What could the NHS appraisal system contribute to revalidation in pharmacy?

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ABSTRACT

Aim
To explore current practice on appraisal systems for pharmacists and pharmacy technicians employed by NHS hospitals or primary care trusts and whether elements may lend themselves to revalidation.

Design
Questionnaire, based on published literature and telephone interviews.

Subjects and setting
Clinical governance leads in all 152 PCTs and 50 per cent random sample (n=85) of acute hospital trusts in England. Questionnaires were posted in October and November 2009, followed by two reminders.

Results
Response rates were 44 % (n=67) from PCTs and 33% (n=28) from hospital trusts. All hospital and 80% of PCT respondents stated that appraisal systems were in place. In both settings, these took place annually and were conducted by line managers. They tended to include a review of personal development and the identification of learning needs; a review of continuous professional development was common in hospitals (86%), but less in PCTs (47%). When asked about the potential adaptability of appraisals for revalidation, 46% of PCT and 66% of hospital trust respondents rated their appraisal system as adaptable. Although most respondents in both sectors had no (40% and 50%) or minor (25% and 19%) concerns about adding questions to appraisals for revalidation, some concerns were raised in open comments. These related to the currently supportive nature of appraisals and a potential conflict with revalidation assessment; appraisals conducted by non-pharmacy professionals was also noted.

Conclusions
Appraisals are commonly used in NHS organisations, and this study has provided useful insights into views on their adaptability to revalidation in pharmacy.

Independent review by Donaldson1 and Foster2 into the regulation of doctors and other non-medical healthcare professionals was followed by the publication of the White Paper “Trust, assurance and safety — the regulation of health professionals in the 21st century”.3 This White Paper tasked healthcare regulators, including the pre-September 2010 Royal Pharmaceutical Society — and now the General Pharmaceutical Council — with a requirement to implement a system of revalidation that has not previously existed.3 Revalidation aims to reassure the public and is generally described as the process that allows healthcare professionals to demonstrate to their regulator that they remain up to date and fit to practise.4,5 Possible components of a model for revalidation in pharmacy include the use of continuing professional development (CPD) portfolios and their monitoring and assessment, appraisals, or other sources of evidence, for the purpose of revalidation.

The undertaking and recording of CPD is embedded in the Code of Ethics6 and now the Standards of Conduct, Ethics and Performance7 and is a requirement for pharmacists and pharmacy technician registrants.8 There is some evidence that this form of revalidation may be acceptable and workable for the profession. However, further research will need to establish the possibility of effectively linking CPD records for revalidation purposes and that CPD can indeed assure professional competence, which has not been shown as yet.9–11

A devolved model of revalidation, with appraisals as a cornerstone, is the model adopted by the General Medical Council (GMC) in the form of a licence to practise for doctors. This was introduced in November 2009.12,13 All doctors wanting to practise in the UK have to hold such a licence that will need to be renewed periodically. The renewal will be underpinned by a system of revalidation and will have three main elements: participation in annual appraisal in the workplace, participation in an independent process for obtaining feedback from patients (where applicable) and colleagues, and confirmation from the responsible officer in their local healthcare organisation.

The GMC is in the process of developing a framework (for agreed generic standards of practice), based on ‘Good medical practice’,14 against which doctors’ practice can be appraised and assessed objectively. The framework will cover the domains of knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and maintaining trust, and will be a revised system of NHS appraisal.15

Annual appraisals for all doctors working in the NHS were introduced by the Department of Health in 2001.14 The appraisals were a formative process that aimed to identify development needs and to provide doctors with regular feedback on performance.17,18 They were normally conducted by a trained appraiser familiar with the work of the doctor and included clinical and non-clinical achievements, audit, training and education, and complaints.

The use of appraisals has been considered in a report by the pre-September 2010 Society revalidation advisory group to the Department of Health — “A draft model for revalidation in pharmacy” — as one possible component of a model for revalidation in pharmacy. Their workability depends on the engagement of employers.

