Dentists' Appraisal: A PILOT IMPLEMENTATION STUDY

Final Report
September 2010

Dr Graham Butt
Dr Natasha Macnab

Centre for Research in Medical and Dental Education (CRMDE)
School of Education
University of Birmingham
Birmingham
B15 2TT
Acknowledgements

Professor Alison Bullock, who was previously based at the Centre for Research in Medical and Dental Education (CRMDE), is acknowledged as the originator of this project in 2008.

The project has been funded by the West Midlands Strategic Health Authority and has been undertaken in association with the Postgraduate Dental Dean, the Workforce Development Coordinator and the Dental Team, NHS West Midlands Workforce Deanery. We are extremely grateful for the funding that has made this project possible.

We would also like to extend our thanks to, and acknowledge the significant contributions made by, the general dental practitioners (GDPs) in the Telford PCT who gave their time generously in attending the project briefing, completing appraisal documentation, conducting appraisal meetings and being interviewed.

We also acknowledge the advice given by Dr Vickie Firmstone in the completion of this report and the efforts of those who transcribed the interviews. Special thanks are also due to Sandwell PCT, Karen Elley, previously Dental Public Health Consultant and Tariq Mahmood, previously PCT Dental Tutor.
Notes on Contributors

**Dr Graham Butt** is a Reader in Geography Education in the School of Education, University of Birmingham. He has research experience in systems of appraisal and is a tutor (with Professor David Wall) on the University’s Postgraduate Certificate In Education for Health Professionals course (Teaching and Learning Module). He is associated with the work of the Centre for Research in Medical and Dental Education (CRMDE) at the School of Education.

**Dr Natasha Macnab** is a Research Fellow in the School of Education who has worked on a number of projects including an Evaluation of the Healthtec Scheme and evaluating the implementation of national pilot projects on the European Working Time Directive (EWTD).
CONTENTS

List of Appendices

List of Boxes

Executive Summary

1. INTRODUCTION
   1.1 Continuing Professional Development
   1.2 Appraisal
   1.3 Personal Development Plans

2. METHODOLOGY
   2.1 Aims
   2.2 Objectives
   2.3 Design and Methods
   2.4 Evaluation
   2.5 Analysis
   2.6 2.6 Timescale

3. RESULTS AND DISCUSSION
   3.1 Response rate
   3.2 Results of interviews concerning the dentists' appraisal process
   3.3 Discussion and Analysis
   3.4 Summary

4. CONCLUSIONS

5. REFERENCES

APPENDICES
APPENDICES

Appendix 1: Appraisal for General Dental Practitioners (GDP)

Appendix 2: Pilot Dentists Appraisal form

Appendix 3: Participant Information Sheet

Appendix 4: Interview questions

BOXES

Box 1: Research Phase
EXECUTIVE SUMMARY

Introduction

The Executive Summary outlines the key findings of the pilot implementation study into dentists’ appraisal in the West Midlands (Telford PCT). This study, and its subsequent evaluation, were conducted by members of the Centre for Research in Medical and Dental Education (CRMDE) at the School of Education, University of Birmingham.

Background

The research was funded by the West Midlands Strategic Health Authority and has been undertaken in association with the Postgraduate Dental Dean, the Workforce Development Manager and the Dental Team, NHS West Midlands Workforce Deanery in 2008. The location for the study was the Telford PCT. Related work had previously been completed on continuing professional development amongst dentists (Bullock et al 2003) and their use of Personal Development Plans (PDPs) (Bullock et al 2006, 2007) by members of CRMDE, however this research was devised to investigate the connection between the two afforded by the appraisal process.

The overall aims of the pilot study were to (i) recruit and train GDP appraisers, (ii) recruit and prepare GDPs as appraisees, (iii) prepare appraisal documentation, (iv) pilot the appraisal process, and (v) evaluate the pilot in the Telford PCT. A cohort of 15 GDPs was recruited for this study.

Research Design and Methods

The pilot was conducted over 12 months, from July 2009 to July 2010 (following agreed revision to the project timescale), in three phases:

During months 1-4 the key activities were: recruitment of appraisers and appraisees, gathering informed consent agreements, and preparation of appraisal documentation and evaluation instruments. In this first phase appraiser training and appraisee preparation was conducted. In the second phase, months 4-9, appraisees completed forms and handed these to their appraiser, appraisal meetings were held and evaluation of the process was undertaken by both appraisers and appraisees. In the final phase, months 9-12, researchers conducted semi structured interviews with appraisers and appraisees, undertook data analysis and report writing.
Research methods were predominantly qualitative, involving conducting semi structured interviews which were recorded on digital recorders at the appraiser’s/appraisee’s place of work. Interview transcript data and some semi structured written reports created by the appraisers, were then analysed and evaluated.

**Main Findings**

Analysis of interview data reveals that successful appraisals have a number of beneficial outcomes such as: encouraging communication between practitioners, stimulating planning for professional development, aiding critical reviews of working practices, building rapport between colleagues within the practice, stimulating problem solving and helping the resolution of work life balance issues.

The main procedural issue identified was finding sufficient time to conduct appraisal meetings, although interestingly the time spent on completing appraisal documentation was only infrequently mentioned as a problem. The process of appraisal was largely seen as unproblematic.

The relationship between the appraiser and appraisee attracted significant comment. Appraisees and appraisers expressed concern when participants were of different status and experience, as this skewed the appraisal process away from the main focus on professional development. Most believed that both participants should be resident in the same practice, and that they should already know each other professionally. Some questioned the overall purpose of the appraisal and the audience for the documentation, with regard to whether appraisal was predominantly for professional development or managerial purposes.

The act of writing the appraisal documentation was seen as beneficial in highlighting issues and generating action. Occasionally the 'knowledge base' of the appraiser was brought into question, particularly with reference to their knowledge of relevant CPD courses locally to recommend to the appraisee.

Although the majority of participants had received initial training on how to appraise, some felt that this could have been more substantial. The format of the appraisal form (and PDP form) were welcomed, although some felt that its comprehensive coverage was slightly repetitious or contained elements that were irrelevant.
Conclusion

The dentists involved in this pilot study were broadly very positive about the need for appraisal to support their professional development. There is a need for further support and training in appraisal to encourage dentists to use this process to maximum effect.

1. Introduction

The prevalence of appraisal systems and the use of professional development plans (PDPs) within the medical profession is now commonplace, although amongst dental practitioners their implementation is less common. This study focuses on the implementation and use of a pilot appraisal scheme amongst general dental practitioners (GDPs) in a West Midlands Primary Care Trust (PCT). It is apparent from the findings that there are implications in the ways in which appraisals are conducted for dentists, which affect their continuing professional development (CPD) – these findings might also have applicability to other professional groups beyond the National Health Service (NHS).

This study draws on models of practice in medicine, and on appraisal processes adopted both in medicine and dentistry, to develop and test an appraisal scheme for use in the West Midlands Deanery. The study was designed specifically to respond to national requirements (DoH 2007). GDPs undertake large amounts of professional development annually – indeed the General Dental Council’s recertification scheme Lifelong Learning (GDC 2000) requires dentists to undertake some 250 hours of mandatory CPD over each five year period. It is advised that dentists should complete 50 hours of CPD each year, of which 15 hours is verifiable (that is, CPD that is formally recognised as having particular learning objectives and for which participation is evidenced) (GDC 2000). This leaves 175 hours of CPD, over five years, for ‘general’ CPD activities which are more ‘informal’ in type. However, there is currently no compulsion to select CPD activity that relates to any analysis of personal learning needs – an essentially ad hoc and unregulated process. The introduction of a pilot appraisal is therefore designed to create a link between appraisal of dentists’ strengths and weaknesses, formulation of a professional development plan (PDP) and selection of appropriate CPD. Government strategy has given a strong steer towards the introduction of such appraisal systems, the use of PDPs and consequent continuing professional development as a means of ensuring that appropriate learning is regularly planned and reviewed.
The introduction of appraisal schemes has implications for practising dentists, both as appraisers and appraisees. The intention of this study was to support clinical governance through the development of a PDP, although the formative and supportive nature of the appraisal process was deemed paramount. It was acknowledged that a key requirement of the process was the time that would be spent for preparation of documentation, for appraisal and follow up meetings to occur, and for suitable training for both appraisers and appraisees. Here the emphasis was on appraisal – although considerations were raised about whether in future appraisals might be more appropriately delivered through appraisal meetings with a senior colleague, with a nominated appraiser at local or regional level, through the creation of appraisal teams/panels, or through peer review.

