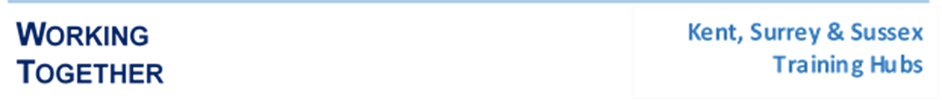
**MULTIPROFESSIONAL PRIMARY CARE APPRAISAL TOOLKIT**



**ACKNOWLEDGEMENTS**

This toolkit was prepared by a working group made up of members from Training Hubs across Kent, Surrey and Sussex. We would like to thank Kerry Myall and Jo Powell for the design of the appraisal forms which were adapted for this toolkit.

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**About this toolkit** Appraisal is an annual requirement for NHS staff. However, currently there is no standardised appraisal guidance for staff in general practice other than GPs and there is wide variation in how appraisals are implemented. The purpose of this document is to provide some guidance and structure for the appraisal process which can be adapted by individuals and practices to meet their specific needs.

This toolkit is intended as a resource which will be used as and when appropriate, with users referring to the specific sections they need at that time.

There are some aspects of this guidance that relate to a single professional group, such as nursing and where this is the case it is specifically labelled as such. Otherwise, the toolkit can be used by individuals from any professional group and also by administrative and clerical staff.

**Why do appraisals?** Appraisal provides the opportunity for an individual and appraiser to consider the individual’s professional development over the past year and to look at his/her developmental needs in conjunction with the practice’s strategic plan



The appraisal process should be seen as a positive approach to development. It is not about creating unrealistic expectations or rewards; for evaluating or increasing pay entitlements or to be used in place of any disciplinary procedures.

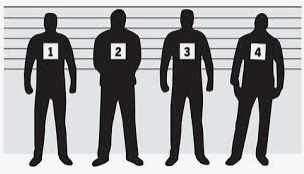
**Key activities contributing to successful appraisals**

1. Identifying your appraiser
2. Communication and training
3. Implementing an appraisal cycle
4. Obtaining feedback from others
5. Setting objectives
6. Regular supervision
7. Portfolios and supporting evidence



1. **Identifying your appraiser……………………………………………………………..**

In many circumstances your appraiser will be a Practice Manager, a GP Partner or lead practitioner from your professional group such as a Lead Nurse. However, you may need to consider who directs the majority of your work; whether the appraiser understands the professional obligations set out by regulatory bodies such as the GPhC, HCPC, NMC, etc. and; whether the appraiser has suitable skills and training for the context in which the appraisal is taking place. It may be appropriate to identify more than one appraiser or an external appraiser to ensure that there is a both professional component and a discussion within the practice to agree the coming years work objectives aligned to the organisational objectives and to sign off the personal development plan.

**An appraiser should understand**:

* the appraisee’s full scope of work;
* the professional obligations placed on the appraisee by the relevant professional body;
* the importance of appraisal for supporting accountability, professional development and patient care;
* the purpose of appraisal in the revalidation process

1. **Communication and training………………………………………………………….**

It is important to ensure that the whole practice or primary care network (PCN) team understand appraisal and the appraisal process.

**Communicating the appraisal process** to all staff is important. Start the annual appraisal cycle by reminding all staff about the timetable, the value and role of appraisals and what they should cover. Also share any relevant templates, support and guidance for appraisers and staff.

Ensure all appraisers and appraisees have undertaken some **appraisal training**. E-Learning for Health (e-LfH) provides online training resources for NHS staff and your local training hub will signpost local face to face and online training resources and opportunities.

**A note on confidentiality:** it is very important that everyone involved has trust in the confidentiality of the appraisal interview and the documentation surrounding it. This will encourage both appraisee and appraiser to be as open and honest as possible. An exception to this is if issues emerge which indicate that the appraisee is in breach of the code of conduct relevant to their profession, or that might compromise patient safety. Confidentiality also applies to information contained in the appraisee’s portfolio or supporting evidence.

1. **Implementing an appraisal cycle……………………………………………………..**

**Setting a date for the appraisal** in accordance with the annual appraisal timetable for your organisation will ensure that individual staff are reviewing their work and setting new objectives at a similar time. This will improve planning allow individuals and managers to look at developmental needs in conjunction with the practice or PCNs strategic plan.



**Preparation:** once a date for the annual meeting has been agreed, both the appraiser and appraisee need to prepare for the meeting and employers should allow some protected time for this. Preparation would usually involve looking at information about the job and required skills and knowledge against individual performance, behaviours, development and achievements over the last year, and considering objectives for the following year.

**Gathering feedback** from others gives individuals information about their skills, performance, and working relationships and contributes to the traditional appraisal arrangements that are based on line managers’ assessment alone. This should be done in advance of the appraisal meeting.