More than two thirds of pharmacists work in community pharmacy,20 where there is little knowledge about appraisals. Appraisals for NHS employees, such as pharmacists and pharmacy technicians who work in NHS hospitals or primary care organisations, follow
the principles of the NHS Knowledge and Skills Framework (KSF). Indeed, Foster, when reviewing the regulation of non-medical healthcare professionals, proposed that a system of revalidation for NHS staff be based on the KSF. This framework defines the knowledge and skills all staff need to provide quality services in the NHS, and includes a development review to ensure staff are given the opportunity to learn and develop.

The aim of our study was to explore the existence and content of appraisal systems for pharmacists and pharmacy technicians employed by NHS hospitals or primary care organisations, and whether elements of them might lend themselves to a potential use for revalidation, possibly following some adaptation.

Method

A brief questionnaire was designed to explore whether appraisal systems are in place in primary care trusts and hospitals trusts in England; how frequently they are conducted; who conducts them and what is contained in them. Other questions explored whether respondents thought current appraisal systems could be adapted for the purpose of revalidation.

Space for open comments on the use of appraisal systems and revalidation was provided. The questionnaire was designed after a series of telephone interviews that were commissioned by the National Clinical Assessment Service. Evidence from the literature on the use of appraisals and revalidation also informed questionnaire design.

Comments on the content and clarity of question and answer categories were sought, initially, from pharmacist colleagues. The questionnaires were then piloted with a small number of pharmacists working in PCTs and hospital trusts, following which some minor changes were made.

The study was viewed as service evaluation and development by the National Research Ethics Service and therefore did not require ethics committee approval. This view was endorsed by the university ethics committee.

The questionnaire was initially sent by post in October 2009 and addressed to clinical governance leads in all 152 PCTs in England. In November 2009, the postal questionnaire was sent to clinical governance leads in a 50 per cent random sample (n=85) of acute hospital trusts in England. Community and mental health trusts were excluded to ensure that a "true" secondary care perspective was captured.

Clinical governance leads were contacted initially, because they are responsible for continuously improving the quality of services and safeguarding high standards of care. Their remit includes appraisals, in particular dealing with issues of (poor) performance. The idea of the questionnaire was to provide an employer/appraiser perspective, rather than that of individual appraisees.

A postal reminder survey was sent four weeks after the initial mailing to all non-responders in both groups.

Non-responding PCTs were contacted by telephone to obtain the name and contact details of the medicines management leads or the clinical governance leads. Subsequently, these named individuals were emailed or mailed another survey for completion 10 weeks after the initial survey mail-out.

The covering letter accompanying this first reminder to hospital trusts recommended that clinical governance leads contact their chief pharmacists if they were more closely involved with pharmacists’ performance and appraisals. The hospital trust survey was mailed to chief pharmacists of all the non-responding hospital trusts 10 weeks after the initial survey mailing.

Medicines management pharmacists in PCTs and hospital chief pharmacists were approached for reminders following feedback that responsibility for pharmacy professionals’ appraisals and performance was often delegated to them.

Data analysis

Data from all questionnaires were entered onto, and analysed, using SPSS software. No statistical comparisons between PCTs and NHS hospital trusts were carried out owing to small sample sizes, especially from hospital trusts. However, findings from PCTs and NHS hospital trusts are presented alongside each other, to facilitate comparison across these types of organisations. When presenting quantitative findings, frequencies and valid percentages are given.

Open comments from respondents were transcribed verbatim and grouped under similar themes.

Results

Following all reminders, 67 responses were received from PCTs and 28 from hospital trusts, giving response rates of 44 per cent and 33 per cent, respectively.