1.1 Continuing Professional Development (CPD)

The implementation of CPD is now a key feature in the promotion of lifelong learning amongst most professional groups. Medicine and dentistry are no exceptions, indeed all employees of the health service seek quality improvement through lifelong learning and professional self governance. Such practices have become central to what is now known as ‘clinical governance’1. However, despite these and other requirements there has been no formal link between the developmental needs of the dentist and the CPD they choose to undertake. Whilst many dentists may make sound, sensible decisions about the nature of the professional development they need to undertake this may not be the case for all; indeed some dentists may choose to undertake CPD which they know will not challenge them, or develop their professional practice. The selection of CPD by GDPs at the local, regional and national levels appears to owe more to comfort, timing, location and previous practice, than to professional need and appropriate professional self regulation (see Firmstone et al 2004).

---

1 GDPs must complete, and keep records of, at least 250 hours of CPD over five years. A minimum of 75 of these hours must consist of verifiable CPD. The GDC recommends that all Dentists carry out CPD in recommended core subjects. We recommend that you do CPD in medical emergencies every year. The recommended core subjects and suggested minimum number of verifiable hours per CPD cycle that Dentists should spend on them are: • medical emergencies (at least 10 hours per CPD cycle) • disinfection and decontamination (at least 5 hours per CPD cycle) • radiography and radiation protection (at least 5 hours per CPD cycle) In addition, the GDC recommends that Dentists working in a clinical environment carry out CPD (verifiable or general) to make sure they are up to date in: • legal and ethical issues • handling complaints (http://www.gdc-uk.org/Current+registrant/CPD+requirements/Frequently+asked+questions+about+CPD/Dentists+CPD+FAQs.htm).
Additionally, for CPD to impact on practice, it is best planned to coordinate with learning needs, other professional support and motivation – both of self and from others (see Grant and Stanton 1999). However, Bullock et al (2006) note that impact is in itself a complex issue with restrictions relating to personal inertia, time availability and financial support.

1.2 Appraisal

Appraisal has not always enjoyed an entirely positive reputation, with practitioners aware of the tension between professional development, performance management and revalidation (Boylan, Bradley and McKnight 2005). As such, although the professional development aspect of appraisal is often widely supported amongst professionals, the implied threat of appraisal evidence being used for managerial purposes can cause apprehension and uncertainty.

Appraisers and appraisees have previously reported on the usefulness of the process, in that it helps them achieve a structured reflection on their professional needs and future development (Haman et al 2001). This was particularly significant where the focus of appraisal is on achievement and good professional practice, whilst in turn setting targets and facilitating future learning (Boylan, Bradley and McKnight 2005). There is also evidence of supportive appraisal, in part, increasing appraisees’ job satisfaction (Harris et al 2009). However, when the focus of appraisal appears to be predominantly disciplinary, rather than developmental, participant motivation is altered. Similarly, if the emphasis on personal as well as professional development is not apparent the usefulness of the appraisal process can be questioned. Creating an appropriate ‘spirit’ of appraisal - as an honest, reflective, formative, supportive, developmental process - is therefore vital. When appraisal is closely linked to revalidation, its aims conflict with more managerial and disciplinary motives. The backdrop of compulsory annual appraisals for GPs, closely linked to revalidation, has informed thinking during this research.

Interest in appraisal is growing amongst dental practitioners, linked to their continuing professional development and the creation of PDPs. There are clearly connections to research into the perceptions and attitudes of dentists (and dental nurses) to lifelong learning (Mercer et al 2007). The Standard General Dental Services Contract (2006), Para 197-197.2 states that:

The Contractor shall ensure that any dental practitioner performing services under the Contract—
• participates in the appraisal system (if any) provided by the PCT unless he participates in the appraisal system provided by another health service body; and
• co-operates with an assessment by the NPSA when requested to do so by the PCT.

According to these Regulations then, there is only a requirement for a dentist to participate if there is an appraisal system available. In some PCTs this is increasingly being seen as a requirement (see NHS North Lancashire - http://www.northlancshealth.nhs.uk/nlancs_info.asp?zoneID=HP&catID=5&ID=HP52). However, evidence of appraisal amongst dentists has a long history, as witnessed by the introduction of a practice-based form of staff appraisal amongst dentists in the Community Dental Service in Leicestershire in the late 1970s (see Baxter 1983).

The aims of appraisal are varied, but must be clarified to avoid tensions over whether evidence will be used to contribute to revalidation procedures. In most cases appraisal is seen as an opportunity for two professionals (often peers) to reflect on evidence to set goals for professional development, during which opportunities are provided to state contributions made to a practice as well as feedback on issues affecting performance. Ideally, the appraiser and appraisee should make regular contact throughout the year, rather than being involved in an annual ‘one off’ meeting. In most circumstances the appraisal process is designed to:

• Provide an opportunity for professional reflection;
• Support professional development;
• Review practice and performance (as an individual or team member);
• Identify barriers to good practice;
• Clarify role expectations;
• Feedback and feedforward;
• Prepare PDP;
• Consider resources needed in future CPD;
• Consider clinical governance;
• A contribution to the revalidation process.
With such a diverse set of expectations there is obviously a need for training for both appraiser and appraisee.

The appraisal process, where closely linked to a reflective cycle (as often employed in Personal Development Plans), involves a description of current performance, on which is based an identification of future learning needs. The recognition of future priorities connects to formative planning for continuing professional development to achieve some notion of desired practice (see Handfield Jones et al 2002). Firmstone et al (2002) have identified that dentists need particular support with this process as they tend to underuse paper based self assessments, reading, clinical audit and peer review. Here appraisal can act to support the identification of development needs.

1.3 Personal Development Plans (PDPs)

Personal Development Plans have been supported by government policy for all members of the NHS, not simply health professionals, as a means of regularly planning and reviewing their professional learning (DoH 1999). Linked to formative appraisal, PDPs now provide the key means of defining professional development pathways for medical practitioners – although their introduction and use amongst dentists is more limited and generally not well reported. The use of PDPs has not regularly been linked to an appraisal process for dentists, although as reported in a previous study small numbers of GDPs have previously been recruited and trained to fulfil this role (Bullock et al 2006). The research reported here extends on this work, focussing on preparation for appraisal and recording the thoughts of appraisers and appraisees about the process of preparing a PDP.

Essentially, PDPs outline a plan for future CPD based on an assessment of personal learning requirements. This assessment is provided through the appraisal process. The origins of development planning link back to Schon’s (1983) notion of the reflective practitioner and Kolb’s (1993) work on experiential learning, although personal planning for educational purposes has more recent, focussed expressions within the dental arena (Rughani et al 2003, Walker et al 2003). The significance of appraisal - involving the personal reflection on one’s professional practice, often with the support of a peer, colleague, tutor, formal appraiser or facilitator (see Challis 2000) – is reported here. The process whereby reflection and appraisal leads to the creation of a personal plan for development, clearly linked to CPD needs, is significant.
Previous research has been undertaken by the University of Birmingham’s CRMDE into supporting dentists’ creation, use and evaluation of PDPs (See Bullock et al 2006, 2007, 2010).
2. METHODOLOGY

2.1 Aims

The aims of the study were to develop and test an appraisal system for GDPs in the West Midlands, specifically in the Telford PCT. Mindful of previous work completed on continuing professional development amongst dentists (Bullock et al 2003) and their use of PDPs (Bullock et al 2006, 2007), this research aimed to investigate the connection between the two afforded by the appraisal process.

2.2 Objectives

The specific objectives of the pilot study were to (i) recruit and train GDP appraisers, (ii) recruit and prepare GDPs as appraisees, (iii) prepare appraisal documentation, (iv) pilot the appraisal process, and (v) evaluate the pilot.

The geographical location for the study was significant, given that Telford is a discrete geographical area with one Postgraduate Dental Tutor and a Postgraduate Centre.

