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FIPO

federation of independent
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FIPO Consultant Appraisal Services (FIPO-CAppS)

Pilot Study of Consultant Appraisal in Independent Sector Hospitals

Pilot Summary

Establishing an appraisal service for consultants working exclusively in hospitals in the independent sector is essential for revalidation and annual renewal of practising privileges.

The FIPO-CAppS pilot study of 30 consultant appraisals assessed all aspects of the administration, conduct and outcome of the appraisals, the suitability and reliability of the appraisal procedure and the suitability of the appraisal documentation for revalidation purposes as assessed separately by eight Responsible Officers (ROs).

All participants agreed to review the process through a detailed SurveyMonkey electronic survey at the end of the appraisal.

MSF was not included in this pilot but this may improve the analysis of results and the confidence of the ROs in making their recommendations to the GMC.

In this Part 1 Report the main findings of the study are summarised. A separate Part 2 and more detailed but redacted review of the findings is being sent to all participants (Appraisees, Appraisers and Responsible Officers) as a feedback mechanism. This may be obtained by others on a restricted basis from the FIPO office.

Key Findings

Whilst the majority of consultants work in one or two hospitals there is a substantial minority that work in more. It is apparent that reports from all hospitals were not received during this pilot. There is a need to reinforce the concept of whole practice appraisal and that hospital reports from all areas of work are essential when presented for appraisal in either the NHS or private sector.

Consultants in the independent sector have a considerable range of practice and are generally older on average than NHS consultants, which may present specific problems.

There was considerable variation in the ease with which consultants could obtain workload and other details of performance from individual independent hospital groups. This should include all details of clinical activity, complaints, audits, complications, governance reports etc. Private hospital data is also required to complete whole practice appraisal within the NHS.

The appraisers were generally positive about the appraisees' documentation but this view was not always shared by the Responsible Officers.

There was variation amongst ROs in their view on the standard of appraisal documentation and their ability to make recommendations to the GMC on revalidation, based on the pilot study documentation.

Despite the variation between ROs, individuals were generally consistent in their evaluation of appraisal documentation.

Key Conclusions

There are a number of impediments to establishing an appraisal service. Costs must be realistic and appraisees must understand the complexity of the service they are buying.

Administration of this pilot scheme was time consuming and cumbersome.

More support is required to ensure that information brought to the appraisal is adequate and organised. Appraisees did not bring all the information from all the hospitals in which they worked to the appraisal.

The information on work practices and governance issues provided by private hospitals needs amplification.

Appraisers found the process manageable and the information provided to them generally reliable but there are exceptions that need to be addressed,

The review and detail of the information and its interpretation as entered by the appraisers on the appraisal documents was varied and often illegible. The ROs were generally more critical than the appraisers.

Appraisers and appraisees were generally positive about the appraisal process and its value, however, the documentation needs refinement.

Development of appropriate IT platforms is seen as essential.

The post appraisal electronic surveys can, with some modification, be used in future appraisals as a quality control measure on the actual process and as a method to measure variation in RO performance.

Systematic benchmarking of RO appraisal assessment will provide the basis for demonstrable system confirming fairness across the board.

Feedback to appraisers would be helpful. This may be done at local level as a routine by individual ROs, but application of the system developed here would allow cross checking by other ROs to provide external audit and review.

Feedback to appraisees may well help to improve the process and aid the collection of the doctor's personal portfolio.

March 2012 - Geoffrey Glazer and Gerard Panting