Appraisal: purpose, pitfalls and good practice

This article is based on the proceedings of the conference ‘Appraisal: purpose, pitfalls and good practice’, held at the Royal College of Physicians of London in May 1996. The conference brought together not only doctors but also representatives of other professions, to review the role of appraisal in education and industry, and to discuss how it might be applied in the medical field.

No clear understanding exists in modern medicine or industry of what constitutes appraisal or how it can tangibly benefit a particular workforce. In light of this uncertainty, the appraisal procedure is often viewed as a redundant and bureaucratic process initiated by ‘Big Brother’. However, this attitude undermines the validity of a process with the potential to offer guidance and direction to medical practitioners – particularly junior doctors – who already feel overworked and under-supported.

The culture of appraisal is unfamiliar to most doctors and may be found threatening and embarrassing, but there is good evidence to suggest that doctors in training greatly appreciate formal feedback from their consultant at regular intervals and that this markedly enhances job satisfaction. Many consultants who are sceptical about the process also find that in practice it improves their relationship with their trainees. The introduction of regular appraisal for trainee doctors in every NHS trust remains a priority for the deans of postgraduate medicine, who believe that supervisors and administrators in medicine must assess their appraisal methods and implement change so that staff feel that the appraisal process supports them professionally and psychotherapeutically, and that clear, high quality standards are identifiable and pursuable.

Benefits of appraisal in the workplace

Four years ago, ‘a couple of hundred’ doctors at 11 hospitals in the London area were asked if they had talked at length about their performance with their consultants, either formally or informally. The first time this was asked, approximately 25% of respondents answered that they had had these discussions, and that the exchange had been useful. Two years later, the survey was repeated at the same 11 hospitals; the number of doctors who had engaged in meaningful performance-related dialogue with their consultants had doubled. Moreover, the number of doctors who understood that appraisal was becoming a regular routine for them as trainees had also doubled, and the number of practitioners who felt that their supervisors assessed and appraised poorly through lack of style and understanding had halved.

Thoughtful, informative interaction with consultants goes beyond simply making doctors feel better about their working environments – it also has a tangible impact on trainees’ motivation to learn. Of the ‘couple of hundred’ doctors interviewed in the study described above, preregistration house officers and senior house officers who had had constructive appraisal experiences (whether they were structured or unstructured) also felt they received better consultant supervision, and engaged in more formal and informal educational experiences and opportunities. Those with structured appraisals (based on a formal log book) recorded the highest levels of overall satisfaction with their situations. Incidences of appraisal and the responses to these questions seemed causally related.

However, it is not only the actual occurrence of the appraisal that makes an impact on doctors. Whilst those who had undergone useful appraisal and those for whom appraisals were imminent had the same positive feelings about the process and rated their educational experiences while at work very highly, a comparable number of doctors had had appraisals and found them useless. These respondents said that rather than being asked ‘how they were coping’, they would prefer be told ‘how they were doing’, and be made aware of areas in which they needed to improve. In these cases, job satisfaction seemed to be lower than for those for whom the appraisal process appeared to be working. This is evidence enough to support investigating the benefits of mandatory versus formal but infrequent appraisals, and the effect of different appraisal methods on the workplace.

Differentiating between appraisal and assessment in medicine

In employment law, there is little distinction between appraisal and assessment. Both are often linked to salary increases, promotions, dismissals, and discipline. Whilst the appraisal/assessment paper-trail may be used to justify any actions an employer might take against an employee, there are no laws governing appraisals or their administration. In order to protect itself from prosecution, and to guarantee that appraisals have a purpose for employees, the NHS must carefully examine the legal implications of appraisals in other professions, and investigate how appraisal can work with its own highly mobile workforce.

The NHS differentiates between assessments and appraisals as follows: assessments 'measure progress based on relevant curricula', while appraisals 'provide a complementary or parallel approach which focuses on the trainee and his or her professional needs'. Typically, appraisals are

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positive events which improve a trainee's self-esteem and highlight what he/she does well; assessments have more room to be honestly negative, if that is warranted. It is, therefore, important to decide exactly what one wants to get out of conducting appraisals before implementing the process: ie, one must formulate appraisals to support an agreed-upon goal.

Doctors in training grades, especially specialist registrars, are extremely mobile. Working at a number of different hospitals with a variety of consultants means that both views on a doctor's training needs and his or her performance assessments will vary from place to place. It would be difficult to hold any one person accountable for discrepancies in reporting on such appraisals and assessments. If a single consultant appraises or assesses a trainee, this consultant is faced with the challenge of incorporating many other people's views into the reports on the trainee's development, which is unfair to the trainee. Conducting appraisals without assessments can, then, be dangerous: if a seemingly unjustifiably poor reference causes economic loss for the employee, that employee can sue his or her employer. In the case of 'flexible' trainees, assessments of flexible versus full-time trainees may mirror one another, while appraisals may not, particularly if the flexible trainee became flexible because of family obligations and has less time to pursue education. Where appraisals influence promotion and salary increases for trainees, those who have bad appraisals (but would or do have good assessments) have grounds for claiming discrimination. Employees who have negative appraisals may see them as the result of appraiser bias, especially if a basic minimum performance level is being met. The disgruntled worker can claim that poor appraisals prove discrimination and a lack of objectivity. Appraisal without assessment could give a false portrayal of a trainee's capabilities.