**Reviewing previous year’s objectives** against what individuals have achieved during the year should be done in advance of the appraisal meeting by both the appraisee and appraiser.

**Maintaining a record of supporting evidence** should be an ongoing, year round activity**.** Reviewing and updating supervision records and / or logs of development or training, action learning and critical appraisal activities should be done by the appraisee in advance of the appraisal meeting.

Guidance on setting objectives; obtaining feedback from others; on supervision; and on keeping professional portfolios and maintaining records that can be used for supporting evidence is provided in the following sections of this toolkit. Other resources are also available that support these activities, such as e-portfolios and online tools for multi-source feedback

**At the appraisal meeting**, the line manager and staff member has the opportunity to review performance and development for the previous year, before agreeing objectives and personal development for the next year. During the appraisal meeting, dates should be set for interim or mid-year reviews.

**Doing the appraisal follow-up** is important and must not be overlooked.Finalising and agreeing the appraisal forms usually involves agreeing and signing off the content by both the appraiser and appraisee. A copy of the form will need to be kept on file by the employer. Providing a copy to the appraisee is also good practice.

**Interim/mid-year reviews** should be planned at the end of the appraisal meeting. Interim meetings are for reviewing progress on objectives and any agreed training or personal development that has been agreed for the year. Any significant change to the employing organisations objectives or other events or activities that have or will impact upon an individual’s annual objectives should be discussed at these meetings. Discussion at the interim meeting(s) should be documented on the appraisal form and kept on file by the employer

1. **Obtaining feedback from others (patients, peers, supervisors)………………..**

360-degree feedback (also known as multi-source feedback, or multi source assessment) are a method of performance appraisal which gather feedback from a number of sources, including peers, direct reports, senior colleagues, patients or service users, as well as self-evaluations by the appraisees themselves. This variety of feedback can offer line managers a wide-ranging perspective and help to make appraisal a more objective and fair process.

The benefit of obtaining feedback from others is that it gives individuals information about their skills, performance, and working relationships and contributes to the traditional appraisal arrangements that are based on line managers’ assessment alone.

The individual seeking feedback (the appraisee) typically completes a self-perception questionnaire, and then asks around 6 – 10 others (the respondents) to give feedback using an identical questionnaire. The respondents are often arranged into groups depending on the relationship they have with the appraisee; for example senior, peer, junior, patient or service user. This gives the appraisee an all-round (hence 360 degree) view of his /her performance. It works particularly well in organisations where the appraisee may be part of several teams or work autonomously and the line manager may not have full visibility of the contribution s/he makes.

It is important that 360 degree feedback is carried out sensitively and fairly and that the appraisee should remain in control of the process as far as possible. There should be adequate planning beforehand and support afterwards, for the participants. Those giving feedback should be encouraged to do so in an objective and positive way. The confidentiality of all participants should be respected and the feedback should be summarised and delivered to the recipient by individuals trained in feedback techniques. There are a number of online applications designed to support 360 degree feedback (See Page 8. Online tools and e-portfolios).

1. **Setting objectives (PCN, Practice, Professional, Personal)...............................**

When setting objectives, consider not only personal objectives for the future but also what is needed by the employer and the local health system. In the Primary Care context, consider both the practice and the PCN objectives.

**PCN objectives** may be linked to the network contract as well as to any goals or mission statements for the network. These objectives should be set by the clinical director and agreed at the beginning of the financial year. These should be reviewed quarterly and communicated via a cascade system to the practices in the network. PCN objectives should define the plans and outcomes for the services using specific deliverables and targets.

**Practice objectives** should flow from the PCN objectives with specific key performance indicators to be achieved at a local level. Objectives at this level should indicate what specifically that particular practice needs to do to meet its responsibilities, performance improvements and targets.

**Professional objectives** should include development activities that are linked to professional competency that may contribute directly or indirectly to practice or PCN objectives.

**Personal objectives** should flow from the team objectives and should be set at a level suitable for the role of the person. They should be SMART objectives that can be monitored and measured leading to clear outcomes. This is so that both parties can evidence the success, progress towards or failure to achieve them. When in doubt measurable objectives should include a numerical component e.g. Monitoring of fridge temperature should occur on X occasions and measurements should be recorded a filed in X location within X minutes of taking the reading.

**SMART objectives are:**

**Specific**

The action, behaviour or outcome must be linked to a rate, number, percentage or frequency. ‘Answer the telephone quickly’ is not specific and allows for a subjective judgement to be made about whether the outcome has been achieved. In contrast, ‘reduce waiting time on the telephone to 1 minute’, is specific.

**Measurable**

You must be able to measure the extent to which an objective has been achieved. If you’ve successfully created a specific objective linked to a rate, number, percentage or frequency, this will be easier.