The original objectives of the study stated that ideally 4 appraisers would be recruited and trained, each of which would appraise 3 or 4 GDPs – giving a total maximum cohort of appraisers and appraisees of some 16 individuals. The person specification and role description for the appraisers was developed from the advice on quality of medical appraisal provided by the NHS Clinical Governance Support Team (2005)

2.3 Design and Methods

2.3.1 Preparatory work, recruitment and training

All GDPs (n=35) in the Telford PCT on NHS choices and through a list supplied by Telford PCT were invited to take part in the pilot appraisal scheme through attendance at an orientation and instruction session at the Telford College of Arts and Technology in October 2009. At this meeting appraisers and appraisees were recruited to the study and prepared for their roles by the research team. Training occurred through a Powerpoint presentation of roles, explanation of expectations and processes, followed by a question and answer session. Those who agreed to take part in the pilot were provided with contact details of the two researchers, an information sheet, a PDP pro forma and were made aware of the ethical protocols that were in place for the study. NHS REC ethical approval was granted (REC 09/H1207/117).

It was apparent at this initial meeting that GDPs in many practices wished to divide up the appraisal roles within their practice, rather than between different practices. This would give flexibility over adoption of the roles of appraiser or appraisee, as well as having the advantage of not facing sensitive cross practice issues if an appraiser was perceived as appraising the work of a neighbouring practice.
Participants were introduced to the appraisal documentation and PDP. This was devised by the researchers and based on the example from general practice and also paperwork from the Blackpool and Sandwell GDP pilot and informed by the GDC standards (GDC 2005) for dental professionals.

The appraisal document was designed to include the following sections. The first two sections were to be completed before the appraisal meeting and three and four to be completed afterwards:

1. Personal details;
2. Supporting Documentation;
3. Summary of Appraisal Discussion with Agreed Actions; and
4. Personal Development Plan.

This appraisal document also incorporates the six principles outlined in the standards GDC (2005) on which clinical guidance is built. These should be at the centre of everything dentists do as healthcare professionals. They are:

- put patients’ interests first and act to protect them;
- respect patients’ dignity and choices;
- protect the confidentiality of patients’ information;
- co-operate with other members of the dental team and other healthcare colleagues in the interests of patients;
- maintain your professional knowledge and competence; and
- be trustworthy.

The main element of this study was the implementation of the appraisal process and evaluation of the pilot. Here the researchers drew upon models of practice in medicine and on existing appraisal practice in dentistry elsewhere in the UK (see Haman et al 2001, Walker et al 2003) to develop an appraisal scheme for use in the West Midlands Deanery which responded to national requirements (DoH 2007).

Principles for conducting appraisal interviews were explored with participants, which highlighted the ‘two way’ nature of the appraisal process, its aim of managing and maximising performance and of valuing the contribution of the appraisee (see Appendix 1). Four core aims of the appraisal were outlined as (i) personal development, (ii) performance, (iii) communication and (iv) future work. Broader principles for appraisal – primarily concerning the need for confidentiality, self direction, futures orientation and positivity – were also discussed with appraisers and appraisees. The means by which an appraisal meeting should be conducted were explored, outlining a number of steps necessary to
ensure success. Whilst many of these steps appear self evident (the need to mutually agree on a convenient date/time for the appraisal; the necessity to receive appraisal documentation well in advance of the meeting; the necessity to prepare for the meeting, etc) there was more detailed guidance provided on the ways in which interviews should be conducted with the provision of a ‘preparation checklist’ for both appraiser and appraisee. Details on recording the outcome of the appraisal meeting, form filling, and following up agreed action were also provided. The progression to the completion of a Summary of Appraisal Discussion pro forma (including agreed actions), and a PDP, was also discussed in detail.

2.3.2 Evaluation

The main data source for the evaluation of the project was the feedback from appraisers and appraises which was collected through one-to-one, face-to-face interviews. Fourteen people in total took part in the pilot project. While all participants were appraises, 6 participants also acted as appraisers in their practice. Appraisers were asked to evaluate the quality of their training, to report their views on the appraisal documentation and on the overall process of appraisal. Similarly appraisees were also asked to evaluate the quality of their preparation, the documentation and the overall appraisal process. Given that some of the respondents performed the roles of both appraiser and appraisee at some stage within the pilot this provided valuable 360 degree evidence of the value of the process. The evaluation data was primarily gathered through semi structured interviews, recorded on digital recorders at the appraiser/appraisee place of work. The interview schedule is provided (see Appendix 4). Interviews with appraisers and appraisees lasted between 25 and 40 minutes, were digitally recorded with the permission of the interviewee, and were fully transcribed for analysis.

2.3.3 Analysis

Data gathered was predominantly qualitative, including interview transcript data and some semi structured written reports produced by the appraisers. Data collected for this pilot was therefore predominantly qualitative, involving the use of interview methods and limited analysis of PDPs and supporting documentation. Given the small cohort of appraisers and appraisees involved this is entirely consistent with the explorative, evaluative nature of the study. The researchers devised a coding system to scrutinise the interview data, informed by the nature of the responses to the key questions posed during the semi structured interviews. Due to the relatively small number of respondents this coding was conducted
manually, with key themes that emerged from the data being noted in the margins of the transcript texts and sections of text being highlighted. A process of comparing transcripts was then conducted to identify common themes, which were then grouped (into Procedural matters; Nature of appraisal process; Appraisal form; Recommendations; and Overall reflections). The analysis of transcript data and any textual information was rigorous.

2.6 Timescale

The original project specification was outlined to last 12 months (from June 2008), however due to a change in project personnel and delays in obtaining NHS Ethical clearance for the project the revised timeline ran from July 2009 to July 2010.

The research phases are outlined in Box 1:

**Box I**

<table>
<thead>
<tr>
<th>Months 1-4</th>
<th>Recruitment of appraisers and appraisees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Informed consent agreements</td>
</tr>
<tr>
<td></td>
<td>Preparation of appraisal documentation and evaluation instruments</td>
</tr>
<tr>
<td></td>
<td>Appraiser training</td>
</tr>
<tr>
<td></td>
<td>Appraisee preparation</td>
</tr>
<tr>
<td>Months 4-9</td>
<td>Appraisees complete forms and send to appraiser.</td>
</tr>
<tr>
<td></td>
<td>Appraisal meetings</td>
</tr>
<tr>
<td></td>
<td>Evaluation of process by appraisers and appraisees</td>
</tr>
<tr>
<td>Months 9-12</td>
<td>Semi structured interviews</td>
</tr>
<tr>
<td></td>
<td>Data analysis</td>
</tr>
<tr>
<td></td>
<td>Report writing</td>
</tr>
</tbody>
</table>
The following Results and Discussion section provides evidence of the themes.
3. RESULTS AND DISCUSSION

3.1 Response rate

The response rate within this study was excellent. All 10 dentists that attended the original briefing meeting for the project in October 2009 signed up for inclusion; these dentists also had an impact on recruiting an additional 5 dentists to the project from their own practices. The attrition rate was one: due to changes in personnel at his practice and workload issues. All other dentists who started the project continued to its culmination. All involved in the pilot project were subsequently interviewed.

3.2 Results of interviews concerning dentists’ appraisal process

A process of comparing transcripts was conducted to identify common themes, which were then grouped (into Procedural matters; Nature of appraisal process; Appraisal form; Recommendations; and Overall reflections). Within these groupings common sub themes were also identified - for example, within the theme 'Nature of appraisal process' the sub themes were: peer, or non peer, as appraiser; relationship with appraiser; training/preparation for appraisal; and 'knowledge base' (where to go for CPD, courses available, etc). The themes and sub themes were generated from the interview data, rather than being imposed by the researchers.

Procedural matters

Within this theme a number of issues were identified by dentists. The most frequent issue identified was 'time', although comments were also forthcoming about 'space', 'practical issues', 'location', and 'ease of transfer of documentation'.

