



## Wellbeing in Appraisals

### Purpose

The purpose of this document is to help all those involved in the process of professional appraisal get the best benefit out of the wellbeing element of the process. It is aimed at all members who are subject to professional appraisal, including those who are appraisers.

### Background

The professional appraisal process required by the GMC, GDC and UKPHR does not include a specific requirement to address an appraisee's wellbeing. However, exploring the wellbeing of a member appraisee has always been part of the appraisal process, because we recognise it as a critical factor impacting on the appraisee's professional effectiveness and their ability to continue to develop professionally and personally. Promoting the wellbeing of professionals is also a core element of the values underpinning public health practice and a strategic focus for the FPH.

Appraisees are required to ensure that they are fit to undertake their duties. Public health practice is demanding and carries pressures and risks to individual professionals which must be avoided or mitigated. It is notable that the latest version of the [GMC's Good Medical Practice](#) states: 'Take care of your own health and wellbeing needs, recognising and taking appropriate action if you may not be fit to work', and the [Faculty's Good Public Health Practice 2024](#) states: 'You should try to take care of your own health and wellbeing, recognising if you may not be fit for work'. But these are minimal standards and the aspiration of the FPH is to support the highest possible levels of wellbeing for members.

During the COVID-19 pandemic, wellbeing was introduced as a specific section in the appraisal documentation, and in this way became a more formal part of the appraisal process. Most platforms for appraisal include a simple rating scale and space for a reflective note.

Unlike other elements of the appraisal process, it is not based on UKPHR, GDC or GMC requirements, so appraisees have discretion about whether they engage with this part of the process. However, they are strongly encouraged to as it is an important factor in relation to professional effectiveness and all public health professionals deserve the same care, respect, kindness and support that they offer to the communities that they serve.

### How to approach this part of the appraisal documentation and discussion?

#### *From the appraisee's point of view*

As with every other part of the appraisal process, it is an opportunity to review and reflect on how one is doing and if there is anything that can be improved. Unlike most other aspects of the appraisal

process, this area potentially explores aspects of one's personal as well as professional life. It is up to the individual to decide what boundaries to set remembering that, except in exceptional circumstances, the appraisal discussion is confidential.

It is worthwhile thinking about whether things are getting better, worse or staying the same. It is also worth thinking about the factors that are contributing to, or undermining, your wellbeing, both work-related and other factors.

### ***From the appraiser's point of view***

This is an important element of the appraisal. A higher level of wellbeing is not just good for the appraisee professionally and personally, it means that the appraisee can better serve the needs of their population, patients and clients. Even when a high level of wellbeing is reported, it is worth exploring what can be done to secure this situation and ensure that any risks are mitigated. As with the other domains of the appraisal, it is important to offer the appraisee affirmation for successfully maintaining and improving their wellbeing. Sometimes the process will be one of 'allowing (or giving permission for) the appraisee to look after themselves'.

The appraiser should work in partnership with the appraisee to support them in improving their wellbeing. Together they should explore ways to secure and improve the appraisee's wellbeing, using the same tools that are used to explore other areas of the appraisal. The role of the PDP is described below.

## **Boundaries**

As described above, appraisees are not required to engage with this part of the appraisal, but it is hoped that they will. The meaning of someone being unwilling to engage can be highly varied and personal. Whilst respecting the confidential nature of the appraisal discussion, such instances are worth discussing with the Lead Appraiser/RO.

It is exceptional for an appraisee to present an issue that raises a safeguarding concern. But when this happens it is one of the few situations where the appraiser should break the confidentiality of the appraisal discussion. Examples of the type of concern include disclosures of the intention to self-harm; domestic abuse; serious untreated illness; and serious workplace bullying (including problems like sexual harassment / assault). This list is not exhaustive. In these circumstances the appraisee must inform the Lead Appraiser/RO so that appropriate safeguarding action can be taken.

If there were other issues which could prevent the appraisee from undertaking their role as safely and effectively as they would wish, the appraiser may wish to seek the agreement of the appraisee to discuss an issue with the Lead Appraiser/RO. Examples include less serious workplace bullying or harassment; significant distress; mild / moderate psychological dysfunction / mental illness; minimally harmful substance abuse; inadequate organisational support for long term illness or carer responsibilities; again the list is not exhaustive. It is always the role of the appraiser, and for GMC registrants also the RO, to be supportive.

## **PDP**

As with the other appraisal domains, the key output of the process for the appraisee is a set of SMART PDP objective(s). Not every appraisal will result in wellbeing-related PDP objective(s), but a wellbeing-related objective should be considered in every appraisal. The benefit, as with all PDP objectives, is it helps the appraisee consciously prioritise their development activities.

That are several concepts that are helpful. No PDP objective should have a significant risk of undermining an appraisee’s wellbeing. Often objectives can be built on activities that the appraisee is already undertaking or considering. Objectives that address personal or professional isolation, increase time outdoors and physical activity are commonly identified and there is evidence to support their likely positive impact. More resources are being developed on the [wellbeing pages](#) on the FPH website.

It is important that objectives are achievable, as specific as possible and preferably measurable. Some examples are suggested below:

What	How	Measure outcomes
Increase physical activity	Use bicycle for most short journeys	For ordinary cyclists – provide a month by month ‘audit’ of cycling activities, for keen cyclists – include Strava log in supporting information for appraisal. In both cases with brief reflective note
Reduce exposure to harmful stressful work related (and other) experiences	Reflect (where appropriate with, mentor, buddy, trusted colleague) on stressors and plan mitigation.	Short reflective note on process including impact and next steps.
Improve emotional wellbeing by increasing involvement in voluntary and community activities	Become more involved with a scheme to visit the isolated elderly in their homes	Reflective note describing level of engagement and outcomes for the elderly beneficiaries and self
Increase time available for reflection and mindfulness	Re-establish overgrown vegetable garden	Note describing what was harvested and short reflection on the achievement of the mindfulness part of the objective <i>[Note – this appraisee’s subsequent PDP objective was to become self-sufficient in vegetable supply]</i>
Improve control of type 2 diabetes	Ask GP practice nurse for support developing a plan and execute	Reduce HbA1c from 52 to 46, short reflective note on what was learnt from this process and next steps <i>[Note – this appraisee’s subsequent PDP objective was to become a diabetic in remission]</i>