



## **Scotland-wide results and report**

### **Staff Grade, Associate Speciality & Speciality (SAS)**

#### **Appraisal Survey 2021**

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August 2021

## **Contents**

<b>1. Introduction/background</b>	Page 3
<b>2. Survey</b>	Page 3
<b>2.1 Aim</b>	Page 3
<b>2.2 Method</b>	Page 3
<b>3. Findings</b>	Page 3-15
<b>4. Feedback &amp; suggestions from respondents</b>	Pages 16-17
<b>5. Conclusion</b>	Page 18

## **1. Introduction/background**

As part of its medical workforce, NHS Scotland employs approximately 1250 Staff, Associate Specialist and Specialty (SAS) doctors and dentists. The SAS Development Programme was established in 2012 with Scottish Government funding to support the development and training of this staff group. In order to ensure that SAS doctors and dentists continue to have access to the best possible resources to develop and progress their skills base and careers, the SAS Development Programme sought to investigate and analyse the experiences of the SAS workforce within the current appraisal process in early 2021.

## **2. Survey**

### **2.1 Aim**

The aim is to understand the impact of the current appraisal process for SAS doctors and dentists in NHS Scotland Health Boards, if any improvements were required, and how the SAS Development Programme might support these. The team hopes that results of the survey will bring about benefits to both SAS grades undergoing appraisal, and those appraising them. Results will be shared with both groups, and guides for appraisees and appraisers will be produced based on the survey results.

### **2.2 Method**

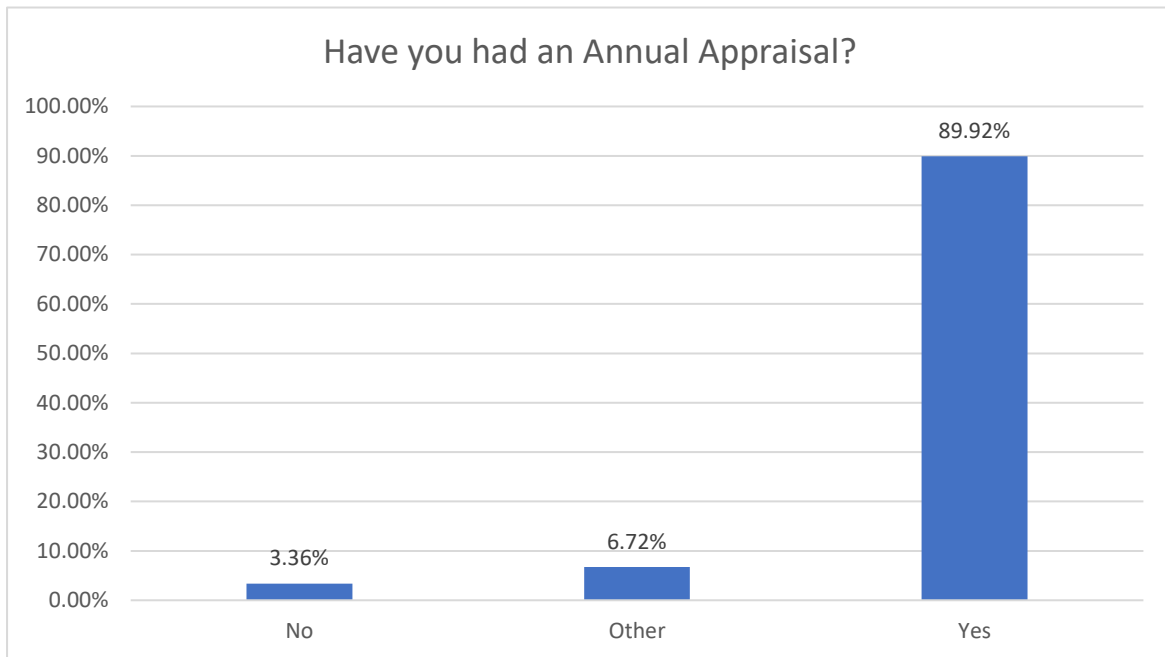
The survey comprised of 27 questions via Questback, covering a mixture of pre-selected and free text options. It was published on 24<sup>th</sup> April 2021 and closed on 25<sup>th</sup> May 2021, accessible via a link provided to all SAS doctors and dentists by the SAS Development Programme team and via the NHS Health Board Education Advisers (EAs).

## **3. Findings**

The participants were SAS doctors and dentists from NHS Scotland Health Boards. The survey received 119 responses which presented a response rate of approximately 9.46%. The response rate is based on the total number of SAS doctors in NHS Scotland which is 1258. Responses were received from every NHS Health Board in Scotland with the exception of Orkney, Shetland, Western Isles, State Hospital and Golden Jubilee.

The following charts demonstrate the key findings from the survey.

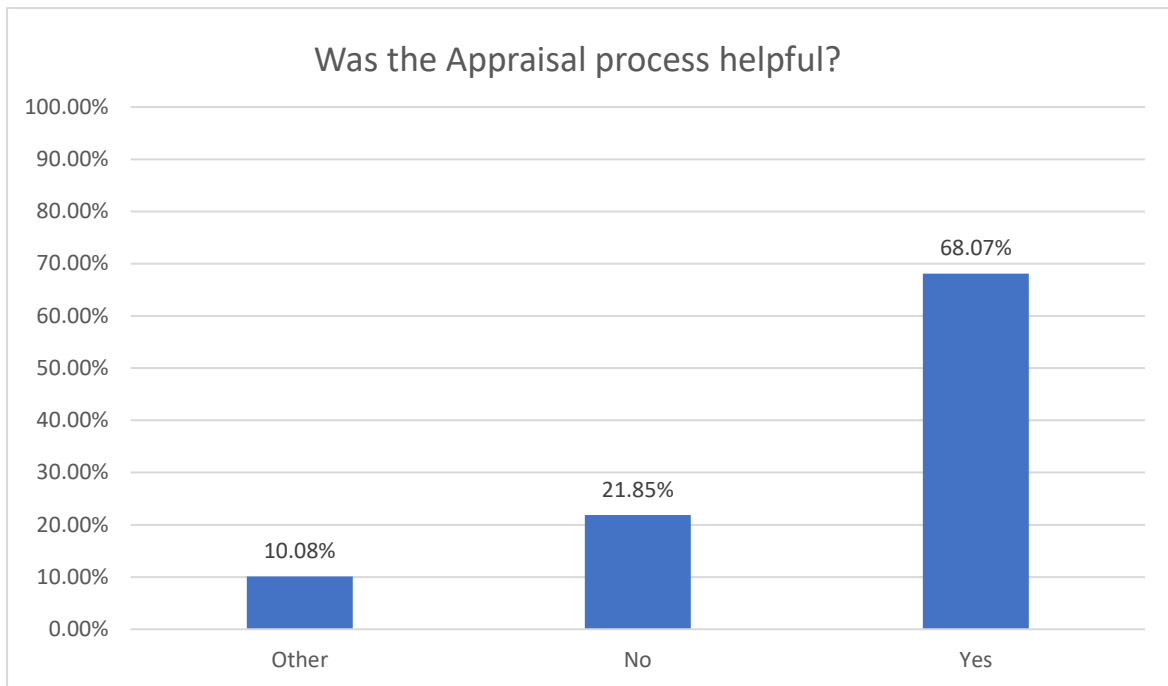
### 3.1 Have you had an Annual Appraisal?



