

Evidence from Professional Appraisals?

We learn more about the governors than the governed

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Professional Appraisals have become often absurdly complex, cumbersome and remote, and then blindly authoritarian. Now they obscure and destroy more than they can assure. What, then, do Appraisals tell us?

At their beginning, several years ago, GP Appraisals had some integrity: sufficient brevity, flexibility and latitude to allow for intelligent dialogue and discernment. For example, my first Appraiser sat in on a surgery consultation: I still remember an ensuing conversation that was both stimulating and searching. This was worthwhile, yet its kind would not survive.

For management plans could design much more: standardisation, quantification, comprehensiveness and electronic expedience. But this 'progress' has unleashed something quite different: we now have a massively demanding and expensive *Assessment Toolkit*. Like a malignant tumour, this may have arisen from healthy tissues, but has now grown into a life-depleting alien. Unresponsive to integrating servomechanisms it has expanded to displace, compress or destroy the healthy surrounding host tissues.

This unintended transformation is widely acknowledged. My own experience is common amongst senior practitioners, and a good example. So, my enduringly excellent patient feedback and long and still-burgeoning academic output are readily evident, but not the 'right' kind of evidence – I must now submit detailed learning diaries, professional development plans and audits. In forty-five years of mostly highly esteemed medical practice I have never done these things. Consequently I am struggling and demurring: the authorities are circling.

I asked a recent Appraiser to sit in with me, to witness my work *In Vivo*. No, he said, this was now forbidden – only computer designated *In Vitro* 'evidence' could be offered. This seemed to me a madness of abstraction: what I *say* about what I do has become more important than directly *witnessing* what I do.

What sort of 'evidence' is this? Surely it tells us more about the governors than the governed.

This is widely realised, but communicated mostly in private, rarely in public: dissent could be professionally hazardous. In addition, governmental plans have their own economic and institutional momentum: investments have been considerable – retrenchment will be resisted.

Yet however flawed our current system of Appraisals, it remains blessed by superficially impressive appearance: formidably complex, standardised and apparently precise and objective. The avoidance of human vagaries and subtle individual discrimination promises slick administration, too. In our current commercialised culture of Internal Markets in healthcare, surely we have here some sales opportunities that we can export to other government departments.

Here is an example: the NHS could sell its GP Appraisal Toolkit model to the DVLA to modify and then apply to its driving tests. The radical idea would be to help the DVLA to short-circuit the need to examine *actual* driving and instead survey the driver's electronically proffered *statements* about their driving and the background evidence.

So, instead of accompanying the candidate while driving, the candidate would, for example, be required to provide:

- evidence of a thorough acquaintance with the Highway Code and details as to how this is refreshed in discussion with other drivers
- detailed and reflective analysis of two written complaints from other drivers
- a similar account of three near mishaps in the last year
- three descriptions of expletivised misunderstandings with other road users and how these were resolved and later understood
- written statements from fifteen acquaintances who can testify the driver's safety, reliability, competence and consideration for others
- an audit of failed parking manoeuvres with actionable learning points.

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Absurd? We need a hard look at our own systems.

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