The most dominant issue concerned the time available to complete the appraisal process (n=7), with typical comments referring to the lack of 'spare' time in busy dental practices:

'The other practical issues were just time problems, not getting enough time off work' (D2)

'Because we are so busy here we couldn’t just say, ‘Right we’ll do it in a lunch time.’...It did take time, I filled all the forms in at home but we actually arranged to come in on a day when we weren’t working and she said we could meet in a cafe somewhere and do it away from work' (D4)

'Making time for it, yes, we couldn’t have fitted it in, in a normal day because it does take more than a half hour at lunch' (D4)

‘Well we did struggle with that because we’re both very busy and that was initially a bit of a problem and it was difficult’ (D9)

‘[…] just time within the practice, try and get time with the commitments we have, as for the practice needs, timing is a big thing with it’ (D10).
One respondent noted that there might be times throughout the year that would prove more problematic to hold appraisal meetings:

'most people are busy in the summer and at Christmas aren’t they?’ (D3)

Whilst another recognised the importance of not imposing on the time allocated to patients:

'we managed to find the time, obviously, to do it however it was more so in and around lunch time, in our own sort of time as opposed to in between because obviously our patient time was important and because it’s difficult to find the same sort of time off as each other' (D8)

However, for one dentist the time issue was largely irrelevant:

'because doing it within practice time isn’t really a problem, we could just get together at lunchtimes. Say you had to go somewhere you’d have to leave travelling times, it would have been difficult then so from a time point of view' (D7)

Respondents also mentioned not making objectives too large, issues of privacy within large and busy practices when conducting appraisal interviews, , and the need for appraiser training. The issue of appraising colleagues you don't 'get on with', or with whom issues may have arisen in the past, was also noted by some respondents (n=2) when referring to procedural matters.

**Nature of appraisal process**

Most respondents found the nature of the appraisal process largely unproblematic. The majority of responses concerned who the appraiser was (peer, or non peer), and the relationship between the appraiser and appraisee. In one case the appraiser and appraisee had known each other since the latter had left university, with the appraiser having previously fulfilled a training role - which made the relationship easier. Knowledge of the appraiser - who in all cases worked in the same practice - was seen as a strength, whereas it was felt that an 'unknown' appraiser would not uncover issues effectively:

'I think it helps that...I know him, he knows my strengths and weaknesses' (D1)

'I think it was useful because we knew each other, I don't think a lot of this would have come out if there was somebody 'random', definitely not' (D2)

'it was useful having someone close to give me the mentoring advice' (D4)

'knowing my work colleague let me be able to give her pointers as to ways in which she could change things which an outside person wouldn't be able to do, because they'd have not known first of all the learning format which she was going down, also how the practice runs, how the patients are managed. So having a good relationship with her helps' (D6)
The process itself was seen as beneficial in spurring action:

‘it’s pretty straight forward and as long as you’ve got an idea what you’d like to improve I think a bit of a warning when you’re going to be doing it so you can have a sit down and think what you’d like to improve’ (D1)

‘when you actually take time to write things down it does make you think about it more, so it’s worthwhile having done it’ (D7)

‘It’s been quite a good experience because just to stop and think and look at what you’ve been doing, look at where you need to go, it’s good to do it because you do it in a very vague way otherwise but when you have to officially stop and think about it, yes it was quite useful and does give you some aims’ (D11)

‘I think it was very straightforward, a case of working through the form and identifying areas, clinical, strengths, weaknesses, areas that perhaps I needed to work on so I think as an appraisee, by going through the form was very helpful because it helped me to, perhaps, think about what I was good at, what I was not good at’ (D9)

‘[…] it highlighted areas I felt, perhaps, I wasn’t strong in or I worried about more, I thought I need to improve on that so I feel more confident in doing these types of procedures or treating these types of patients’ (D9)

Those who had taken the role both as an appraisee, and as an appraiser, during the project found some beneficial effects arising from the shift in roles, although some respondents initially lacked confidence:

'[Being] an appraisee was very, very useful - but being the appraiser ... I hadn’t done it before, so to be honest it was quite difficult not really knowing exactly what to do. But because he’s (the practice head) so experienced, he’s done it many times, so he was also helping appraise himself’. (D2)

'I'm not sure whether I’d be confident enough to be an appraiser' (D4)

However, the nature of power relationships within the practice was highlighted by some:

'I don’t think that you could have an associate appraising a partner' (D3)

'I suppose the only thing, obviously, with me being the youngest dentist in the practice, I suppose that could possibly have a little bit of a thing because I’m obviously appraising someone who’s [more senior]’ (D8).

'I think to be an appraiser you need to facilitate the training days and the time off, to work around holidays and emergency cover and what have you, so I think you need to have some sort administrative control over the practice. There's no point my associate being an appraiser for everybody because he’s the one who isn’t authorised to give people time off, or UDAs to do, or whatever' (D5).
The overall benefits of appraisal were clear, although many sensed that this would be the case only when issues were easy to resolve:

'It has been really, really useful even though I do see her everyday and talk to her and she's very approachable, actually making us sit down and say, ‘Right what are the problems we’ve got and how could we sort this out?’ It was really useful having this process' (D4).

'Because you know and work with the person who’s the appraisee that's quite good because you can fast forward to what the issues might be and then seek to resolve them, however if there's a point of conflict that becomes very difficult' (D6)

The 'knowledge base' of the appraiser was occasionally raised as an issue. Some felt uncomfortable in the role of appraiser as they had an incomplete knowledge of CPD courses to advise upon:

'I don't think I've got as wide a knowledge in terms of the courses as X has because obviously he's been doing it a while, he’s done a fair number of courses so he knows what, where, when, and how' (D1)

'[When I was the appraiser] I had to go away and then just research which courses are out there' (D2)

Others felt that their training and preparation for the role of appraiser could have been more substantial:

'I felt that I was not adequately trained for the job... We were going through the forms but I was just thinking on my feet and fortunately I had colleagues who really hadn’t got any specific problem but had anyone got a problem I'm not really sure that I would have been able to deal with that problem and I think with me taking this process further people need to be adequately trained to do the job' (D6)

'I think maybe just a little bit more brief as to exactly what they need to be doing' (D7)

Yeah as long as the appraiser has got skills, enough skills to appraise your development needs in that area, you’d have to find a suitable GDP or a specialist or someone who’s got more skills than you in that area, so you’d have to, somehow, find out...Find a more experienced person, either for the appraiser to find someone that they look up to themselves’ (D11)

Issues of which CPD courses were available, and from where, also arose. Some were confident in the role of adviser on CPD:

'We’re all pretty aware of where to go on courses and things like that so we just made a few suggestions between ourselves and since then courses have been organised' (D8)
'He (the appraiser) knew which ones to recommend, that's because he's more experienced, he already knew and just talking to other people when other people had been on it' (D2).

One respondent commented that no check was kept on what CPD dentists attended:

'Nobody checks whether we’ve done any CPD, it’s up to us, I've done lots of it, I’ll do eighteen, nineteen hundred hours a year, all verifiable - but nobody checks' (D5)

Overall the nature of the appraisal process was welcomed, with some unexpected benefits linked to a more formal process being highlighted:

'we organised a session out of work on our day off and it was quite interesting to discuss issues with the appraisee on a formal basis because, although we've actually worked together for twenty five years, it’s probably not the sort of conversations that we would have had previously ... I think that maybe there was a deal of trust because we worked together. You might, on occasions, discuss some of the issues - but not to sit down and do it' (D3)

'I didn’t find it particularly difficult to be honest, the content that we were given was pretty straight forward to follow and I feel we were able to conduct it pretty well to be honest with you’ (D8).

**Appraisal form**

The format of the appraisal form was generally welcomed, with the majority of respondents feeling that it was comprehensive. For some, the overall length and detailed coverage of the form was somewhat daunting:

'it looks ok, it’s just a bit big!' (D1)

'There’s a lot of extra stuff in here that I think make it a lot longer...But at the practice we just want something that’s quite straight forward, (that’s) quite simple to write. So there’s loads of things in here that wouldn’t have been relevant, so we just kept it simple for this year’ (D2).

'Some of it didn’t seem relevant...[however] I think it’s useful to have a pro forma to lead the session because otherwise you could very easily not cover things that you maybe ought to' (D3).

'I think it’s too long, I think for a PDP to actually work you need to think that’s four sides, well that’s about three sides, that’s just about right, I think one started off
with doing one side, that's not enough because you need to actually put a bit more detail in there but I don't think you need it any bigger than that because the worst thing about a PDP is people who put too much stuff in there and when it come to six months down the line and they haven't even started it and they think, 'Oh god this is a waste of time.' PDPs have to be realistic if they're going to work and to be realistic and kept short and sweet' (D5).