The comments which made up the “other” category (6.72%) are as below:-

except last couple of years
missed last year as covid
yes until last year, Required to be reallocated as had 4 Appraisals with previous Appraiser. Just been assigned new Appraiser.
I have had one - but only started post in Feb 2020
had annual appraisals until last year when I was told I was not allowed one due to resource issues secondary to the pandemic
Yes, except 2020 due to Covid
Exempt x2 - long-term illness
I had my first appraisal in 2021

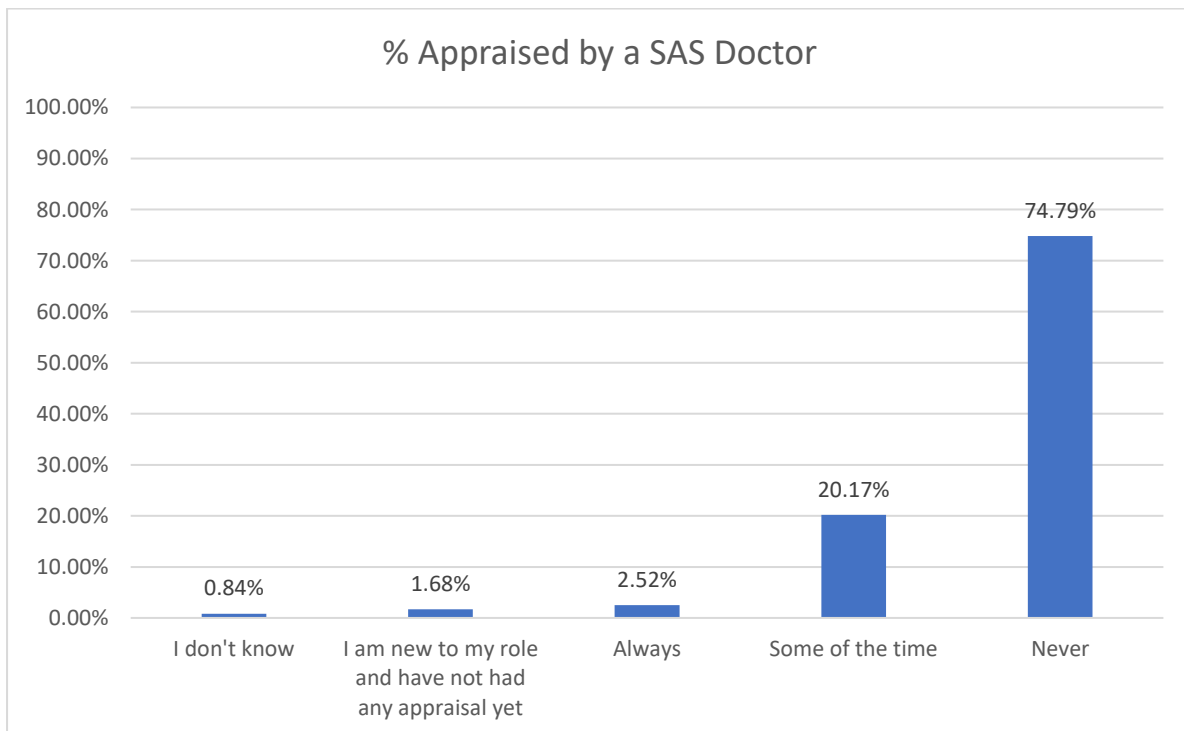
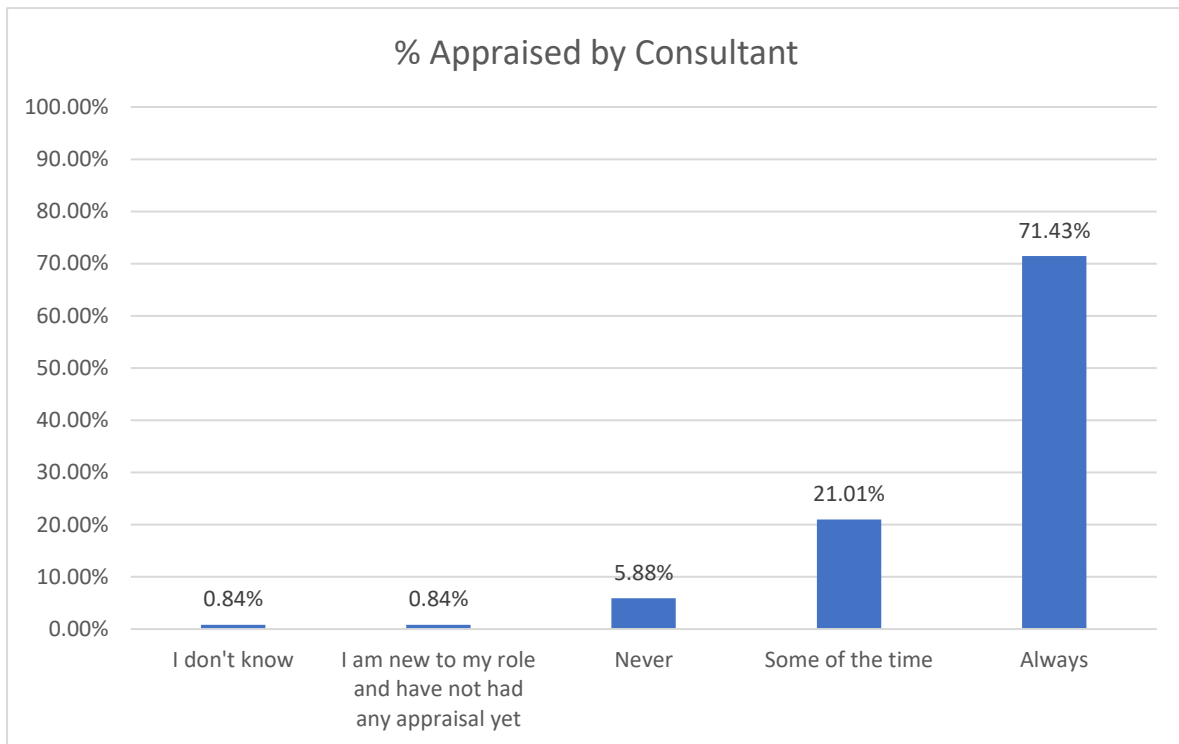
### 3.2 Was the Appraisal process helpful?