Table 1: What is contained/discussed in the appraisal

<table>
<thead>
<tr>
<th></th>
<th>Primary care trusts Per cent (n)</th>
<th>Hospital trusts Per cent (n)</th>
</tr>
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<tbody>
<tr>
<td>Review of progress on personal development plan since last appraisal</td>
<td>98 (52)</td>
<td>100 (28)</td>
</tr>
<tr>
<td>Identification of learning and development needs</td>
<td>96 (51)</td>
<td>100 (28)</td>
</tr>
<tr>
<td>Agreement on personal development plan</td>
<td>98 (52)</td>
<td>100 (28)</td>
</tr>
<tr>
<td>Performance</td>
<td>94 (50)</td>
<td>97 (27)</td>
</tr>
<tr>
<td>Knowledge and Skills Framework</td>
<td>n/a*</td>
<td>89 (25)</td>
</tr>
<tr>
<td>Review of continuing professional development log/record</td>
<td>47 (25)</td>
<td>86 (24)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (5)</td>
<td>14 (4)</td>
</tr>
</tbody>
</table>

*Questionnaires for primary care trusts did not contain this option

Table 2: How adaptable is the current appraisal system for revalidation?

<table>
<thead>
<tr>
<th></th>
<th>Primary care trusts Per cent (n)</th>
<th>Hospital trusts Per cent (n)</th>
</tr>
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<tbody>
<tr>
<td>1 (not at all adaptable)</td>
<td>15 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>2</td>
<td>14 (7)</td>
<td>12 (3)</td>
</tr>
<tr>
<td>3</td>
<td>25 (13)</td>
<td>23 (6)</td>
</tr>
<tr>
<td>4</td>
<td>33 (17)</td>
<td>38 (10)</td>
</tr>
<tr>
<td>5 (very adaptable)</td>
<td>13 (7)</td>
<td>27 (7)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (52)*</td>
<td>100 (26)*</td>
</tr>
</tbody>
</table>

*One respondent did not provide an answer, †Two respondents did not provide an answer

Table 3: Attitudes to adding questions to appraisals for revalidation

<table>
<thead>
<tr>
<th></th>
<th>Primary care trusts Per cent (n)</th>
<th>Hospital trusts Per cent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No concerns</td>
<td>40 (21)</td>
<td>50 (13)</td>
</tr>
<tr>
<td>Minor concerns</td>
<td>25 (13)</td>
<td>19 (5)</td>
</tr>
<tr>
<td>Moderate concerns</td>
<td>23 (12)</td>
<td>16 (4)</td>
</tr>
<tr>
<td>Major concerns</td>
<td>12 (6)</td>
<td>15 (4)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (52)*</td>
<td>100 (26)*</td>
</tr>
</tbody>
</table>

*One respondent did not provide an answer, †Two respondents did not provide an answer
Appraisal systems currently in place

Respondents were asked to select whether appraisal systems were in place within their organisation. All respondents from hospital trusts stated that they had put in place appraisal systems for pharmacists and pharmacy technicians. Most PCTs (80 per cent) said they had an appraisal system in place, though in some it was only for pharmacists (30 per cent), while in others it was for both pharmacists and pharmacy technicians (50 per cent).

The following analyses of questions that refer to the use of appraisals will only examine those respondents from PCTs that reported that they had an appraisal system in place (n=53), either for pharmacists or for pharmacists and pharmacy technicians.

Respondents were asked who is responsible for conducting appraisals. The question gave the options of “line manager”, “clinical governance lead” or “other”, but all respondents from PCTs and hospitals trusts chose “line manager”.

Most respondents from PCTs (n=51; 96 per cent) and hospital trusts (n=21; 75 per cent) reported that appraisals were conducted about every 12 months. In some of the remaining PCTs (n=1) and hospital trusts (n=6), appraisals were conducted about every six months. Other responses provided by both groups of respondents indicated that appraisals were conducted less frequently in PCTs (n=1, 2 per cent) and hospital trusts (n=1; 4 per cent), sometimes every 18 to 24 months. A small number of respondents from PCTs (n=1) and NHS hospital trusts (n=2) reported that in addition to an annual appraisal, a review was conducted every six months. No respondent from either PCTs or hospital trusts said appraisals were conducted in response to an incident or complaint.

