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<td>27 February 2009</td>
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<td><strong>Date issued:</strong></td>
<td>31 March 2009</td>
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<tr>
<td><strong>Expiry date:</strong></td>
<td>31 March 2012</td>
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<tr>
<td><strong>Review date:</strong></td>
<td>31 March 2011</td>
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<td><strong>Lead Executive/Director:</strong></td>
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<td><strong>Target audience:</strong></td>
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CONTRIBUTION LIST

Key individuals involved in developing the document

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WORCESTERSHIRE PRIMARY CARE TRUST

STAFF AND ASSOCIATE SPECIALIST DOCTORS / SPECIALTY DOCTORS / NON CONSULTANT CAREER GRADE DOCTORS APPRAISAL SCHEME

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1. Introduction

The development of clinical governance in the NHS and the proposals by the GMC for revalidation of doctors has underlined the need for a comprehensive annual appraisal scheme for medical and dental staff. Appraisal has become a contractual requirement for all staff and associate specialist doctors (SAS) / Specialty doctors and non consultant career grade doctors and will also be the vehicle used by the GMC for revalidation. Appraisal should not be used to address serious concerns or performance issues, which should be addressed in a timely way using appropriate PCT policies.

This Scheme sets out the framework for the preparation and conduct of the appraisal and should be read in conjunction with Advance Letter (MD)05/02.

The term ‘Medical Director’ is used in this policy to cover whoever has the PCT responsibility for this role.

2. What is Appraisal?

Appraisal is not assessment, but is a complementary approach focusing on the doctor and his/her professional needs. It allows the appraisee to make a formal request for resources to refine skills, and explore new areas. It allows optimisation of the use of the appraisee's skills and resources in seeking to achieve the delivery of service priorities. It is a forward looking, formative process for informing the development and educational needs of the individual. It is a supportive process which is separate from, but feeds into, the job planning process.

Appraisal should be an ongoing process but incorporating an annual review for SAS / Specialty doctors and non consultant career grade doctors. This should be a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved.

It will be the individual clinician's responsibility to keep their own portfolio of data as supportive evidence as part of this process and in meeting threshold and pay progression requirements.

The portfolio of supportive evidence (PSE) provides a basis for evaluating and reflecting on key areas of activity within an individual job. The PSE should be collected throughout the year and is derived from information provided by both the appraisee and the PCT (by agreement). The contents of the PSE can be either drawn from third party systems such as internal IT systems, or from written evidence provided directly by the appraisee.

All staff involved in conducting appraisal will need structured formal training, which the PCT will provide. It is a positive employer led process to give feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward-looking process essential for the development and educational planning needs of an individual. It should generate targets to measure achievement over specified periods.
The aims and objectives of the appraisal scheme are to enable NHS employers and SAS / Specialty doctors and non consultant career grade doctors to:

- Review regularly an individual’s work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources;
- Optimise the use of skills and resources in seeking to achieve the delivery of service priorities;
- Consider the individual’s contribution to the quality and improvement of services and priorities delivered locally;
- Set out personal and professional development needs and agree plans for these to be met;
- Identify the need for the working environment to be adequately resourced to enable any service objectives in the review to be met;
- Provide an opportunity for the individual to discuss and seek support for his/her participation in activities in the wider NHS;
- Identify and support the active and continuous improvement of the knowledge and skills of individual doctors.
- To shape the training and development plans for individual doctors.
- Utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.
- To assess and agree pay and threshold progression.

Appraisal will be a contractual requirement for all SAS / Specialty doctors and non consultant career grade doctors and is linked closely with job planning arrangements. The appraisal process and the meeting will provide the opportunity to draw together information from which the job plan and work programme are shaped.

Critically, appraisal is a two-way process that identifies current levels of skills and knowledge, and determines key areas for improvement.