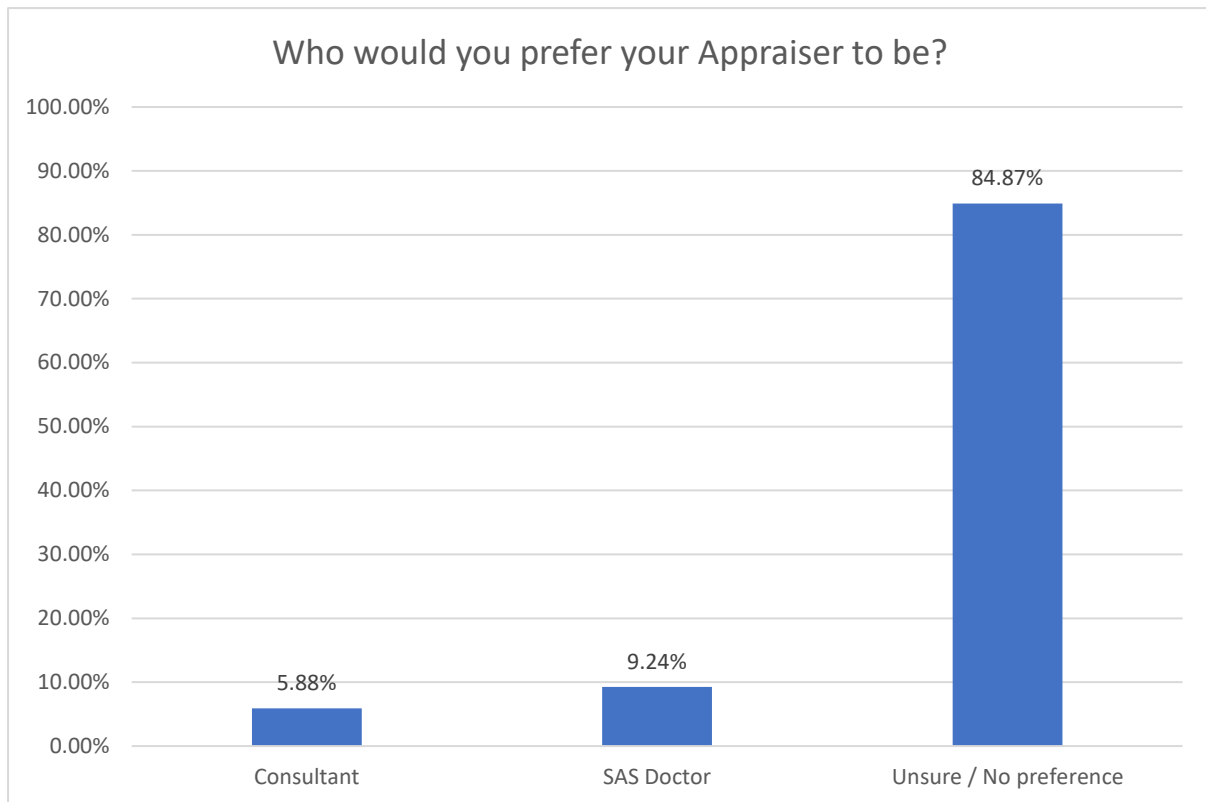
The comments which made up the “other” category (10.8%) are as below:-

as the years go by find them less helpful as increasingly onerous website to complete
Neither helpful nor unhelpful but this is no reflection on my appraiser
Helps to state that I'm a competent practitioner but PDP tends to reflect what the clinical lead wants rather my needs
Appraisers have been excellent and have offered useful suggestions but I have find the process burdensome
has not made any change to my practice or developed my career apart from made me engage with the appraisal process
Felt like a hoop jumping, tick box exercise only.
sometimes
It's an annoyance more than anything else.
Variable, depends on appraiser
Generally a good opportunity to reflect and reassess direction of travel but value of appraisal discussions depends on appraiser

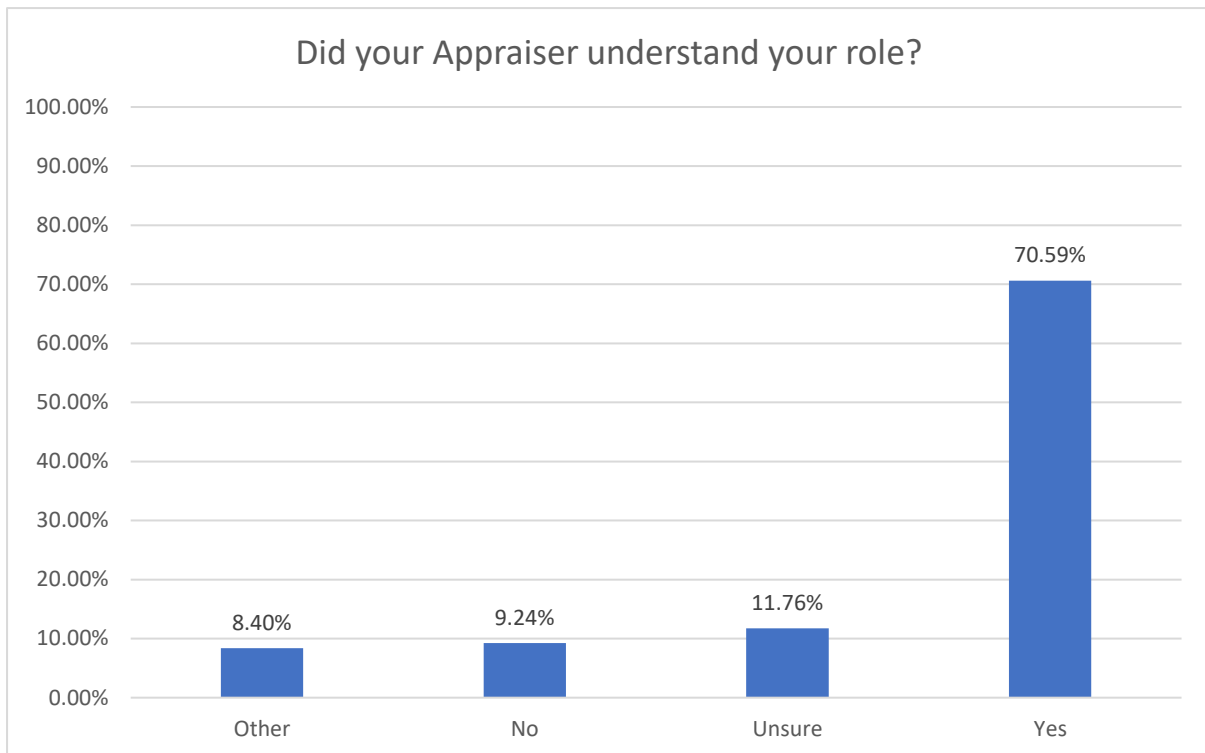
### 3.3 Were you appraised by a Consultant or a SAS doctor?