Others thought they spotted repetition:

'Quite a bit of repetition really and things that weren’t (relevant). 'My research', fair enough, I think a lot of people would put 'not applicable', 'management activity' again, that would not be applicable to a lot of dentists. There were quite a few empty blocks, but there were a lot where there wasn’t enough room really...So long as you don't mind having empty blocks where it’s just 'not applicable' then that's fine' (D4).

'It tended to be a little bit repetitive' (D6)

'sometimes there's a bit of repetition, where I was answering the same thing again' (D7)

The content of the form was questioned by some:

'I think a lot of these things aren’t relevant...We’re all self employed, working in a self employed dentist in primary care, whereas I think if you’re in secondary care a lot of this would probably be relevant - especially because they have to do a lot of research and they do a lot of teaching and training’ (D2).

'It was OK, but there were certain bits that we couldn't really relate to, or actually carry out' (D8)

Recommendations

The comments classified as ‘recommendations’ tended to return to who should carry out the appraisal, someone 'in practice' or from 'outside':

'I don't know if you would have that honestly if it was somebody who was independent or random, I don't think you’d want to come out and say what your weaknesses are or where you’d want to improve to somebody that you didn’t really know so I think knowing someone and having that relationship before, I think that really helps' (D2)

'If I had any issues or any problems or any shortcomings I don't think I’d want to be discussing them with an employee or a direct competitor, I think that's quite an issue and I think that would be an issue for everybody' (D3).

'the dentist wouldn't be very confident or comfortable speaking to someone about their PDP who’s a direct competitor so I think the practice owner is ideally
suited to it... I don't think anybody else could make the executive decisions, even the practice manager couldn’t because the practice manager would then say, 'This person needs this time off, this is their UDA targets, this is what they need to do, this is what they did last year.' (D5)

'I certainly wouldn't like anybody from another practice being involved, because you don't want your rivals to know what's going on .... there's also this confidentiality issue, if you like, of somebody coming in and knowing how your practice works, right until the nth level, and getting what might be commercially sensitive information' (D6)

Others felt that employing outside appraisers might, in certain circumstances, have advantages:

'newly qualified dentists ... might be better off with having someone from outside. So it depends what the problem is really and who it is, I think it can work for some people and not for others - but for our situation it worked very well' (D4).

**Overall reflections**

The overall reflections on the appraisal process tended to focus on the benefits and drawbacks, as perceived by the dentists. In the majority of cases dentists were very positive towards appraisal:

'Appraisal was useful - you know you have these ideas in your head but to actually have a plan written down it’s really helpful. When we did this originally it actually focused me .... (as) a result of it, I did go on those courses' (D2).

'I mean that's a good thing isn't it? Stepping back and thinking about work in a different way' (D3).

'If it was made mandatory, and it was maybe anonymised and peer reviewed ...I could see an advantage to (an appraisal) system like this' (D3)

'we sat down and we talked, and we've never formally sat down and talked before, so that was useful' (D6)

'I think the benefit was that we actually booked an hour, or so, to just sit down and talk and go through issues. I recognised that my associate was struggling in certain ways, which I could help her just by making some very minor adjustments' (D6)

'It’s very good...It’s a good process, it makes you think more what you’re doing, especially if you’re the appraisee because you’re really thinking 'what am I actually doing, how can I improve'? (D7)
Although some negative comments and concerns also surfaced, again particularly around the appraiser/appraisee dynamics:

'some people might not open up to a stranger doing it. I think that would have been my biggest barrier, if somebody completely random from another dental practice had gone ... I think, it would have limited what I would have got out of it... when somebody completely random comes in its difficult to trust, to open up to them ... especially when you’re telling someone who works down the road, ‘Yeah I’m not very good at this.’' (D2)

'I think there could be barriers if somebody has some real deep seated issues with their workplace, or their professional practice, or maybe even their personal situation' (D3)

'first of all, having another dentist passing judgement is an issue' (D6)

In terms of usefulness in preparation for PDP and CPD there were issues:

'we had these set goals, set objectives, but actually finding courses is very, very difficult. The courses around here are really poor and they’re very repetitive' (D2).

' is this whole appraisal system designed to make sure you’re properly educated, or is it for your general overall wellbeing and whether you are physically able, or mentally able, to do the job? I think that as far as developing your career we have to do compliance with our CPD and fill forms in, so we reflect on that each year, and this is why I wonder whether you need a dentist or whether you have somebody who is a proper counsellor/appraiser' (D6).

'I think the appraisee should say, ‘Maybe I need to look more into this kind of subject.’ And maybe go up to the appraiser and say, ‘I’m thinking of going on this course, what would you recommend then?’ And then take their advice from there' (D7).

'(using the appraisal form)’ part of our PDP’s effectively written for us now, isn’t it?' (D5)

When questioned about whether such an appraisal process could be applied at local, regional or national level, responses were mixed:

'I think the only question would be who would be doing the appraising ... I generally don't think there would be a problem, although there are a lot of single handed practices out there as well, and I don't know how that would work' (D1).

'if it’s a voluntary thing they (appraisees) wouldn't put themselves up for it, if they didn’t want to do it, would they? But it depends if it’s going to become compulsory' (D4).
'if you ask to make it more official then you have to go to other people's practices, or get somebody else to come and use surgery time. Then, yeah, that would be an issue' (D5)

'I think maybe for some dentists, who haven’t been doing this before, for them it’s going to be like a big thing, ‘Who am I being appraised by...Why am I being the appraisee?’ I think that might be a bit of a barrier, in some practices where they might be a bit more busy they might think time is a barrier' (D7)

'I do think peer review is obviously very important from a learning aspect and just developing...If other dentists and professionals were open to it then I think it would definitely be a good idea and I think I can see it working pretty well' (D8)

Overall, the impact of appraisal on practice was seen as being positive:

'I'm more likely to go for help now, really, because they’ve built that rapport up by discussing what our personal goals are, I can go to them and say actually, ‘You remember I wasn’t too keen on this? But what do you think of this?’’ (D2)

'It encourages communication and it makes you look critically at your working lifestyle and the problems you have and makes you think about solutions. Whereas until this had come along I will have probably just carried along with the problems and just managed them and not been very happy about it, but not actually got round to doing anything about it' (D4).

'Very pleased, I've got a lot out of it and it's making my working life easier, just the little changes we've made so I'm very pleased, glad I did it' (D4).

'It’s just highlighted certain things that I guess you already know, but it just brings it to the attention...A bit more to the forefront, as in going on more CPD courses, which specific areas to develop further and concentrate on, and even just to maintain what we’re doing already - that’s also important to highlight. So it definitely has been beneficial for both, to be honest' (D8).

3.3 Discussion and Analysis

Analysis of the data reveals that within the pilot study all dentists were positive towards their practice being appraised, with the results of these appraisals being used to develop PDPs and suggestions for CPD. Many believed that appraisal provided a successful method of stimulating professional development.

The positive outcomes of the appraisal process were numerous. Both appraisers and appraisees highlighted that appraisals had aided communication within their practice; this had enabled not only personal development, but also the wider development of procedures
within the practice. In some cases, appraisal had provided a vehicle for the open discussion of issues faced by the practice, stimulating their resolution. However, the major benefits were focused on the individual – appraisal provided a formal focus on issues faced by the individual, whilst the creation of a PDP captured these issues and stimulated their resolution within a specific timeframe. The close link between the creation of the PDP and the suggestion of CPD activities was welcomed by the majority of appraisees.

Despite the overwhelmingly positive aspects of appraisal, there were some concerns. Mostly these concerned the relationship between the appraiser and the appraisee – particularly if they were of markedly different status and experience. The majority of appraisees were comfortable with peer appraisal, or indeed with appraisal by someone senior within their practice - but felt that an ‘outsider’ would not be an appropriate appraiser. This related to concerns that the appraiser would not ‘know’ them, that the appraisal would be conducted for managerial rather than professional development reasons, and that issues within the practice might become known to a wider audience. The commercial sensitivity of some issues meant that they would not be shared with an appraiser who was not a member of the practice.