3. Who will appraise?

Chief Executives are responsible for the appraisal process and must ensure appraisers are properly trained for the role and can appraise clinical performance, service delivery and management issues. A senior medical or dental practitioner who is a registered medical/dental practitioner will be required to carry out the appraisal. This will usually be a Clinical Director, Lead Consultant or a named consultant. Where this is impracticable, other colleagues who have the support of their Clinical Director, the confidence of their colleagues and who have attended appropriate training can act as appraisers. Where there is a recognised incompatibility between the proposed appraiser and appraisee the Chief Executive will be responsible for nominating suitable alternatives which must include an appropriate, trained SAS / Specialty doctors and non consultant career grade doctor who carries the confidence of the PCT management. The appraisee must accept one of these alternatives. The final model will be decided by each organisation and will depend upon its management arrangements.

The Medical Director will be responsible for monitoring any necessary action identified during the appraisal is carried out. Appraisers will be required to submit details of any action considered necessary to the Medical Director.

Where an individual works for more than one NHS Organisation it is the responsibility of the lead NHS Organisation to organise the appraisal. In these instances two or more NHS Organisations might collaborate to ensure that an appraiser is available to contribute to the appraisal process.
4. Appraiser

The role of the appraiser is a professional task that facilitates the identification of the development needs of the appraisee.

Key tasks include:

- To undertake the formal appraisal training organised by the PCT
- To be responsible for the appraisal of an agreed number of appraisees over an annual cycle
- To undertake the setting of appropriate dates and times for appraisal with the appraisee
- To review and evaluate the portfolio of supporting documentation pertaining to each individual appraisal
- To facilitate the process of reflection with individuals to identify their development needs
- To agree an achievable Personal Development Plan (PDP) with the appraisee
- To evaluate whether progress over the annual cycle in the completion of the previously agreed PDP is of an adequate standard
- To co-ordinate documentation including appraisal summary and PDP, and ensure copies are made available to the medical director
- To monitor the outcomes of this PDP with the appraisee through brief contact at 4-6 month periods
- To abide by the agreements in this policy

The appraiser only has professional accountability within the appraisal framework defined in this policy. The appraiser is not accountable for individual appraisee’s actions that take place outside the direct appraisal process that have not been identified within the agreed information provided.

5. Appraisee

The role of the appraisee is to identify and remedy personal development need through active engagement in the appraisal process. Key tasks include:

- To maintain the personal development record/portfolio
- To undertake the setting of appropriate dates and times for appraisal with the appraiser
- To complete and submit the appraisal proforma to the appraiser in the agreed timescale
- To be open to the process of reflection facilitated by the appraiser to identify individual development needs
- To agree an achievable PDP with the appraiser
- To complete the agreed PDP over the annual cycle
- To discuss progress with the PDP with the appraiser through brief contact at 4-6 month periods
- To abide by the agreements in this policy

6. What areas will the appraisal cover?

The topics covered will be the core headings from the GMC’s “Good Medical Practice” document together with any relevant local management or service delivery issues. The core headings are:
• Good clinical care
• Maintaining good clinical practice
• Relationships with patients
• Working with colleagues
• Teaching and training
• Probity
• Health

SCHEME CONTENT

Clinical Performance

This focuses on all clinical aspects of the individual's work including data on activity undertaken outside the immediate NHS employer. This should include:

1. Clinical activity with reference to data generated by audit, outcome data, and recorded complications, with discussion of factors influencing activity, including the availability of resources and facilities; Public Health will need to agree how it provides data relating to its clinical activity

2. Professional relationships with patients and colleagues and team working.

3. The use and development of any relevant clinical guidelines

4. Concerns raised by clinical complaints, which have been investigated. If there are any urgent and serious matters which have been raised by complaints made but which have not yet fully investigated, these should be noted. The appraisal should not attempt to investigate any matters, which are properly the business of other procedures e.g. disciplinary;

5. Continuous Professional Development (CPD) including the updating of relevant clinical skills and knowledge through CME;

6. Risk Management and adherence to agreed clinical governance policies of the PCT and suggestions for further developments in the field of clinical governance;

Teaching and Research Activities

Review of quantity and quality of teaching activity - to junior medical staff, medical undergraduates, non-medical health professionals, and postgraduate teaching activity, with consideration of feedback from those being taught.