### 3.4 Who would you prefer to be appraised by?



### 3.5 Did your Appraiser understand your role?

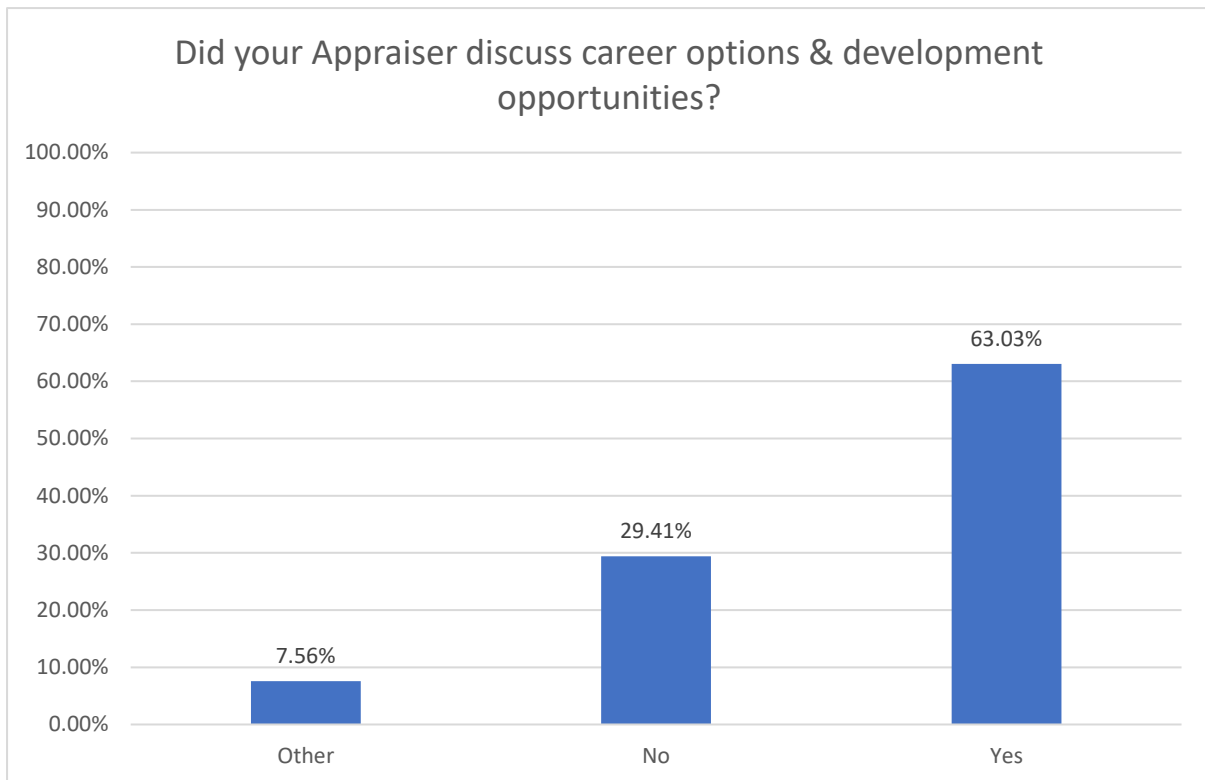


The comments which made up the "other" (8.4%) category are as below:-

Current appraiser yes, previous appraiser no
Dependent on the appraiser
Yes but framed as to what is wanted not to me personally
They were not familiar with the role of SAS, but very willing to learn more and interested to hear about the SAS Development Programme. On subsequent appraisals they said they had found this information useful in their general management roles
some clearly looking at in a tick box fashion
I also work as a GP so my appraiser is a GP who has understood my GP role but not understood my SASG role so well.
Mostly. Not part of specialty but took time to understand.
The first appraisal involved time talking through my role as appraiser from a different medical specialty
My job is quite specialised so needs a bit of explaining. A lot of development work. My appraisers have all been very encouraging of this.
Had a fair idea



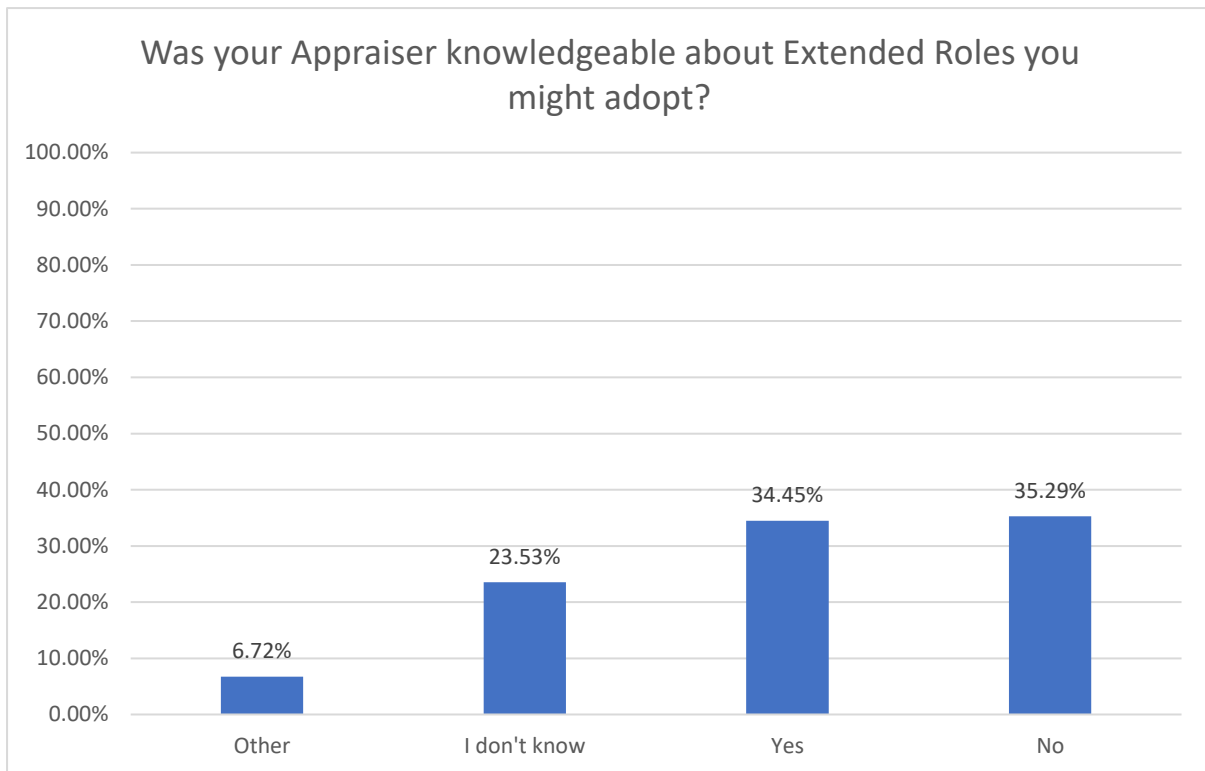
### 3.6 Did your Appraiser discuss career options & development opportunities?



