

Appraisal, Revalidation, & Mentoring

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21st April 2004

East Midlands Conference Centre

EDGECUMBE GROUP



The background to today's NHS

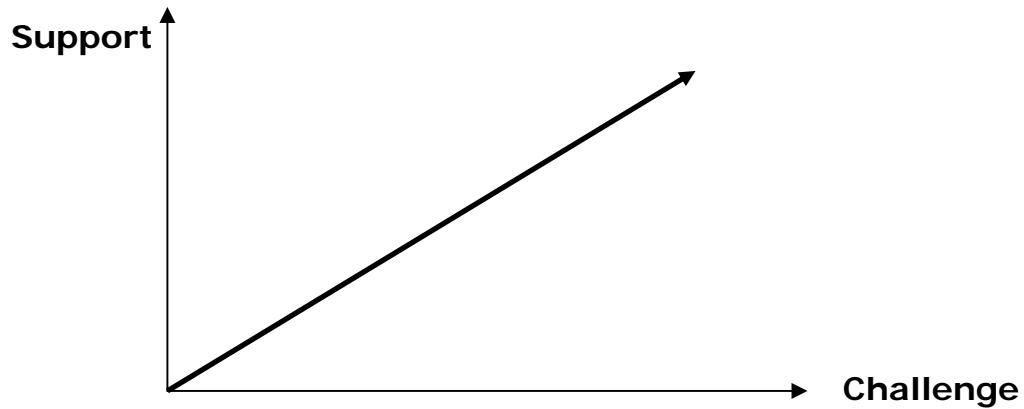
- Significant stress in the system
- Persistence of a macho culture
- Persistence of a blame culture
- Continuing anecdotes describing bullying
- Pressure from patients and the media
- Increasing bureaucracy

Appraisal – what is it?

- Confusion over terms
- Confusion over agendas
- Simply clinical or something more?

NHS Appraisal

- Is it developmental or is it performance assessment?
- Is it about support or challenge or both?



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The GMC/NHS Criteria

- Good clinical care
- Maintaining good medical practice
- Relationships with patients
- Working with colleagues
- Teaching and training
- Probity
- Health

Personal qualities

- Energy, drive and motivation
- Work style and values
- Relationships
- Decision-making and judgement
- Flexibility
- Emotional resilience
- Technical knowledge and skills

Typical problems arising in appraisal

- The driven doctor stressing himself and everyone else
- The doctor who is always having rows with colleagues
- The doctor who seems to attract complaints
- The doctor who thinks he might be in the wrong job
- The doctor who needs a team
- The doctor having trouble coping (but no-one knows)
- The de-motivated doctor

Wide variation in the conduct of appraisal

- The performance of the appraiser
- The attitude of the appraisee
- The resources provided by the trust
- The interest in the outcome

Appraisal and mentoring

- Be clear about the boundary
- Be clear about the different roles
- Be clear about the resources available

Revalidation – where's the connection?

- *The tale of Hank Goodman* – a dedicated student who got into one of the top orthopaedic residency programs in the country and became an orthopaedic surgeon..
- “here comes this fellow, who’s a sweetheart of a guy, more up to date and he doesn’t say no to anybody”
- “he knew better than most what needed to be done for (the patients).. his sense of himself as a professional also made him unwilling to turn people away.. He’d been working .. a 100 hours a week for well over a decade..”

Hank Goodman..on the treadmill..

- “he went back and forth all day.. Yet no matter what he did to keep up, unforeseen difficulties arose.. Over time he came to find the snags unbearable”
- Every physician is capable of making a dumb decision, but in his last few years in practice he made them over and over again”
- “..he was the defendant in a steam of malpractice suits, each of which he settled as quickly as he could”

Hank – his colleagues tried to help..

- “a few of the older physicians, each acting on his own, took him aside at one point or another”
- “Another took the tough line approach.. ‘I said to him straight out.. Your behaviour is totally bizarre.. I wouldn’t let my family members go near you”
- “he did listen.. Confessed that he felt overworked.. Vowed to make changes.. But in the end nothing changed”

Hank – the final outcome

- “The board and its lawyer finally sat him down at the end of a long conference table, told him they were suspending his operating privileges and referring him to the state medical board... He was fired”
- “He had never let on to his family about his difficulties and he didn’t tell them he’d lost his job”
- “In the basement den he had a gun.. He found the bullets and contemplated suicide..”

*Atul Gawande (2002) Complications. Profile Books Ltd
pp88-106*

Appraisal, Mentoring & Revalidation

- Can we get the first right?
- Can we ensure the second is available for those who want it?
- Can we ensure all doctors achieve the third?