Where appropriate to the professional practice of the doctor being appraised, review of any research activity in the preceding year, ensuring that all necessary procedures including ethical approval have been followed.

Personal and Organisational Effectiveness

This focuses on the individual's personal and organisational effectiveness. For example, relationships and communications with colleagues and patients; the contribution made to the organisation and development of services, the delivery of service outcomes, management activities including the management and supervision of staff and identification of the resources needed to improve personal effectiveness. This will include consideration of relevant comparative performance data.
Other matters

Discussion of any other matters which either the appraiser or the individual being appraised may wish to raise, such as the individual's general health and wellbeing or issues around discrimination or bullying. However, concerns regarding the doctors' general health and wellbeing can be discussed at this meeting but should ideally be addressed when the matter arises.

7. What will the appraisal process comprise?

The appraisal is an annual occurrence. The appraiser contacts the appraisee to set up a date for the appraisal meeting and the information and paperwork to be used should be shared at least 2 weeks in advance with the doctor.

**This preparation should start at least 2 months before the appraisal meeting**

When an appraisal is linked with progression through a threshold it must be a 360 degree appraisal. 360 degree appraisal is a robust process where a doctor is rated on their performance by people who know something about their work and is a model of assessment that aims to present a more rounded feedback. The requirement of a 360 degree appraisal for movement through a threshold is a requirement of the relevant terms and conditions of employment.

8. Preparation

- **Preparation by the appraisee which include;**

  The individual being appraised should identify those issues which he/she wishes to discuss and prepare an outline personal development plan as part of a portfolio. The portfolio should also include up to date evidence of performance and achievement to be discussed during the appraisal.

- **Preparation by the appraiser which includes;**
  
  - Review of appraisee portfolio including workload summary/job plan
  - Consideration of any other relevant information
  - The appraiser should prepare a workload summary and agree what data is relevant and will be required. This will inform the appraisal and the job plan review.

**Preparation should start at least 2 weeks before the appraisal meeting**

Adequate time should be allocated for the preparation and appraisal meeting. In readiness for the first appraisal protected time will be mutually identified with the clinical director/lead consultant. Wherever possible existing material, such as documentation collected for Royal College purposes or for audit, to build up the portfolio. This will avoid duplication.

All those involved in the appraisal process, appraisers and appraisees, must receive appropriate training before beginning appraisal.

**Forms 1 and 2** provide background details and information about your current workload. These provide the opportunity to ‘set the scene’.

**Form 3** is the reference list of the documentation needed for the portfolio and will probably grow and develop during the early years following the introduction of appraisal.
Form 4 is a summary of the appraisal and PDP. Copies of all these forms will be sent to the Chief Executive after the appraisal.

Form 5 is about ‘Personal and Organisational effectiveness’ and can be used to inform the job plan review.

Form 6 is a confidential account of the appraisal meeting. Its completion is not compulsory.

The PCT accepts that the level of detail that will appear on these forms will increase as the appraisal process, and the information systems that support doctors, develop over time.

9. The Appraisal Meeting

This should be planned well in advance and built into the annual timetable. The appraisal meeting will be within normal working time, and instead of normal duties. Time for appraisal ideally should be built into supporting professional activities (SPA) time within the job plan. Programming the appraisal and preparation for it into the yearly activity, will mitigate the effect on patient and other activities. The Medical Director must be made aware of the likely effects on services and patients.

The Appraisal Meeting, likely to take between 1 and 2 hours; either party may generate the documentation from this meeting. It is strongly recommended that both the appraiser and appraisee spend time on their own reflecting on the meeting.