The comments which made up the “other” category (7.56%) are as below:-

I am happy with my current role at present
can't remember specifically if did or not
CESR route was not touched on - don't think appraiser is aware/ perhaps thought I may not be eligible?
Variable
Only as suits the clinical lead
never discussed in appraisal
My CD had refused to allow me career development opportunities so this wasn't an area really discussed
I have had 3 appraisers with differing understanding
I've only had one appraisal since becoming a SAS Doctor, and it was quite soon after starting (due to revalidation coming up!)

### 3.7 Was your Appraiser knowledgeable about Extended Roles you might adopt?



The comments which made up the “other” category (6.72%) are as below:-

We did not really discuss extending my role - I just want to get back to my usual role at the moment as it was before the Covid-19 pandemic. I am not really interested in extending my role at present.

Variable

didn't voice any knowledge of extended roles

did not understand the roles already taken, never mind considering developing them

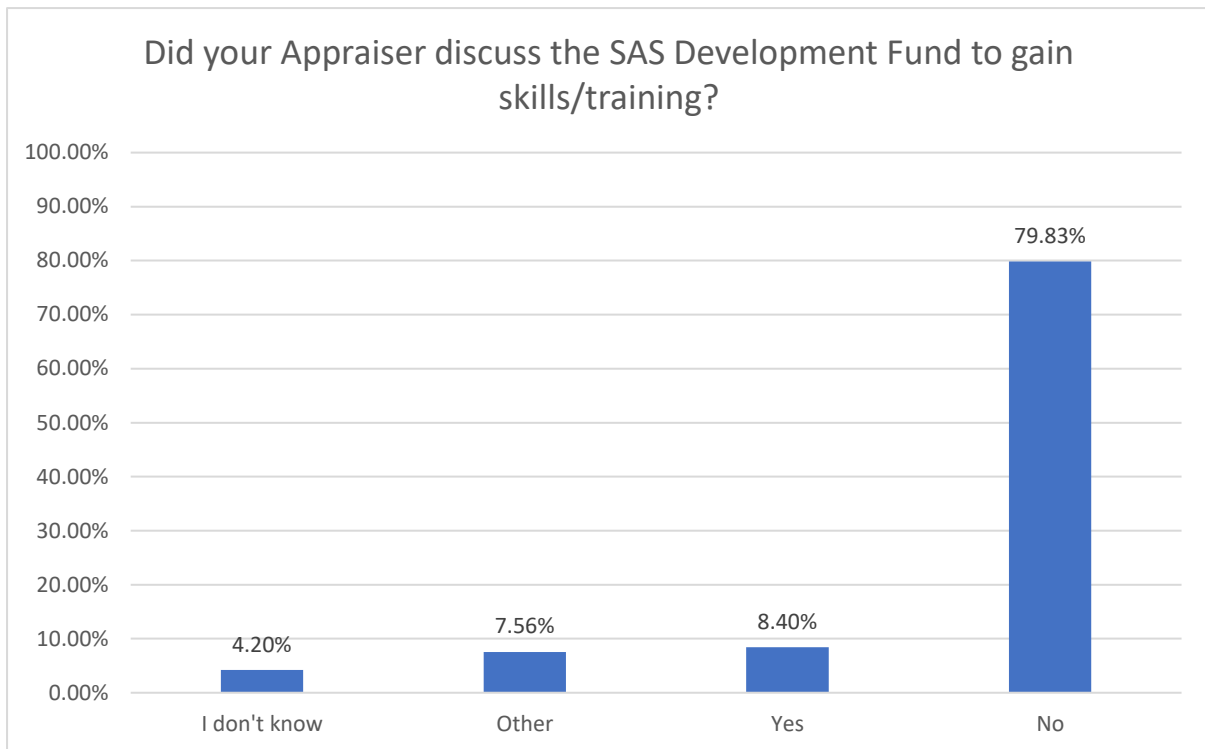
It was acknowledged by appraisers that other roles could not be taken on unless issues with my CD were resolved

person dependant

not really discussed as settling in

Yes within GP only

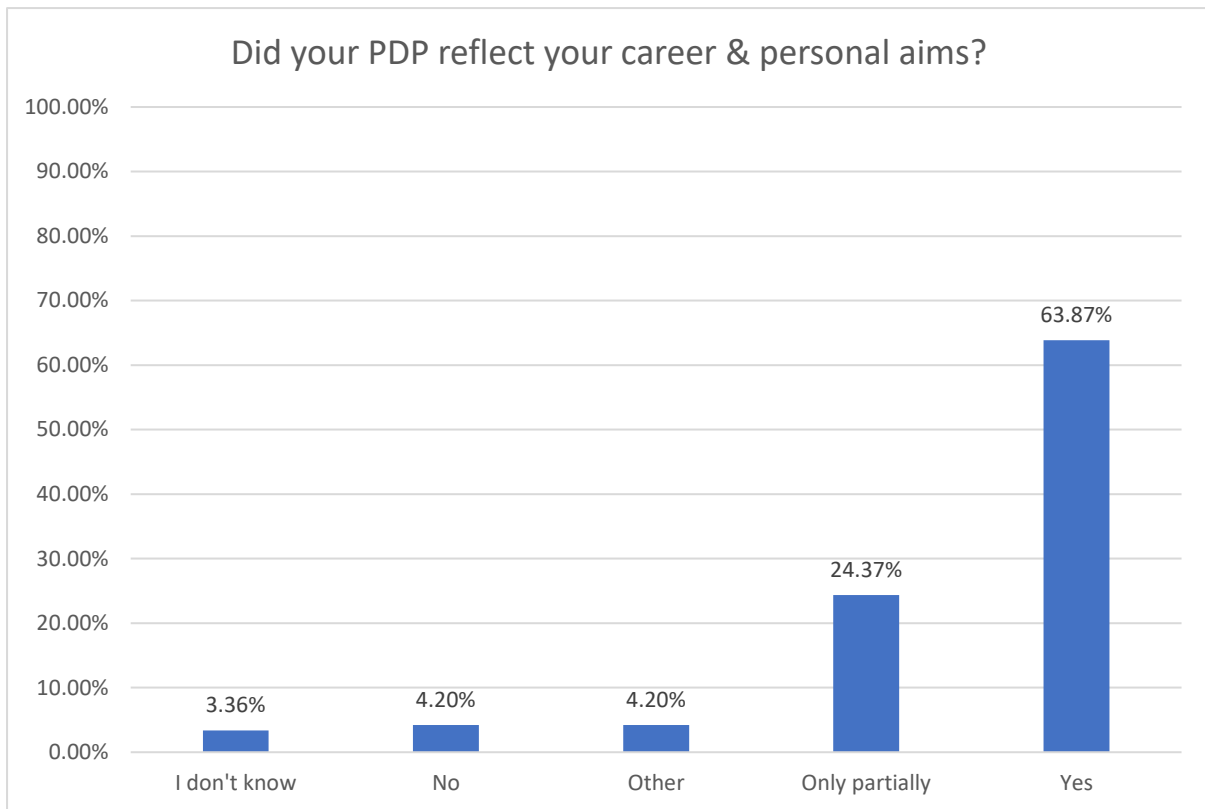
### 3.8 Did your Appraiser discuss the SAS Development Fund to gain new skills/training?