One major procedural issue raised by a number of respondents was the time available to conduct appraisal meetings. Many appraisers and appriasees felt that without sufficient time being ‘set aside’ for the appraisal meeting it would not be conducted well, although few commented on the time necessary to prepare or read appraisal documentation. In addition, some interviewees commented that the appraisal documentation was comprehensive, but in some places rather repetitive or not relevant to their particular circumstances.

The training that appraisers and appraisees had received about the appraisal documentation, the PDP and the way in which the appraisal meetings should be conducted was welcomed, although some felt that this could have been more detailed, or enhanced during the pilot study. In some cases the 'knowledge base' of the appraiser was brought into question, particularly with reference to their knowledge of relevant CPD courses locally.

3.4 Summary

Interviews with appraisers and appraisees in this pilot project indicate:
• Dentists involved in the study were broadly very positive about the need for appraisal to support their professional development.
• Appraisals, when successfully conducted, encouraged communication, planning for professional development, critical review of working practices, rapport with colleagues within the practice, problem solving, and resolution of work life balance issues.
• Finding time to conduct appraisal meetings was seen as a major procedural issue, although the time spent on completing appraisal documentation was only mentioned as a problem infrequently.
• The appraisal process was largely seen as being unproblematic. However, there were frequent comments about the relationship between the appraiser and appraisee - particularly if these were of markedly different status and experience. Most respondents felt that the appraisee and appraiser should both be resident in the same practice, and that the appraiser and appraisee should know each other.
• The act of writing the appraisal documentation and the PDP was seen as beneficial in highlighting issues and generating responses.
• Occasionally the 'knowledge base' of the appraiser was brought into question, particularly with reference to their knowledge of relevant CPD courses locally.
• Although the majority of participants had received initial training in how to appraise, some felt that this could have been more substantial.
• The format of the appraisal form (and PDP form) were welcomed, although some felt that its comprehensive coverage was slightly repetitious or contained elements that were irrelevant.
• Some questioned the overall purpose of appraisal, and the audience for the documentation, with regard to whether appraisal was predominantly for professional development or managerial purposes.
4. CONCLUSIONS

In conclusion, the dentists that took part in this research believed that an appraisal process was beneficial in supporting their professional development. Interview data reveals that, where successful, appraisals have had positive outcomes in encouraging communication, professional development, reviews of working practices, creating greater rapport between colleagues, problem solving and resolving issues of work life balance.

One of the most significant aspects in determining the success of the appraisal appears to be the nature of the relationship between the appraiser and appraisee. Most respondents felt that the appraisee and appraiser should already ‘know each other’, making the approach adopted during this research of conducting appraisals within practices very successful. The issue of the status and experience of the appraiser, compared to the appraisee, was commented upon regularly - most respondents believed that both participants in the process should work in the same practice, and that they should already know each other professionally. Peer appraisal appeared to be as successful as appraisals carried out between more senior and junior colleagues.

Preparation for appraisal meetings was important, with many respondents commenting on the necessity for appropriate appraisal training. Appraisal documentation was viewed as ‘fit for purpose’, although some commented on the detailed and sometimes repetitious nature of the paperwork. The PDP was successful in highlighting professional development issues and generating appropriate action, such as encouraging registration for CPD training. However, in some cases the 'knowledge base' of the appraiser was questioned, particularly with reference to their appreciation of relevant CPD courses locally to recommend to the appraisee.

Clarification of the overall purpose of the appraisal – whether it was predominantly for professional development or managerial purposes – was considered to be important. The audience for, and purpose of, the appraisal needs to be made clear from the start of the process.
The main procedural issue identified was finding sufficient time to conduct appraisal meetings, although interestingly the time spent on completing appraisal documentation was only infrequently mentioned as a problem. The process of conducting the appraisal meeting was largely seen as unproblematic.

Although the majority of participants had received initial training on how to appraise, some felt that this could have been more substantial. The format of the appraisal form (and PDP form) were welcomed, although some felt that its comprehensive coverage was slightly repetitious or contained elements that were irrelevant.

5. **Ways forward**

From this pilot project, if appraisal were to be comprehensibly rolled out, the following issues would need to be clarified:

1. **Training and support is vital for appraisers.** Education and support is key in making appraisal a success. There is a need for formal training in the appraisal process and helping appraisers increase their knowledge of CPD in the geographical area. Dental tutors could be a service of advice and information in this regard.

2. **Clarify the purpose of appraisal.** In this pilot, the voluntary nature of participation, encouraged appraisers and appraises to form cooperative pairings. However, there is cautiousness amongst dentists about a supportive professional development activity being used for managerial purposes. Encouraging further uptake of appraisal requires clarity on the use of the documentation.

3. **Edit/refine the documentation.**

4. **Provide advice and good practice on the appraisal process.** North Lancashire have set-up a website specifically for the establishment of an appraisal system. Their website is a useful source of knowledge and can be accessed at the following address - [http://www.northlancshealth.nhs.uk/nlancs_info.asp?zoneID=HP&catID=5&ID=HP52](http://www.northlancshealth.nhs.uk/nlancs_info.asp?zoneID=HP&catID=5&ID=HP52). Helpful advice is given here along with frequently asked questions.
REFERENCES


APPENDICES

Appendix 1:

APPRAISAL FOR GENERAL DENTAL PRACTITIONERS (GDP)

1. Introduction

Appraisal is a way of managing the performance of individuals. As a two way process it can provide feedback to both appraiser and appraisee whilst creating an opportunity to deal with issues that often remain unresolved in the process of daily work.

Appraisal should demonstrate that you value the contribution of the appraisee, are interested in maximising their performance, and wish to encourage their development to meet their potential.

2. Aims

There are four core aims of appraisal:

i. Personal development – appraisee’s future work; opportunities for training and development

ii. Performance – how the appraisee is doing; identifying where further progress can be made; what help might be given

iii. Communication – to share ideas and views

iv. Future work – to identify work priorities and expected results; consider solutions to problems; remedying areas of poor performance

3. Features of the appraisal system
i. Open – everyone who is involved in the appraisal process should understand how it works. As such, all involved should take part in an induction procedure. Both appraiser and appraisee should be frank and open in the appraisal, nothing recorded by the appraiser in the interview should be kept secret.

ii. Confidential – only the appraiser and appraisee should see the record of the appraisal

iii. Consistent – all appraisers and appraisees should follow the same procedures

iv. Objective – the appraisal interview should focus on actual performance, not generalisations

iv. Self directed – appraisees should be encouraged to contribute fully to the process, offering solutions to problems

v. Future oriented – to celebrate past performance as a means of identifying successes to be built on; to identify new opportunities

vi. Positive – problems and difficulties to be discussed so that solutions can be found and/or training offered

4. Conducting the appraisal

There are a series of steps necessary to conduct a successful appraisal:

i. Set a date – interviews should take one hour. Allow a minimum of five days’ preparation time before the interview.

ii. Arrange documentation – both appraiser and appraisee should have copies of the completed appraisal form five days before the interview. If there has been a previous appraisal, with objectives set, the record of this should also be available.

iii. Prepare for the interview – both appraisee and appraiser should plan what they want to discuss using the completed appraisal form Suggested questions for discussion can be prepared.
iv. Book the venue – this should be a mutually convenient/agreed location. The room should be private, comfortable and free from interruptions.

v. Conduct the interview – the appraiser should strive for an informal manner. The appraiser could start by:

- Explaining and confirming the purpose of the appraisal system
- Checking that all necessary documentation/appraisal forms have been shared
- Asking the appraisee for their own assessment of their performance

<table>
<thead>
<tr>
<th>Appraiser preparation checklist</th>
<th>Appraisee preparation checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I have copies of previous appraisal forms?</td>
<td>Are my objectives/targets clearly set out?</td>
</tr>
<tr>
<td>Have I reviewed performance over the last 6 months?</td>
<td>What are my priorities?</td>
</tr>
<tr>
<td>What are my impressions of the appraisee’s general strengths/weaknesses?</td>
<td>Am I accurately measuring my progress/achievements?</td>
</tr>
<tr>
<td>How can I help the appraisee resolve and weaknesses?</td>
<td>What has gone well/cause difficulties since my last appraisal?</td>
</tr>
<tr>
<td>What training/development needs does the appraisee have?</td>
<td>How can I resolve any difficulties?</td>
</tr>
<tr>
<td>In career terms what are my expectations?</td>
<td>What support, training and development needs do I have?</td>
</tr>
</tbody>
</table>