In medicine, the appraisal process cannot work without appraisers being as self-aware as their trainees. Consultants and supervisors need training in how to give appraisals that are fair, just and objective, and which are not used as disciplinary tools. Assessments should be conducted regularly to ensure that junior doctors competently perform the tasks that their specialties require. Appraisals, conversely, are a reflective experience, and should provide a positive outlook on the opportunities and resources available to both the supervisor and trainee.

**Appraisals in the private sector**

The medical profession relies on many of the same skills as industry for sustained growth and development, such as the ability to manage costs while providing quality services. There are four important ways in which employers can ensure that every employee within their organisation is working towards a common goal. Each of these encompasses a different facet of the appraisal process, and helps employees develop themselves personally so that they can contribute to their company's growth:

1. **Commitment** – The top levels of any organisation must set out their objectives effectively, and demonstrate how individuals can contribute to them.
2. **Planning** – All employees must be appraised regularly to discuss skills development, training and performance, to determine how these fit in with and affect the company's goals.
3. **Action** – Employees must continue to develop skills to improve their competence and knowledge. Employees at all levels, including the most senior, should be asking themselves how they can individually affect the corporate outcome.
4. **Evaluation** – Employees and supervisors must continually evaluate their progress towards their goals, added value accruing from financial investment, and their future need, by looking at individual knowledge and attitudes, individual and team behaviour, and the achievement of organisational targets.

Ideally, appraisals should support good day-to-day management throughout the year, and therefore should not contain any real surprises.

Individual organisations can manipulate these basic precepts to suit their needs. Recently, performance problems in the legal profession prompted the judiciary to review magistrates' abilities to carry out their duties effectively. All magistrates were required to undergo appraisals, but the prospect caused concern: appraisal terminology was so vague that no one seemed to be able to agree on what should be evaluated, or how. To ensure that all evaluators approached appraisal in the same manner, a rota of chairmen (those responsible for overseeing the magistrates' appraisals) devised a list of qualities that magistrates should possess or demonstrate while presiding over cases. They expected appraising magistrates to observe the following when evaluating their colleagues' abilities and qualities:

- inform the person to be appraised of the interview criteria in advance, and relate all feedback directly to the criteria set out by the rota chairmen
- comment on observed behaviour only, not on perceived behaviour
- select the most important aspects of performance, and concentrate on those as priorities
- ask questions rather than make statements, to encourage those being appraised to reveal what they see as their own strengths and weaknesses (this circumvents having the appraiser openly criticise the interviewee to identify areas for improvement)
- consider what the feedback indicates about the appraisers themselves to prevent biases from influencing the process
- be aware of both verbal and non-verbal communication – listen, relax, paraphrase and repeat the words used by the person being interviewed to show that they appreciate that others may not have the vocabulary or personality necessary to express their thoughts and views as they would like.
To ensure that everybody actually performed appraisals in a similar fashion, all magistrates going through the appraisal training process were asked to watch 'trigger' videos of their colleagues at work, and to evaluate their colleagues against the template provided by the rota chairmen. The trainees' evaluations were assessed against the 'answers' devised by the rota chairmen. To learn about their own weaknesses as both appraisers and magistrates, appraisers participated in a videotaped role-play, and each appraising magistrate evaluated the videotaped sessions. Following this, appraisers went into the courtrooms and evaluated the presiding magistrates. These magistrates received feedback on their performances, and these feedback sessions were recorded so that appraisers could later critically examine their part in these exchanges. Although complicated and time-consuming, this process allowed magistrates to be thoroughly and properly reviewed, and, once it was fully implemented, thorough appraisals could be performed regularly enough to maintain a high standard among magistrates.

Thames Valley University also chose to use a non-hierarchical method to appraise teaching staff. Each staff member could choose up to three colleagues to work as 'appraisal partners' rather than 'interviewers', with school management determining which of these three would act as the appraiser so that no one person was selected excessively. The objective was to increase the University's efficiency by helping staff improve performance and expand the scope of their careers, and so it was vital that assessment and appraisal were treated separately. Ideally, the 'appraisal partner' would assist and guide the person being appraised without passing judgement on that person's performance. Appraisers underwent two days of 'partner' training, covering aspects of employee development, financial constraints of development, and departmental priorities, while every staff member being appraised recorded his or her 'key work objectives' and 'professional and personal learning objectives' for the coming year, along with how these goals would be achieved. The head of each school commented on the appropriateness of these aspirations and would theoretically include those objectives that appeared most often in future departmental planning schemes. As staff and their departments saw their objectives being met and supported, appraisal became less threatening. Ultimately, in spite of initial scepticism, 80% of the appraised staff found the process stimulating.