The comments which made up the “other” category (7.56%) are as below:-

Need did not arise, but I feel well informed re development fund
No, but I have already used it 3 times!
Did this myself
I was familiar so didn't need to. I gave information about it to them.
no, I very much doubt it would have crossed their mind, and they presumably will never have heard of it. SAS doctors in general are 'service providers' not in training roles- so some think
I mentioned it
I was already aware of the fund and have successfully applied to the fund
The consultant appraiser was probably not aware of the fund and did not discuss it. My SAS colleague who did my appraisals before this was very knowledgeable about the fund.
I mentioned it as I am using the fund now
no but I am aware of its availability

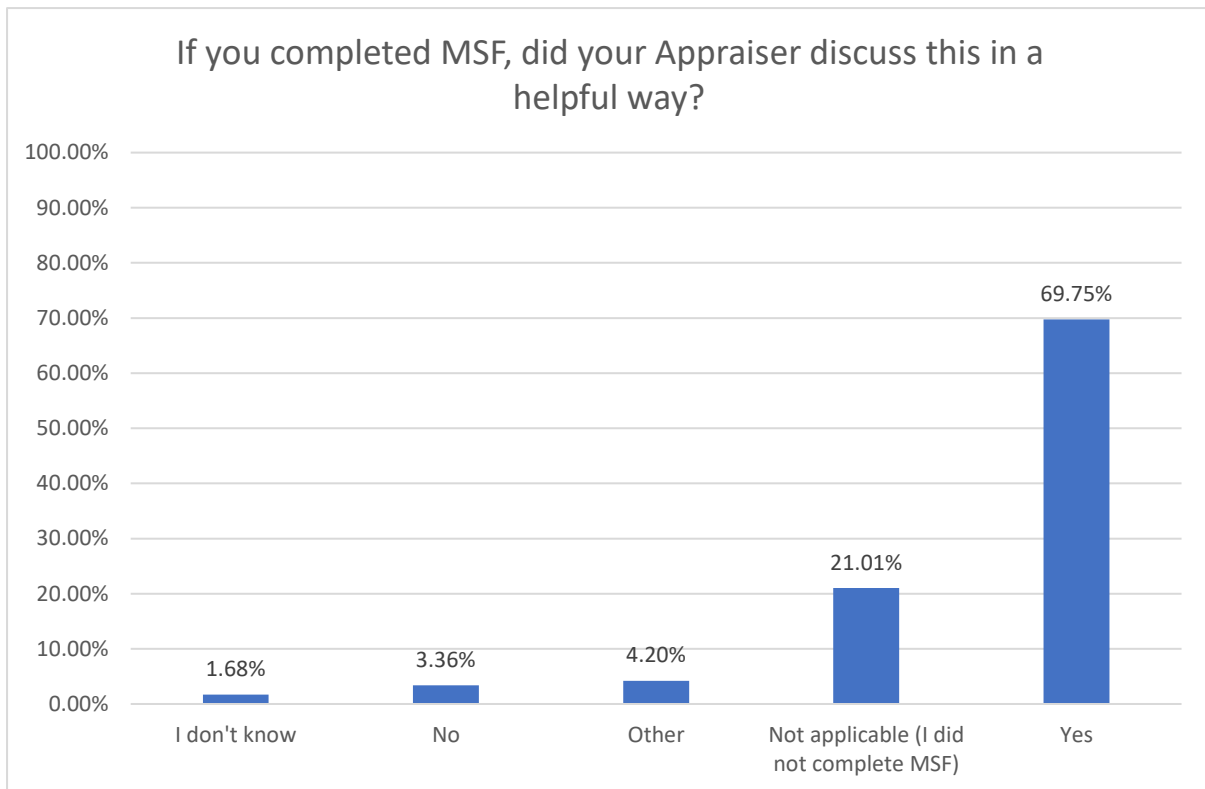
### 3.9 Did your PDP reflect your career and personal aims?



The comments which made up the “other” category (4.2%) are as below:-

I don't have any real aims
With my current appraiser yes, previous appraiser I felt pushed to include things that I was not interested in /relevant
not sure find PDPs helpful anymore, perhaps because of current stage in career when not looking to develop roles and focusing on maintaining good medical practice.
Sit the royal college specialty exam not a particularly nuanced approach
Reflected difficulties I've been experiencing in the workplace

