing easier to have than others and some appraisees may have been more receptive to discussion about wellbeing than others. Also, where it was the second or third pairing with the same appraiser it may have felt easier for appraisers to discuss wellbeing than when it was the first time the appraiser and appraisee had met.

4) Collated feedback from the IDF Revalidation Team on IDF Medical Appraisal 2020

IDF Medical Appraisal 2020 has been appropriate in the context of the pandemic. The supportive, more flexible approach according to circumstances has been particularly appropriate at this time.

The Appraiser Training pre re-launch of appraisals in Sept 2020 was successful in upskilling the appraisers as many had not undertaken appraisals early on in the pandemic.

The IDF used a whole team approach – Administrator, Revalidation Director and RO to reinforce the flexible, supportive approach. This worked well and conveyed a consistent message to appraisees.

The remote format of appraisals has worked well. Only one first time IDF appraiser explained that they were not keen to have an appraisal remotely.

Some appraisees were very keen to have their appraisal meeting as this allowed them space to reflect on their experience of Covid-19, both personally and professionally, and allowed for development goals to be reviewed and readjusted in light of the continuing pandemic.

There was some resistance by a few appraisees to undertaking an appraisal if little supporting information had been collected or low/no volume work had been carried out due to the pandemic and these appraisees required reassurance by the appraisal and revalidation team to engage. A few appraisees expressed financial concerns about undertaking the appraisal, especially if they were not working and earning because of the pandemic.

There were some frustrations that doctors with appraisals from end of March to October 2020 were granted an approved missed appraisal which saved them from having to pay the appraisal fee.

Some appraisees also found it challenging working remotely e.g. with their PAs, who often helped with the appraisal form, working from home too and in some cases, they had to make administrative staff redundant or furloughed and so completed all of the appraisal form themselves.

Some appraisees challenged that the NHS or other designated bodies were asking for a shortened version of the appraisal form to be completed which was different from the IDF's approach. This required discussion and reassurance about the IDF's approach and rationale prior to the appraisees engaging.

Some appraisees continued to provide the usual level of supporting information and appraised as normal. Some appraisees uploaded very little to the appraisal form and in some cases this was due to appraisees undertaking a very low volume of work during the pandemic. Where information was not uploaded, this was more clearly stated by the

appraiser in the outputs than in previous years. Generally the level of information provided in the appraisal summaries was much the same as in previous years.

The second wave of Covid-19 and return of lockdown in November, meant the revalidation team had to push quite hard to get appraisees to engage and book dates. Overall, however, the IDF had high engagement for quarter 3 appraisees (those due appraisals October-December 2020) with a peak number of appraisals in December 2020. The engagement of quarter 4 appraisees was similarly high with many promptly booking dates and completing the process.

Relaunch of appraisals in October 2020 provided important support to doctors. Some appraisers notified the IDF of doctors needing extra support and the IDF RO reached out

to these appraisees a few weeks after their appraisal by e mail and offered her support by phone if this was felt to be helpful to them. The IDF received messages of appreciation from these appraisees.

Summary

Overall this evaluation shows that the IDF Medical Appraisal 2020 has worked well in the context of the Covid-19 pandemic with positive feedback from appraisers, appraisees and the revalidation team particularly regarding the role of remote appraisals and the focus on the impact of the pandemic on personal and professional development and wellbeing with a flexible and supportive approach. Interestingly, appraisee feedback about IDF Medical Appraisal 2020 has shown an increase in the ratings in the strongly agree or very good ratings compared to the agree or good ratings in some areas. These areas include establishing rapport, supporting, challenging, helping to review and reflect on practice and helping to identify and improve the portfolio of supporting information for revalidation. Most appraisals have included usual amounts of supporting information, but a few have presented very little which was more challenging for the appraisers in terms of having a meaningful discussion at the appraisal meeting and writing a comprehensive summary. Some appraisers expressed concern about this if little or no supporting information was to be presented on an ongoing basis. The IDF will review the remote appraisal policy as restrictions ease to find a workable format going forwards building on the positives of remote appraisal. Further training and guidance will be given to appraisers about the recording of discussions on wellbeing in the appraisal summaries.

Conclusion

The IDF has always aimed for appraisals to be supportive, and this ongoing approach is welcome. Whilst the feedback from appraisees and appraisers has been positive overall about IDF Medical Appraisal 2020, ultimately it is the Responsible Officer who carries the responsibility of making the revalidation decision to the GMC. The doctors who are connected to the IDF often work on their own or in small groups. Appraisal provides valuable information regarding these doctors who otherwise would have little clinical governance oversight of their work. The reliance solely on verbal reflection in the appraisal on an ongoing basis is not felt to be sufficient for the needs of IDF connected doctors. Limited or no written supporting information in the appraisals of this group of doctors would not provide the RO with sufficient information to make an informed revalidation decision and there is a concern that patient safety would be compromised. However, the IDF supports the ongoing emphasis on quality of supporting information rather than quantity as was previously recommended in the Pearson report in 2017.