The appraiser and appraisee should jointly identify any training/development needs. Recommendations should relate to needs identified in the appraisal, or to future responsibilities that will require professional development.

vi. Record the appraisal – the appraiser should write up the interview on the form. This can be done during the appraisal itself, with an agreed final statement being written by the appraiser.

vii. Sign the form – both appraiser and appraisee should sign the form as a true record of the interview.

viii. File the form – the appraiser takes two copies of the completed form – one copy for the appraisee and one to be filed.

ix. Follow up – the appraiser should ensure that agreed action of taken by the appraisee. At an appropriate time (and well before next year’s appraisal) progress should be monitored.
This document has been influenced by Sandwell Primary Care Trust’s ‘Policy for Annual Appraisal for General Dental Practitioners and Other Dental Staff’, which is duly acknowledged.
Appendix 2:

**Pilot Dentists’ Appraisal form**

This form will provide the basis for your appraisal. It is partly based on the ‘Appraisal for General Practitioners working in the NHS’ form and the ‘Annual Appraisal for Dentists/Hygienists/Therapists’ form used by Sandwell PCT. It is compliant with the Clinical Governance criteria.

**Good Clinical Practice**

1. Good Clinical Care
2. Maintaining Good Dental Practice
3. Relationships with patients
4. Working with colleagues
5. Teaching and Training
6. Probity

The wording under each heading asks you to provide:

- A commentary on your own work
- An account of how your work has changed since the last appraisal
- Your views on your current development needs
- A summary of factors that may constrain you from achieving what you aim for

**It is not expected that you will have to provide exhaustive details of your work.**

However, you should convey the full span of your work as a dentist within and outside the NHS. The appraisal form acts as a starting point to stimulate discussion with your appraiser, which will be focused and purposeful. It should act as a stimulus to considering what you currently do and what you should do in the future.

Repetition should be avoided. Some sections can be filled in briefly, but please aim to be as accurate as possible. Other sections may require you to write more. Please expand the space for your response as necessary.
Completing this form is the main preparation for your appraisal meeting, so the value of this meeting depends upon it. If you feel you need to provide other supporting documentation please append this to the form, however the onus is not on you ‘proving’ what you do.

There are four forms:

**Form 1: Personal Details**

**Form 2: Supporting Documentation**

**Form 3: Summary of Appraisal Discussion with Agreed Actions**

**Form 4: Personal Development Plan (PDP)**

Forms 1 and 2 are completed before the appraisal discussion by the appraisee. You can, if you wish, add supporting documents.

Form 3 is completed during and after the appraisal discussion. This is the responsibility of the appraiser.

Form 4 is the Personal Development Plan (PDP) which is submitted to the PCT clinical governance staff to enable a GDP training needs analysis to be completed.
## Form 1: Personal Details

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Registered Address and telephone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Main practice address and telephone number (if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of PCT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NHS Contract No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Qualifications (with dates)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GDC Registration (with date)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Main current post in general dental practice (Principal/Associate/Assistant/ VDP)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Brief description of post/types of treatment undertaken</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other current posts (with dates)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other relevant personal details (eg membership of professional group or society)</th>
</tr>
</thead>
</table>
**Form 2: Supporting Documentation**

**1. Your Practice as a Dentist – Good Clinical Care**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you think are the main strengths and weaknesses of your own dental practice?</td>
<td>You might refer to any up to date audit data, clinical guidelines you use, reviews of practice, relevant guidelines, critical incident reports, complaints and records of their investigation, in house monitoring materials used.</td>
</tr>
<tr>
<td>How has the dental care you provide changed since your last appraisal?*</td>
<td>Refer, as appropriate, to your last appraisal and Personal Development Plan</td>
</tr>
<tr>
<td>What do you think are your dental care development needs for the future?</td>
<td>This is in preparation for agreeing an updated PDP</td>
</tr>
<tr>
<td>What factors in your workplace, or more widely, constrain you from achieving your aims for your dental work?</td>
<td></td>
</tr>
</tbody>
</table>
* If this is your first appraisal think back to last year

**2. Maintaining Good Dental Practice**

<table>
<thead>
<tr>
<th><strong>What steps have you taken since your last appraisal to maintain and improve your knowledge and skills?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>You might refer to your PDP or professional development portfolio, your practice development plan, peer reviews/audits, records of all CPD activity and other courses attended. Note any professional reading undertaken.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What have you found particularly successful (or otherwise) about the steps you have taken?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you find particular methods of learning more effective than others? How will you use this knowledge to approach maintaining good dental practice in future?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What professional and/or personal factors constrain you in maintaining and developing your skills and knowledge?</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>How do you see your career developing over the next few years?</strong></th>
</tr>
</thead>
</table>
### 3. Relationships with patients

**What do you think are the main strengths and weaknesses of your relationships with patients?**

You might refer to information you provide for patients about your services, any complaints materials, any appreciative feedback, patient survey data, significant event reports, peer reviews.

---

**Do you feel your relationships with patients have changed since your last appraisal?**

Refer, as appropriate, to your last appraisal and PDP.

---

**What would you like to do better? What are your development needs?**

This is in preparation for agreeing an updated PDP

---

**What factors in the workplace constrain you in achieving your aim for patient relationships?**
4. Working with colleagues

**What do you think are the main strengths and weaknesses of your relationships with colleagues?**

You might refer to the organisational structure of your work, records of peer review or systematic feedback, information about any problems that have arisen between you and colleagues.

**Do you feel your relationships with colleagues have changed since your last appraisal?**

Refer, as appropriate, to your last appraisal and PDP.

**What would you like to do better? What do you think are your current development needs?**

This is in preparation for agreeing an updated PDP

**What factors in the workplace constrain you in achieving your aim for your colleague relationships?**
* ‘colleagues’ include any staff you have regular work contact with e.g. dental nurses, technicians, receptionists, etc

5. Teaching and Training *(if applicable)*

<table>
<thead>
<tr>
<th><strong>What do you think are the main strengths and weaknesses of your work as a trainer?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>You might refer to any summary of your formal training or informal supervision/mentoring work. Refer to any recorded feedback.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Has your training work changed since your last appraisal? Do you think it has improved?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer, as appropriate, to your last appraisal and PDP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What do you think are your development needs with respect to your work as a trainer?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is in preparation for agreeing an updated PDP</td>
</tr>
</tbody>
</table>

| **What factors constrain you in achieving your aim in your training work?** |
6. Probity

What safeguards are in place to ensure propriety in your financial and professional affairs, research work, use of your professional position, etc. Have there been any problems?

Has this position changed since your last appraisal, or in the last year?

Do you feel this position needs to change? If so, how?

What factors constrain you in this area?
Management Activity

*Please describe any management activities you undertake which are not related to your practice. How would you describe your strengths and weaknesses?*

You may have already mentioned a role in your PCT for example, or advisory work undertaken, or a national position you hold.

*Do you think your management work has changed?*

Refer, as appropriate, to your last appraisal and PDP.
**What are your development needs?**

**What are the constraints?**

**Overview Form**

**Overview of your development during the year**

Look back over the previous sections. With your PDP in mind how well have you achieved the goals agreed last year? Where you did not succeed are the reasons clear?
Overview of your development needs

Please summarise what you think your main development needs are for the coming year. How will the reasons for not succeeding last year be overcome?

Overview of constraints

Please summarise the chief factors you have identified as addressable constraints.

Goals for the coming year/ Professional Development Plan

1.

2.

3.

4.
We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process.

It accurately conveys the appraisee’s position with regard to their development over the last year, their current development needs, and constraints.

Signed:

Appraisee

Appraiser

Date:
Based on ‘Appraisal for General Practitioners working in the NHS’ [www.doh.uk/appraisal] and ‘Annual Appraisal for Dentists/Hygienists/Therapists’ used by Sandwell PCT
Form 3: Summary of Appraisal Discussion with Agreed Actions

This form sets out an agreed summary of the appraisal discussion and a description of the actions agreed, including those forming your personal development plan.