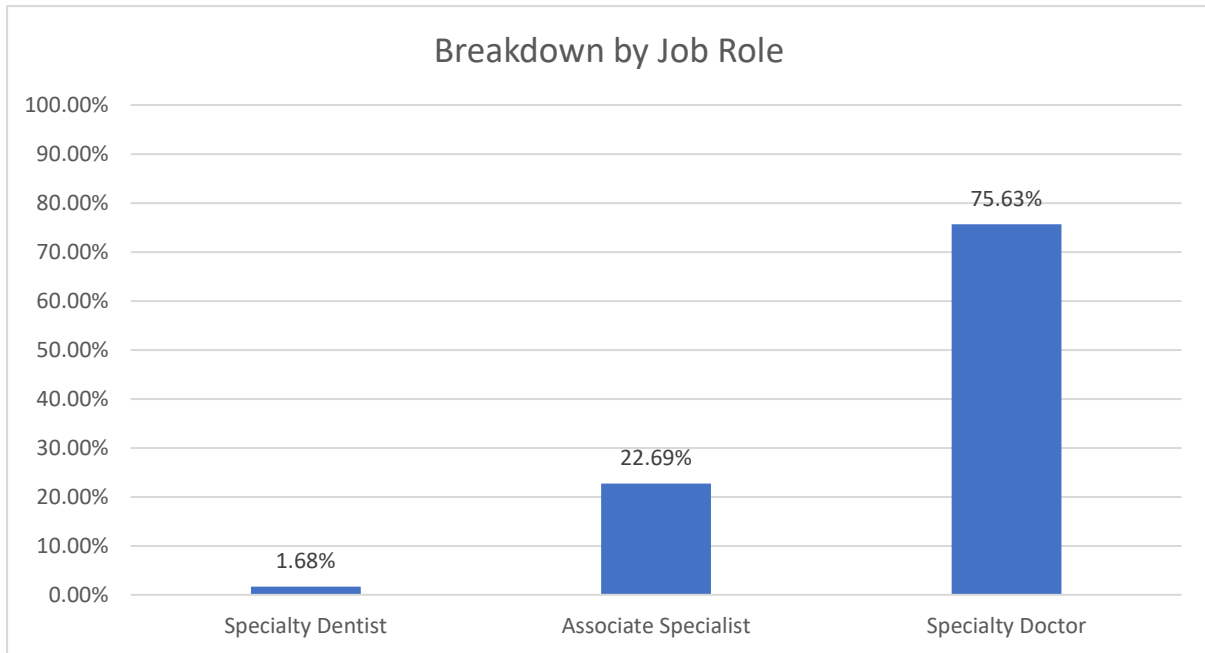
**3.10 If you completed MSF, did your appraiser discuss this in a helpful way?**



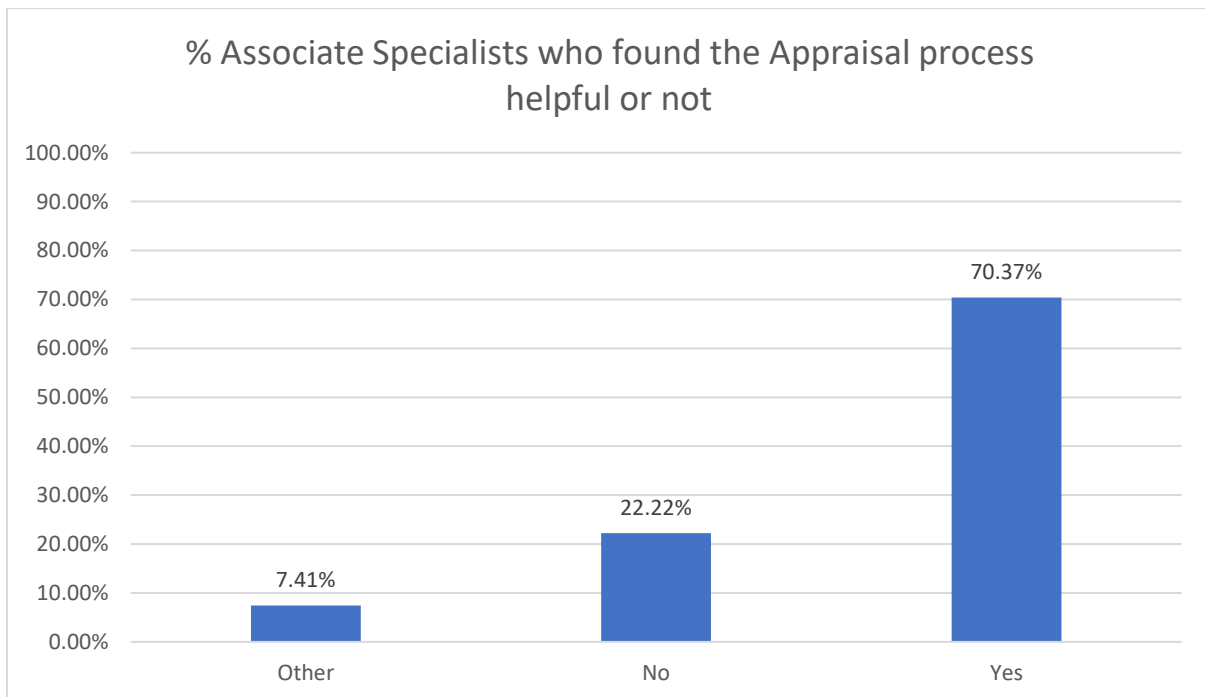
The comments which made up the “other” category (3.36%) are as below:-

not much to say
last did this 4/5 years ago so due to do again this year. wasn't discussed much last time done but perhaps things have changed.
I don't think there's usually discussion - just a comment along the lines of "generally good, keep going"
Only very brief discussion
Since my appraisal, I have completed an MSF, but have yet to go through it with my appraiser

### 3.11 Breakdown by Job Role



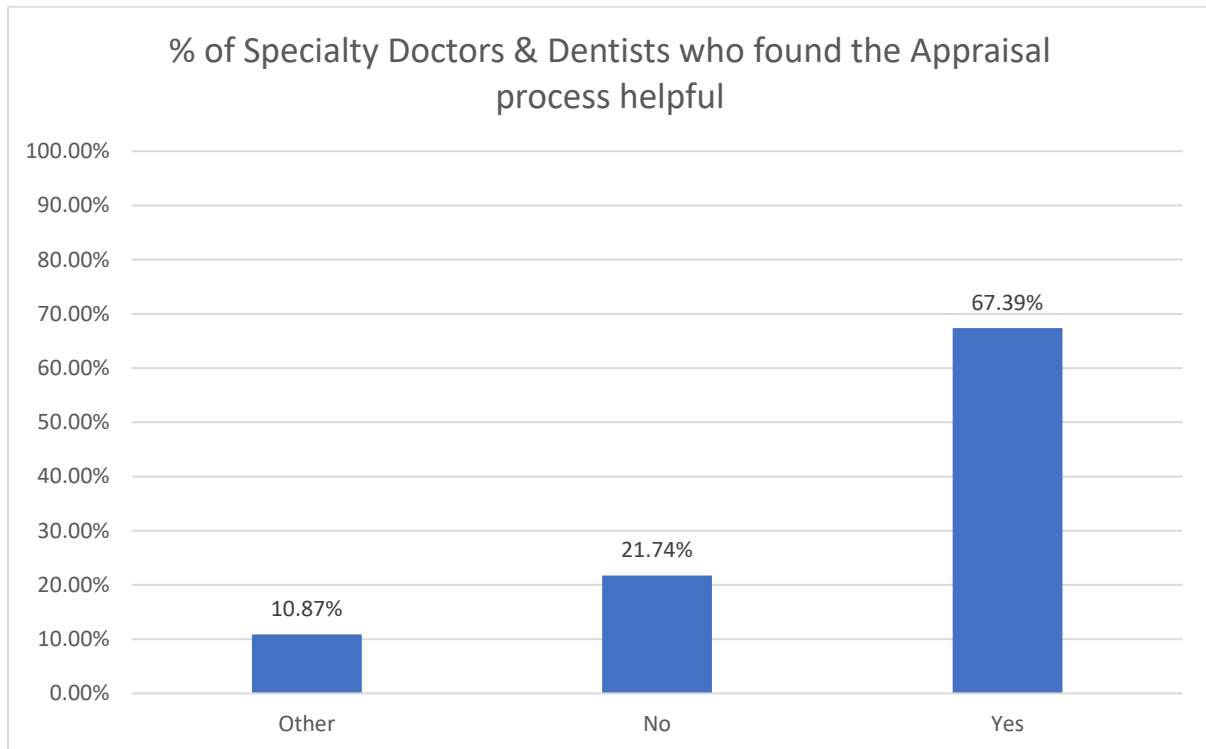
### 4.12 Percentage of Associate Specialists who found the appraisal process helpful (27 completed in total)



