

Appraisals

Core Components of Effective Appraisals

With revalidation and re-certification looming, appraisal has taken on a whole new level of importance. However, we are also entering a period of danger where appraisal switches from its core purpose to one of simple compliance with recertification requirements i.e. appraisal is structured and undertaken purely as part of the wider process of maintaining licensing to practise. The ultimate risk of tick-box appraisal is that we lose a vital component of an effective performance management system. Conversely though, perhaps we can use this as an opportunity to establish effective appraisal systems that drive enhanced performance rather than just deal with clinical fitness to practise.

The performance imperative

The healthcare heat has been thoroughly turned up with many drivers pushing clinical teams to ever greater levels of performance, against a backdrop of reducing resources. Current pressures include:

- Ever more stringent national targets
- Greater patient expectation over waiting times, quality, accessibility etc
- Payment by results, with funding linked directly to productivity
- Reduced man-hours resulting from the EWTD reduction to 48 hour weeks
- Increasing patient numbers arising out of both population and disease prevalence increases

Failure to perform, which we might define as dropping the ball on either of quality or productivity, comes at an ever greater cost to services in the modern, competitive

environment. If quality suffers in the interests of expediency, the Care Quality Commission turns up its own form of heat and the impact of adverse media attention in the worst cases can wreak havoc with a Trust's reputation. However, even the highest quality of services remains unsustainable if that quality is delivered at the expense of financial effectiveness (the balance between income and cost). As financial sustainability slips, so too does the ability to deliver a quality service.

These are just two of the components of an effectively performing service, clinical quality and financial stability; however, there are many more components to an effective service plan, involving people, patients, promotion and ultimately strategic evolution in light of the evolving healthcare landscape. Appraisal should serve all of these aspects of service success if it is to contribute to the increasing imperative for performance excellence.

The true purpose of appraisal

Organisations are typically characterised as systems consisting of a series of inputs (raw materials – mostly patients, in our case), processes (what we do with patients) and outputs (treated patients). All of those relate to the purpose of the organisation, which is usually characterised as a vision with a series of strategic and operation goals designed to achieve it. The workforce of the organisation need tying meaningfully to the direction and purpose of the organisation and it is this that constitutes the true purpose of appraisal. Appraisal is effectively the bridge between

what the organisation is trying to achieve and the people that will achieve it (table 1). Simply put, appraisal ensures that the employee understands what they are there to do in the context of what the organisation is trying to achieve and also seeks to identify anything that either stands in the way of that achievement or could be improved to enhance achievement. It will also deal with the future, rather than just the here and now, examining aspirations and future development needs.

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360 degree appraisal

Adding in a 360 degree approach allows appraisal to examine one of the greatest blocks to the achievement of organisational objectives – the interaction of people, whether this is at a leadership or team level. Professionals are assessed by their leaders, peers and underlings across a range of factors identified as signifying effective leadership or team performance. The challenge with 360 appraisal is one of objectivity and true usefulness.

When James feeds back on Bob, anonymously, that Bob is weak in providing direction, it is just as much a reflection of what James needs as it is a reflection on what Bob does. James is really saying that he needs stronger direction to help him do his job. However, when Jenny feeds back that Bob is overly directive, she could well be reflecting that she prefers to be allowed freedom to operate and likes herself to be in charge too. Now we have a problem – the net result is that Bob is just about right with direction and he has learned nothing despite getting it slightly wrong for both parties. Removing personal bias to increase objectivity in 360 degree feedback remains one of the unsolved bastions of the system.

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Table .1

Organisational Context	The Bridge	The people Context
Vision	Appraisal	Understanding the direction
Goals & Objectives		Understanding their role or remit
Standards & Values		How they will be assessed
Measures		Blocks to achievement
Systems & Processes		Training needed to achieve
		Team practices & development
		Motivation & morale

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- Defining appraisals and the appraisal process
- Establishing a robust, performance-enhancing appraisals framework
- Tying appraisals to departmental objectives and core priorities
- Building commitment & reducing negative reactions to appraisals
- Conducting appraisals without undue stress – creating the right conditions
- Productivity versus competency-based appraisal
- Structuring appraisals - person centred approach
- Preparing for appraisals – continuous and immediate preparation
- Data collection to feed appraisals and enhance objectivity
- Use of 360 degree feedback in appraisals – systems, process and pitfalls
- Bringing patient feedback into the appraisal process
- Group appraisal approaches
- Appraisal feedback - effective communication skills in the appraisal scenario
- Managing emotion in the moment
- Understanding psychology in appraisals – considering the individual
- The Personal Development Plan (PDP) – the output of appraisal
- Creating effective PDPs that drive development and contribute to improved performance
- Personal contracting to PDPs
- Appraisal pitfalls and how to avoid them
- Legal considerations in appraisals
- Special considerations when there are performance or competency concerns
- Approaching poor performance appraisals positively and supportively
- Special considerations in appraising doctors on short rotations
- Managing perception gaps between appraisee and appraiser

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medicology 360°



Most 360 degree systems tend to test an established range of generic factors. However, as organisational context changes e.g. an organisation becomes a Foundation Trust, new factors become important as part of an overall assessment of an individual's effectiveness. A Foundation Trust must compete for a patient pool whilst ensuring tight cost management. A useful 360 degree system might, for instance, test Bob's propensity to save money versus waste it or use resources without consideration to the financial implications. The best possible appraisal system will capture the factors contributing to service success and test against these factors, allowing the participant and the organisation to see where development, adaptation or greater insight is needed.

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Process aligned with productivity

A key criticism of appraisals is that they take a disproportionately high amount of time for the benefit gained. Often appraisal systems are cumbersome to use, time consuming to complete and frustrating in both function and form. The ideal appraisal process is one of complete simplicity to use but with maximum acquisition or assessment of useful information.

An effective appraisal system balances sensitivity with timeliness. After all, a process to analyse and improve productivity that gets in the way of productivity is counter intuitive. Online systems have the functional potential to allow easy access, simplified, consistent data acquisition and useful analysis with feedback. However, online systems currently available fail many of our key tests of effectiveness in that:

- They are frustrating to use
- They do not address business effectiveness in the healthcare context
- They are overly simple and generic in what they assess (all of them have prominent gaps)
- They do not control for personal bias

Essentially, although going some way to providing some useful information, we are only likely to get committed engagement in effective appraisal when the appraisal systems we use genuinely serve both the individual and the organisation.

Concluding the core components of effective appraisal

Considering all of these inherent weaknesses and needs, we get a much clear picture of the components of effective appraisal systems, whether in 360 form or otherwise. The key components will include:

- Organisational purpose & direction
- Standards and values
- How performance is measured and assessed

- Leadership, teamwork and interpersonal effectiveness
- Professional competence/ technical capability e.g. clinical competence
- Organisational competence e.g. business appreciation
- Blocks to an individual's achievement, both personal and organisational
- Training & development needs
- Future aspirations
- Motivation & morale

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Although the list is far from comprehensive or in detail, until we can move appraisal towards these as baseline criteria for effective appraisals, we are allowing one of the most powerful techniques in organisation performance to fall short of its true potential. If we managed to create the Holy Grail of appraisal systems, professionals would value its ability to help them be successful and engagement in appraisal would become the accepted norm rather than reluctant compliance.

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