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The benefits of appraisal: a critical (re)view of the literature

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The benefits of appraisal: a critical (re)view of the literature

The value of the appraisal process to the professional development of GPs is the subject of long and extensive debate in research literature, commentaries and opinion pieces.[1] This debate has been renewed in the light of the introduction of revalidation, with annual appraisal at the heart of the process. Early research, conducted in the late 1990s, tended to be around the development of appraisal[1-6] and more recently, research has sought to demonstrate the value of the appraisal conversation. Latterly this has come to be set within a wider discourse of revalidation, where a shifting research agenda is now seeking to identify the "the costs, outputs, outcomes, benefits and impact of revalidation" (DoH, 2014: 1).[7] Much of what has been written has taken the view that appraisal is a positive process and 'of benefit,' however on interrogating the literature to substantiate what this benefit might be, there is little to go on beyond self-reported perceptions of change or improvement. This is striking. Given the expectation that revalidation would deliver "extra confidence to patients that their doctor is being regularly checked by their employer and the GMC" (GMC website, 2015),[8] the role of appraisal in this process still appears open to interpretation, and there would seem to be a lack of research evidence to support the 'received wisdom,' save for anecdotal accounts of improvement.

Having become aware that the literature around appraisal was relatively uncharted, we undertook a review to map the ebb and flow of the development of appraisal. A previous review on the benefits of appraisal by Mugweni *et al* was conducted in 2011 and identified twelve papers reporting 'benefit.'[9] On considering the review method and outcomes, we found it to be too restrictive and that the review itself was uncritical.[10] We therefore went back to search the literature from 1995 onwards for primary research into the appraisal process, following the search strategy set out by Hart (2001).[11] 'Benefit' was interpreted in its widest sense when looking at the findings of papers, in order to capture a breadth of positive and specific outcomes.

Our analysis of papers, which took the form of an interpretive narrative synthesis, indicated that the common themes of the early research concerned: 'engagement' from the perspective of the doctor

[1] Our position is that as the development of appraisal in general practice took a different pathway to that in hospital, due to the differences in employment relationships (Martin *et al* 2001);[1] thus the body of literature concerning GP appraisal and related activities needs to be considered independently of literature about appraisal for hospital consultants, even though the process has converged over time to meet the standards described by the GMC and the structures laid out in the Medical Appraisal Guide.

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being appraised,[5,12] discussion of a variety of models of appraisal ('internal/external,' 'peer/practice,' 'appraisal for revalidation')[5,13-17] and the nature of the evidence discussed as the system of appraisal developed.[18] The benefits of appraisal typically identified related to doctors having a positive experience of the appraisal conversation and it being helpful in identifying learning or career development needs.[17,19-30] Evidence of clear, direct and measurable outcomes and/or effects of appraisal on clinical practice was not found, and where mentioned, conclusions were drawn on the basis of self-reported, generalised perceptions of change.[5,20-22,28]

Our review indicated a number of other themes, which concerned:

- The presence of a contrasting perspective on the positive benefit of appraisal from appraisers who were also found to value the conversation for broadening their experience.[17,23]
- GPs' perception of the problematic link between appraisal and performance assessment or revalidation.[15-17,19,20,22,25-27,29]
- Administrative /management issues about the appraisal process, for example the lack of preparation by appraisees,[30] the amount of time taken to prepare and conduct an appraisal.[5,17,19,22,29,31]
- Concerns around evidence assessment and standards.[20,32]

Latterly the research agenda has seen a distinct shift to matters concerning appraiser practice and to considering the quality assurance of the appraisal process,[23,33-37] for instance consistency in the performance of appraisers or approach to appraisal[30,38] and the development of research around appraiser knowledge and skills.[36,39-45]

In considering what the body of literature on appraisal tells us, we note that evidence is largely derived from self-reported perceptions of change or views on the outcomes of the process for the individual GP research participant.[5,16,19-22,26,28] Study data was typically gathered either through interview or survey /questionnaire, and as a consequence it is 'snapshot' data, with little triangulation of findings with other data sources. No research was found to have considered outcomes over time, something that has been noted by Roberts *et al* (2006) as important.[33] Thus the approaches to research currently in use, which are aimed to develop understanding about appraisal, are tending to favour particular perspectives or experiences without placing them in a wider context. Consequently there are clear gaps in the literature: research that considers alternative data sources and makes a clearer link to the process and effects of appraisal on clinical practice is most obviously lacking. However, drawing a link between appraisal and positive impact

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on clinical practice and patient care is difficult, something acknowledged by Mohanna (2003: 539): "[O]utcomes are notoriously hard to link to inputs however, and especially in healthcare there are a multitude of variables that might intervene between appraisal and healthcare improvement"[46] and continuing to prove elusive. For research to do this, the context of appraisal also needs to be examined to identify the prevailing discourses and their impact on the process. Extending the research gaze in this respect opens up the possibility to pose questions about whether appraisal is merely an exercise in evidence collection and box ticking, set within a quality assurance structure, or whether is it an opportunity for 'clinically owned reflective practice (McGivern and Adams, 2006)[47] from the perspective of the appraisee, something they see as the 'paradox' of appraisal. Further, widening our gaze allows for practice to be read in the wider context of locality and healthcare systems.

Having reviewed the literature, we argue that a lack of a coherent overview of the field may have served to direct research activity to the easily measurable, and away from the aspects that are harder to capture. In the same way that revalidation has acted to make appraisal "increasingly formalised and structured" (Griffin *at al* 2015: 2),[45] researchers too may be in danger of privileging theorising about the impact of appraisal over researching and understanding practice and experience (see for example the research protocol set out in Brennan *et al* 2014).[48]

Our analysis has led us to pose a number of wider questions. First, given there is a relative lack of an evidence base for understanding appraisal, then questions must be asked about the evidence base underpinning the roll out of revalidation to other professional groups. Second, themes in the literature clearly show tensions and mixed messages around the experience of being appraised from appraisees. This reflects confusion in understanding by service providers about what appraisal is or should be: is it an outcomes-focused process or a formative conversation which encourages developmental reflection on practice? Third, and more positively, developing understanding of the pivotal role of the appraiser in the process of appraisal and mapping how it can be nurtured further, is helping to create a community of practice which is now becoming more visible in educational and practice literature.

Our review of the literature highlights contradictions in the way that appraisal is understood and experienced, which in turn has caused confusion in trying to demonstrate benefit. The confusion is periodically played out in the pages of journals, most recently in the BMJ with appraisal being denounced as a 'false god.'[49] There is a pressing need for clarification and simplification of the principles and processes underpinning appraisal in order to create a shared understanding between

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doctors, appraisers and service providers and to enable consistency in experience. Key to this is better training and support for appraisers so that they feel empowered to facilitate quality improvements in practice. Further, the research agenda needs to engage with looking for evidence of change over time if the anecdotal benefits of appraisal for doctors and appraisers are to be demonstrated.

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