#### Other:

- Has not made any change to my practice or developed my career apart from made me engage with the appraisal process
- Generally a good opportunity to reflect and reassess direction of travel but value of appraisal discussions depends on appraiser

### 3.13 Percentage of Specialty Doctors who found the appraisal process helpful (92 completed in total)



#### Other:

- Sometimes
- It's an annoyance more than anything else
- Variable, depends on Appraiser
- As the years go by find them less helpful as increasingly onerous website to complete
- Neither helpful or unhelpful
- Helps to state that I'm a competent practitioner but PDP tends to reflect what the clinical lead wants rather my needs
- Appraisers have been excellent and have offered useful suggestions but I have find the process burdensome
- Felt like a hoop jumping, tick box exercise only.

#### 4. Feedback & suggestions from respondents

Just over 68% of respondents found the appraisal process helpful overall. Over 50% of these also provided free-text comments. 22% of these were broadly positive, including:

- I have always had an appraiser from within my own department which means they have been well informed re my role etc.
- My appraiser saw potential which has resulted in a positive change in my job.
- I have transitioned from an SAS appraiser to a consultant appraiser. Both were excellent in their role and I would be happy to have either grade appraise me in future.
- I have found it helpful having an appraiser from a different specialty as it brings a different perspective to discussions.
- I've had very good experiences of Appraisal - all appraisers have been supportive, interested in my job, encouraging in any development work that I'm involved in. I have never felt dismissed.
- I believe being appraised by an appraiser from the same speciality adds to the depth of the process.
- Generally useful and good to have space to reflect out loud to another person with a good understanding of my role.

Just over 23% of the free-text comments raised concerns with the appraisal process which were broadly categorised into the following themes:-

##### a) Appraiser dependent/Lack of understanding of SAS role

- A lack of understanding about SAS roles e.g. grade or specialty, extended roles, additional resources, etc.
- Quality of appraisal dependent on appraiser.
- Feeling that SAS doctors were being advised to consider becoming consultants and feeling that their career choices as SAS were being questioned.
- Lack of discussion on extended roles with Consultant Appraisers although not always with a clear understanding of the SAS contract.
- Perception of a "*Them and us*" attitude with SAS and Consultants.

##### b) Tick-Box /paper-based / hoop-jumping /onerous experience

- Appraisal takes significant time for the appraisee to prepare for, yet the appraisal and outcomes don't seem to justify the effort. Feels like a prescriptive, 'paper-stamping' exercise.
- Unclear if the process adds anything to professional development.
- Tends to be a tick-box exercise in checking that all CPD is completed, etc. Discussion of career/role changes is the only discussion, as needs of service get discussed at job planning.
- Bureaucratic and overcomplicated. Only has value in ticking boxes in NHS management. Waste of time to prepare for and takes time away from important clinical work.
- If there are any complex issues to discuss, one hour is not enough time.
- Appraisal tries to cover too much.
- Documentation and paperwork collection is onerous and exhaustive - gathering evidence and uploading takes considerable amount of time which could be used more usefully doing other things e.g. clinical work.



## **Respondent Suggestions: What might be done to improve the appraisal process/experience**

### **General**

- Inspire us and give us ideas
- Scrap it completely
- Redesign SOAR
- Direct the ability to engage in roles outwith the clinical setting
- If undertakings such as CESR or sitting specialty exams are proposed, more protected study time should be provided.

### **Streamlining the Appraisal Process**

- Reduce the volume of documentation and burden of data collection required.
- Reduce the tick box nature of the process e.g. having to find issues in order to reflect on them e.g. health, trust in colleagues, etc.
- Make the process more linked to service decisions.

### **Training/Composition of Appraisers**

- Encourage more senior SAS doctors to become appraisers (better understanding of role, challenges, benefits, opportunities etc), with a requirement for a system for allocating SAS appraisers to SAS appraisees.
- Encourage boards to recruit more SAS appraisers. Apply pressure to boards who do not pay additional 0.5 PA for being an appraiser and but require it to be part of current job plan.
- For consultant appraisers, provide education about SAS doctors, their role, opportunities.
- Being appraised in future by a mix of Consultants / SAS doctors.
- Pair Appraiser and Appraisee within a relevant similar but not the same specialist area.
- Appraisal by someone who understands the SAS role.
- Increase awareness of SAS development fund among appraisers.
- Greater scrutiny of appraisers and feedback on their performance.
- Expand appraisal to include people from out-with the health board e.g. to aid impartiality.

### **Dissemination of information/awareness**

- Educate SAS doctors to understand what they are entitled to and provide a range of information on a recurrent basis e.g. extended roles.
- Circulate the outcome of this survey to all appraisers.
- Provide training to clarify exactly which elements are compulsory and which are not.
- Provide updates on appraisal and job planning in SAS meetings or conferences.
- Have mentorship for specific career needs, just like ARCP for training programmes. This may also help with CESR.
- Provide support to complete first appraisal e.g. peer support from colleague who has completed the process.
- Encouragement of those at SAS grade to get involved in projects/writing protocols/leadership roles e.g. clinical lead posts in departments, representative BMA roles, specialist societies, etc.
- Be given more information about the appraisal process when starting a SAS role.
- Provide information on what to provide in appraisals and questions for discussion e.g. information on external duties, SAS funding, etc.

### **Funding**

- Providing funding to enable career development.

## 5. Conclusion

The survey has provided an overview of the recent experiences of just under 10% of SAS doctors and dentists across NHS Scotland Health Boards. A key finding Scotland-wide was that 68% of SAS respondents found the Appraisal process to be helpful. Although this illustrates that the majority found appraisal to be a positive experience, there is scope to improve this further, with preparation being key for both Appraisees and Appraisers. [A guide to preparing for Appraisal for SAS can be viewed here.](#) The SAS Development Programme team will continue to support SAS Doctors and Dentists in Scotland with the Appraisal process.