**Attainable**

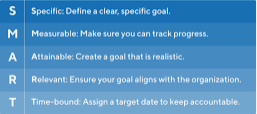
Put simply, an objective is achievable if, with a reasonable amount of effort and application, it can be achieved. Deciding what constitutes a realistic amount of effort and application calls for a subjective judgement to be made, which is one reason why objectives should be mutually agreed, and not ‘set’.

**Relevant**

This means that the outcome sought must be something the individual can actually impact upon. The key questions here are: Does the individual have the necessary knowledge, skill and authority to complete this objective?

**Time-based**

This means a timeframe within which the objective should be undertaken. For example, make the necessary changes to practice to reduce waiting time on the telephone to 1 minute, by a specific date. If there is no timeframe, the objective is not SMART.



1. **Supervision……………………………………………………………………………….**

**One to one meetings** are a form of managerial supervision which should take place regularly, the frequency set at a level suitable for the role. Individual performance and development should form part of regular one to one discussions.

**Clinical supervision** is complementary to, but separate from managerial supervision which is about monitoring and appraising the performance of staff. The purpose of clinical supervision or action learning is to provide a safe, confidential and non-judgemental environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Clinical supervision is often aimed at registered professionals (for example, nurses, doctors, clinical pharmacists and allied health professionals but non-clinical staff could participate in or contribute to **action learning sets**.

Clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability.

Clinical supervision and/or action learning sets should also take place regularly. It can take place within the practice team but is often successful when done outside of the team or practice. The frequency and duration of clinical supervision should be adequate to ensure safe and competent care for people who use services.

**What models of clinical supervision are there?**

**One-to-one supervision** takes place between a supervisor and supervisee.

**Group supervision/action learning sets** in which two or more practitioners discuss their work with a supervisor.

**Peer or co-supervision**

where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor.

1. **Professional portfolios and supporting evidence………………………………**

Clinical professionals will be familiar with keeping a professional portfolio but this record is useful for all staff. A portfolio should contain evidence of practice, continuous professional development (CPD) and reflective activities to support professional registration and to prepare for revalidation

**Supporting evidence should include:**

**A record of CPD activities** including any formal learning or updates.

**A record of your practice**. Professional bodies have specific requirements for recording practice hours for registered professionals. Non-registered staff should be encouraged to keep a record of work undertaken; especially work that contributes to objectives set during appraisals.

**Reflective accounts** that explain what has been learnt from CPD activity and/or feedback and/or an event or experience in practice and how this changed or improved your work as a result

**A record of clinical supervision** or any reflective discussions that took place during meetings with line managers or peers.

Confidentiality applies to information contained in the portfolio or supporting evidence. Patient identifiable information e.g. names or dates of birth should be removed from forms or other information that are included in them.

**Online tools and e-portfolios……………………………………………………………...**

A number of online tools and resources are available, that support appraisals or aspects of the appraisal process such as multi-source feedback and portfolios or supporting evidence.

Individuals or practices may choose to use a subscription e-portfolio service to support them but there are a number of free resources available too. Clarity Appraisals and FourteenFish are subscription services for GPs that also provide an appraisal and revalidation toolkit for nurses. HeART is another subscription service and NURSETOOLS is a free service both of which have been developed specifically for nurses and midwives.

**Appraisal form templates…………………………………………………………………**

**Administrators** including receptionists medical secretaries and PCN/Network Coordinators

**Allied Health Professionals** including Paramedics, Podiatrists First Contact Physiotherapists, Occupational therapists and Dieticians

**Care Coordinators and Social prescribing link workers**

**Health Care Support Workers** including HCAs and Associate Practitioners (APs)

**Nursing** including General Practice Nurses and Nursing Associates

**Managers** including Practice Managers, Business Managers and PCN/Network Managers

**Pharmacists** including Pharmacy Technicians and Clinical Pharmacists















**Example checklists for supporting evidence…………………………………………..**

Click on the links below (links will open in your default web browser):

[NMC](https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf) [HCPC](https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf)

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| Primary care pharmacy | [Planned learning](https://www.pharmacyregulation.org/sites/default/files/document/cpd_planned_learning_form-primary_care_pharmacy_.pdf) | [Unplanned learning](https://www.pharmacyregulation.org/sites/default/files/document/cpd_unplanned_learning_form-primary_care_pharmacy_.pdf) | [Peer discussion](https://www.pharmacyregulation.org/sites/default/files/document/peer_discussion_form-primary_care_pharmacy_.pdf) | [Reflective account](https://www.pharmacyregulation.org/sites/default/files/document/reflective_account_form-primary_care_pharmacy_.pdf) |

**Training needs analysis guidance………………………………………………………..**

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