Upward appraisal is the necessary complement to any employee appraisal scheme. It allows team leaders to analyse juniors' views on particular problems without any team member feeling threatened. At Rover Corporation, a company with various teams in charge of product security, each team member anonymously completes a form encompassing 24 different topics. Areas evaluated include: honesty, empowerment, risk-taking, development, enthusiasm and decisiveness. The teams' responses are recorded on a 'spiderweb' which provides an overview of the team's feelings towards its leadership. The effort involved is minimal, and its simplicity means that every Rover employee finds time to evaluate his or her superiors. At the conclusion of the most recent appraisal period, the team leaders' supervisors saw the teams' feedback as important enough to spark the creation of new team-building tools, which were implemented over a 12-month period. As with the Thames Valley University experience, seeing their recommendations implemented over the course of a year increased levels of trust between team members and team leaders, and justified participating in appraisal.

Prototypes for appraisal in medicine

Appraisal in medicine is anything but straightforward. With consultants, hospitals, trusts, patients, and deaneries all competing to direct doctors, it is never clear for whom the doctor is working. Without knowing this, one cannot determine who else, besides the doctor, should benefit from the appraisal process. The first step towards combating this confusion is to develop a uniform set of standards that must be followed when conducting appraisals.

Guidelines that support the trainee's interests are the easiest to follow, especially in the case of several employers evaluating the same trainee at different times. The Standing Committee on Postgraduate Medical and Dental Education (SCOPME) suggests the following:

- the interviewer and interviewee must keep the meeting directed by adhering to a previously agreed agenda, and commit themselves to a follow-up interview at this meeting's conclusion
- trainees should identify their own strengths and weaknesses through self-appraisal, enabling an 'action plan' or 'learning contract' to be agreed at the end of the interview
- supervisors and trainees must devise learning goals for presentation at the appraisal; supervisors must commit themselves to provide learning resources and experiences for the trainees
- appraisal must take place in a supportive environment, and confidentiality must be maintained.

Trainees must answer to many different bodies, and so it is imperative that they have input into how appraisal systems are managed and implemented. To make the appraisal as useful as possible, however, trainees and supervisors should realise that periodic formal appraisals should supplement, not substitute, constant feedback on daily operations.

Employment and education are typically different areas but, in medicine, employment is education. If appraisal is to be beneficial, this is another reason why appraisers must observe differences between assessment and appraisal. An appraiser has misunderstood his or her role if the trainee leaves the interview with anxieties about employment prospects or status, ie if this is the case, the trainer has clearly assessed, rather than appraised. When trainers confuse their education and employment 'hats', they risk
having their trainees lose morale. Trainees cannot have a trusting, educational relationship with the people who might assess their abilities as employees and determine promotions and pay. In the same way that trainees must understand what is expected of them based on their job descriptions, trainers must understand how their role as educators and possible assessors fits into the medical curriculum. Ultimately, a well-organised appraisal process, kept separate from assessments, is the key to providing effective education and development for employees in medicine.

A Royal College of Obstetricians pilot study on appraisals found that, if administered properly, appraisals are developmentally helpful. In their study, the College created one-page appraisal forms to be used in each meeting of a three-meeting series between the interviewee and the appraiser. The first meeting developed an 'action plan' for the trainee's development, the second checked that the plan was being followed, and the third evaluated progress made against the plan. Trainee obstetricians kept a log book that outlined the skills a doctor must be able to perform in each position he or she would fill, and, once these basic competencies were met, the trainees could decide which areas of their specialty they wanted to develop. Ideally, trainees would have a sheet outlining the performance achievements expected of them over the next six months. As trainees became competent in specific skills, either they or their consultants would record this on the 'action plan'. In this way, every time a new skill is learned, progress is seen to be made.

Inevitably, some trainees found that they lacked necessary skills, and this required explanation. An appeals process was therefore implemented. Before the appraisal interview, trainees completed a form that demonstrated or defended what they had or had not learned. Both the consultant and the trainee would sign a form stating why they disagreed with the justification for the junior doctor's lack of training. This automatically started an appeals process which would involve an arbitrator, if need be. At its best, this process kept minor complaints from becoming formal appeals at a later date, while maintaining the integrity of the appraisal process. Whether a doctor had achieved his or her educational goals or not, appraisal served to reveal deficiencies or promote further development.

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