

Competence or Compliance?

The corrosive cost of professional practitioner Appraisals

David Zigmond

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Current Appraisal systems sacrifice more of value than they can assure.
Clarifying why and how this happens gives us wider insights into our ill-
faring Welfare.

'The more laws, the less justice'

German Proverb

Some healthcare management axioms seem incontestable: all our healthcarers should have a good standard of human and technical competence; these should then be held within a firm frame of moral probity. Therefore we need *systems* for professional appraisals, then validation.

Such is the easier rhetoric. But the meaningful implementation is proving much trickier. Generally, only those who administer the current system talk with conviction about its relevance or validity: the captive practitioners talk instead of obstructive rituals of submission, of unwisely prescriptive authority, and of a growing culture of forensic mistrust, even pre-emption.

This is not what was intended. What has happened and why? This decade-spanned portrait may clarify.

2005. An early Appraisal

I was asked some sensible questions on a paper form which I completed in careful free-text, writing with a favourite fountain pen. What was required was not tediously long or complex: my experience was meditative and calmly satisfying. Dr K, my Appraiser, liked my idea of joining me in a morning surgery: she sat with unintrusive but close attention as I encountered a wide range of human, administrative and biotechnical problems.

Later, over a light lunch, she asked thoughtful and searching questions about how I make my decisions and then, more broadly, what guides and fuels me to do so: my ethos, my resilience and my Mojo.

I liked this Appraisal: we generated and sustained a dialogue that was colleagueial and intelligently discriminating. Through this I sensed that the nature of my practice, and myself as a practitioner, were sharply but imaginatively perceived and understood. Dr K was resonant but not at all collusive. 'Thankyou', she had said on leaving 'it has been very interesting

seeing how you approach these problems. You have given me much to think about in my own practice, too.'

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Yet such human discrimination was too intelligently fragile to survive.

In the last ten years, administrators, academics and management consultants have all refined our new Shibboleths of systemisation and standardisation. Such mandates can then vaunt a comprehensiveness assuring fail-safety. To keep all this on track requires elaborate computer systems: these become the automated executives – to specify, prescribe and monitor compliance from all.

Such mass-management is certainly achieving compliance of a kind. More certain are the financial costs. Is this worthwhile? And are there other, more serious, costs?

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2015. A contemporary Appraisal

By now the civic engineers and their administrators have implemented our more extensive, comprehensive and standardised system. In General Practice it is called an 'Appraisal Toolkit': the term implies a depersonalised world of defined and atomised tasks, all subsumed to a Masterplan.

Entering this Cyberland makes explicit the many tasks for submission. Dozens of boxes require answers to electronic interrogation. There are systems of quantification for diarised professional and educational meetings and study time. Rigid formats ensure 'correct' plans for professional development and patient complaints.

This mandated system of thinking and responding is very different from my long *modi operandi*: I have never had such development or study plans or diaries. Despite (I think because of) my professional self-motivation and

autonomy I have had an exemplary professional record as a frontline practitioner. For several decades I have had negligible contention with patients, consistently high satisfaction rates and an esteemed creative academic output. Is this not substantial *in vivo* evidence of my competence, to learn and to do?

I ask Dr L, my new Appraiser, if he will join me in a surgery session, to sample such evidence. He demurs, explaining that we must stick to the Toolkit format: improvisation is forbidden.

‘What?’ I say, ‘the system is not interested in what I actually *do*, only what I *say* I do: self-constructed statements. Isn’t that a madness of abstraction?’

Dr L: ‘I don’t make the rules and nor do you. Most of us may agree with you, but are wise enough to know when to be quiet. Just do it; we’ve all got to. That’s the way it is.’

‘How have we become so passively compliant, so impoverished of autonomous spirit and intellect as a profession?’ My question may be rhetorical, but Dr L’s answer is more interesting.

‘Well, we have all become more nervous and mistrustful. So everyone is trying to stop or prevent bad things happening – or at least make gestures to pass muster. So, the public look to the politicians who turn to planners and experts who prod executive bodies who then have to micromanage the practitioners ... And here we are!’

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Where is that?

Our welfare services are unprecedentedly stymied by low-moraled dissatisfaction, wearied antipathy and alienation.

The perverse evolution of our professional Appraisals is a microcosm of what has happened and why. Smaller still, the lines of dialogue above are like a biopsy: they bespeak risks and losses far beyond.

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