Respondents were asked what was contained or discussed in appraisals: options and responses are listed in Table 1. Respondents were asked to tick all options that applied. They also had the option of providing a brief description of other details discussed within the appraisal system. A review of progress on the personal development plans of pharmacists/ pharmacy technicians was always contained in the appraisals, as was identification of learning and development needs, an agreement on a personal development plan, and a performance review. A review of the appraisee’s CPD log/record was part of the appraisals in most (86 per cent) NHS hospital trusts. However, this was not routine practice among responding PCTs, where less than half (47 per cent) stated that a review of the CPD log/record was part of the appraisal. In NHS hospital trusts, the KSF was usually incorporated in an appraisal, but this option had not been included in the PCT survey.

Other responses were provided by five PCT and four hospital trust respondents. Some commented that objectives were set in the appraisal (PCT n=3; hospital trusts n=2). One PCT respondent and one hospital trust respondent said that meeting the requirements of the job description was contained in the appraisal. One further PCT respondent said that non-work issues were discussed and one hospital trust respondent stated that only the KSF was used as evidence.

Adaptability of current appraisal for revalidation purposes

Respondents were asked whether they thought their current appraisal system could be adapted for the purpose of revalidation, that is the positive affirmation of a pharmacist’s or pharmacy technician’s fitness to practise. A five-point scale ranging from “not at all adaptable” (1) to “very adaptable” (5) was used, and responses can be found in Table 2. Almost a quarter of respondents from PCTs and NHS hospital trusts rated the adaptability of their current appraisal for revalidation purposes mid-range (3). In PCTs, more respondents (46 per cent) responded with a 4 or 5 rating, suggesting their current appraisal system was adaptable to some extent or very adaptable. Approximately 29 per cent of PCT respondents did not see their current appraisal system as adaptable (responding with 1 or 2). Most (65 per cent) respondents from NHS hospital trusts indicated that their current appraisal system was adaptable, providing responses of either 4 or 5. Only 12 per cent of respondents from this sector reported that their current appraisal system was not very adaptable for revalidation purposes (2), but nobody responded that they were not at all adaptable (1).

A further question asked respondents to consider how they would feel about incorporating additional questions into appraisals for the purpose of revalidation. Respondents could rate their concerns, ranging from “no concerns” to “major concerns”. The data obtained from this section of the questionnaire are in Table 3. The response type that received the highest percentage of respondents’ selections from both PCTs and NHS hospital trusts was “no concerns” (40 per cent and 50 per cent, respectively). The smallest proportion of respondents noted that they had minor or moderate concerns about these proposals rather than major concerns. A smaller proportion of respondents from PCTs (12 per cent) indicated that they had “major concerns” with this proposal, while 15 per cent of hospital trust respondents had “major concerns”.

Open comments about the use of appraisal systems for the purpose of revalidation

The final section of the questionnaire allowed respondents to make open comments about the use of appraisal systems for the purpose of revalidation. Nearly half of PCT respondents (n=24; 45 per cent) and half of hospital trust respondents
managers were pharmacy professionals, or if it

The findings from the responses gathered from NHS PCTs and hospital trusts, it appears that there may be some scope to consider the use of appraisals for revalidation, but some questions would need to be explored further. These include, for example, any specific requirements appraisers would need to satisfy, such as their background and experience of the particular sector of practice, as well as training to ensure consistency.

Further questions will concern issues of objective assessment and the ultimate responsibility for a revalidation assessment and feeding this back to the GPhC. The latter is the responsibility of the responsible officer for doctors, but no such structure is in place or being considered for pharmacy.

Finally, it is worth noting that these findings and conclusions only apply to pharmacy professionals employed in the NHS managed sector. Further pieces of work commissioned by the pre-September 2010 Royal Pharmaceutical Society are now managed by the GPhC. They were undertaken by the authors in other sectors employing pharmacy professionals, in particular community pharmacy, the pharmaceutical industry and academia.

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References