This form will be completed by your appraiser and then agreed by you.

SUMMARY OF APPRAISAL DISCUSSION

Your practices as a Dentist- Good Clinical Care

Commentary

Action agreed
<table>
<thead>
<tr>
<th><strong>Maintaining good medical practice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commentary</td>
</tr>
<tr>
<td><strong>Action Agreed</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Relationships with patients</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commentary</td>
</tr>
<tr>
<td><strong>Action Agreed</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Working with colleagues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commentary</td>
</tr>
<tr>
<td><strong>Action agreed</strong></td>
</tr>
<tr>
<td><strong>Teaching and training</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Commentary</td>
</tr>
<tr>
<td><strong>Action agreed</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Probity</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commentary</td>
<td></td>
</tr>
<tr>
<td><strong>Action agreed</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Management activity</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commentary</td>
<td></td>
</tr>
<tr>
<td><strong>Action agreed</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Research</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commentary</td>
<td></td>
</tr>
<tr>
<td>Action agreed</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
</tr>
<tr>
<td>Commentary</td>
<td></td>
</tr>
<tr>
<td><strong>Action agreed</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Any other points</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Form 4: Personal Development Plan*
Using the template provided here, the appraiser and appraisee should identify key development objectives for the year ahead which relate to the appraisee’s personal and/or professional development. They will also include action identified in the summary above but may also include other development activities agreed or decided upon in other contexts. Please indicate clearly the timescales for achievement.

GDPs approaching retirement age may wish to consider their retirement intentions and actions that could be taken to retain their contribution to the NHS.

The important areas to cover are:

- Action to maintain skills and the level of service to patients
- Action develop or acquire new skills
- Action to change or improve existing practice
**PERSONAL DEVELOPMENT TEMPLATE**

This plan should be updated whenever there has been a change – either when a goal is achieved, or modified, or where a new need is identified. The original version should also be retained for discussion at the next appraisal.

<table>
<thead>
<tr>
<th>What development needs have I?</th>
<th>How will I address them?</th>
<th>Date by which I plan to achieve the development goal</th>
<th>Outcome</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the need.</td>
<td>Explain how you will take action, and what resources you will need?</td>
<td>The date agreed with your appraiser for achieving the development goal.</td>
<td>How will your practice change as a result of the development activity?</td>
<td>Agreement from your appraiser that the development need has been met</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sign off

We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Signed:

Appraiser

Appraisee

Date:
Appendix 3

Dentists’ Appraisal:

A Pilot Implementation Study

Participant Information Sheet

Purpose

GDPs are required to undertake 250 hours of CPD over a five year period. However, there is no compulsion to select CPD activity in relation to an analysis of learning needs although the Government’s strategy for CPD in the NHS gives strong support for the use of Personal Development Plans (PDPs). Dentists who choose to use a PDP are largely unsupported.

This project, commissioned by the Strategic Health Authority in the West Midlands/West Midlands Workforce Deanery, aims to recruit and train GDP appraisers (4) and prepare appraisees (12 to 16) for an appraisal process. A key part of the appraisal process will be about supporting reflection on learning and development needs. The appraisal process will be prepared, piloted and evaluated in the Telford PCT. Appraisal documentation will be guided by the medical protocol, other regional GDP pilots and informed by the GDC (2005) standards for dental professionals.

Method

The study will recruit four volunteer appraisers. All GDPs in the study PCT (Telford) are invited to take part. All taking part will be invited to an evening meeting where the appraisal process, roles and expectations will be outlined. Each appraiser will appraise 3 to 4 GDPs (total 12-16).

The core element of the study is the implementation of the appraisal process: appraiser and appraisee will agree a mutually convenient time to meet; before this meeting the appraisee will prepare paperwork giving information on current activities and areas for development. These documents are sent to the appraiser two weeks before the meeting. This information is discussed at the meeting and a PDP is completed.

Data sources for the evaluation will centre on feedback from the appraisers and appraisees. Appraisers will evaluate: quality of training, appraisal documentation, the process. A time diary will be completed. Appraisees
will complete parallel evaluations of each element (value of the appraisal system in developing a PDP and planning CPD; challenges and barriers to wider implementation).

All work will be undertaken in the period May 2009 to May 2010 with data collection (interviews) taking 4 – 5 half days plus a 30 minute interview. All data will be confidential to the research team and no individual will be identified in any report or publication. All participants will be anonymised in the interview. In line with the Data Protection Act 1998, once the data is collected, it will be stored on computer with access limited to the key researchers working on the project. The data will not be kept for any longer than is necessary. The data will only be used for the purposes of this study and there is no financial benefit to any of the organisations involved in the research project.

Participants will suffer no adverse consequences if they choose not to participate in the study (for example, in terms of their relationship with their employer) and the pilot appraisals will not be used to assess individual participants.

Benefits

The final report should contain information that can be used to inform decisions about the implementation of an appraisal process and how to better support the educational needs of dentists.

Contacts

Dr Graham Butt
G.W.Butt@bham.ac.uk
Tel : 0121 414 3467

Dr Natasha Macnab
n.a.macnab@bham.ac.uk
Tel : 0121 414 3464

Centre for Research in Medical and Dental Education
School of Education, University of Birmingham
Edgbaston, Birmingham B15 2TT
Appendix 4

SCHEDULE FOR INTERVIEWS WITH APPRAISEES

Introduction

*Introduce self and thank the participant for agreeing to take part in this study. Explain that the conversation should not take more than 30 minutes or so. Discuss the purpose of the interview - i.e. to explore their training needs, perceived benefits (including the value of the appraisal system in developing a PDP and planning CPD), challenges and barriers to wider implementation.*

Explain that all the data from the interviews will be treated confidentially and will be anonymised in subsequent reports. Answer any questions that participants may wish to ask. Request permission to tape record and give reassurance about the confidentiality of the data.

Section 1: Background

- Can you tell us a little about your dental background?
  - Are you a practice owner?
  - Full-time/part-time?
  - Any specific roles or responsibilities in the practice? Training roles?
Section 2: Overview of Appraisal Process

- What has your experience of being an appraisee been like?
  - How did the process work?
  - What was the relationship with your appraiser like?
  - How well has the role fitted within your dental role?
  - Any practical issues?

- What are your thoughts on the content of the appraisal form?

- Are there recommendations about the process and content?

Section 3: Overall Views/Reflections

- How pleased are you with the arrangement/your decision to be an appraisee?

- What have been the benefits of the appraisal process (explore the value of the appraisal system in developing a PDP and planning CPD)?

- Are there any challenges and barriers to wider implementation of an appraisal process?
• Has there been an impact on practice? (benefits, change in work of dentist)?

• Final thoughts/anything else to add?
SCHEDULE FOR INTERVIEWS WITH APPRAISERS

Introduction

*Introduce self and thank the participant for agreeing to take part in this study. Explain that the conversation should not take more than 30 minutes or so. Discuss the purpose of the interview - i.e. to explore their training needs, perceived benefits (including the value of the appraisal system in developing a PDP and planning CPD), challenges and barriers to wider implementation.*

Explain that all the data from the interviews will be treated confidentially and will be anonymised in subsequent reports. Answer any questions that participants may wish to ask. Request permission to tape record and give reassurance about the confidentiality of the data.

Section 1: Background

- Can you tell us a little about your dental background?
  - Are you a practice owner?
  - Full-time/part-time?
  - Any specific roles or responsibilities in the practice? Training roles?

Section 2: Overview of Appraisal Process

- What has your experience of being an appraiser been like?
  - How did the process work?
  - What was the relationship with your appraisee like?
How well has the role fitted within your dental role?

Any practical issues?

- What are your thoughts on the content of the appraisal form?
- Are there any recommendations about the process and content?

Section 3: Overall Views/Reflections

- How pleased are you with the arrangement/your decision to be an appraiser?
- What have been the benefits of the appraisal process (explore the value of the appraisal system in developing a PDP and planning CPD)?
- Are there any challenges and barriers to wider implementation of an appraisal process?
- Has there been an impact on practice? (benefits, change in work of dentist)?
- Final thoughts/anything else to add?