10. What will be the outcomes of the appraisal?

Appraisal meetings will be conducted in private and the key points of the discussion and outcome must be fully documented and copies held by the appraiser and appraisee. Both parties must complete and sign the appraisal summary document/personal development plan and send a copy, in confidence to the Chief Executive, Medical Director and Clinical Director/Lead Consultant (if not the appraiser). For the Chief Executive, this will also include information relating to service objectives, which will inform the job plan review.

The appraisal should identify individual needs which will be addressed through the Personal Development Plan. The plan will also provide the basis for a review with specialty teams of their working practices, resource needs and clinical governance issues. Copies of the PDP’s should be sent to the Director of HR who will be responsible for integrating these into the PCT Training Plans.

Agreement should be reached on pay progression and when applicable movement through the thresholds in line with the terms and conditions of employment.

The Chief Executive must also submit an annual report on the process and operation of the appraisal scheme to the Board. This information will be shared and discussed with the Medical Staff Committee or its equivalent and LNC. The annual report must not refer, explicitly or implicitly, to any individuals who have been appraised. The report will highlight any PCT wide issues and action arising out of the appraisal process - e.g. educational developments.

- Feedback and Development Planning
  - Feedback is agreed between appraiser and appraisee
  - Documentation for appraisee is produced i.e. PDP
11. Confidentiality

The appraiser must treat all issues arising out of the appraisal meeting as confidential but may, normally, with the agreement of the appraisee, refer any issue raised to the Medical Director/Lead Consultant/Chief Executive as appropriate.

The appraisal summary document will be held on the appraisee’s personal file and will remain confidential and, in addition, be subject to Data Protection legislation.

12. What happens if there is a potentially serious issue raised during the appraisal?

The appraiser must act in good faith and medical consultants are bound by their duty to protect all patients. The duties of a doctor are set out in the GMC publication ‘Good Medical Practice’.

Where it becomes apparent during the appraisal process that there is a potentially serious issue where colleagues/patients are put at risk which requires further discussion or examination, the matter must be referred by the appraiser immediately to the Medical Director and Chief Executive to take appropriate action. The appraisal will be suspended until the identified problems have been resolved.

13. What happens if there is disagreement during the appraisal?

Where there is a disagreement, which cannot be resolved at the meeting, this should be recorded and a meeting will take place in the presence of the Medical Director or Clinical Director/Lead Consultant in the first instance to discuss the specific points of disagreement. The SAS/specialty doctor and non consultant career grade doctor may request his/her consultant to be present and may also be accompanied by a medical colleague from the PCT.

If following this, the disagreement still persists then the matter should be referred to the Chief Executive for mediation and resolution within an agreed timescale. Referral for mediation can be made by both the appraisee and/or the appraiser. Referral should only be undertaken once all attempts by the appraiser and appraisee to resolve the issues have been exhausted.

14. What happens if a doctor does not participate in the appraisal process?

Agreement has been reached with the BMA on a national appraisal scheme for all SAS/Specialty doctors and non consultant career grade staff in the NHS. The PCT’s scheme follows this agreement. Under the terms of this national agreement appraisal is a contractual requirement and now forms part of the terms and conditions of service. Therefore it follows that a refusal to participate will result in disciplinary action and may be a dismissible offence under breach of contract. Amendments to the terms and conditions of service of Hospital Medical and Dental Staff (England and Wales) have been issued following agreement in the Joint Negotiating Committee for Hospital Medical and Dental Staff, the Joint Negotiating Body for doctors in Public Health Medicine and the Community Health Service and the Joint Negotiating Forum for Community Dental Staff.

Where an individual refuses to participate the matter should be referred to the Medical Director where it will be dealt with appropriately, as it is a requirement for SAS/
specialty doctors and non consultant career grade doctors as part of their terms and conditions of employment to participate in the appraisal process.

15. What goes into the Personal Development Plan (PDP)

The PDP is a framework within which appraisees can develop their own personal skills and knowledge. As an outcome of the appraisal, key development objectives for the following year and subsequent years should be set. These objectives may cover any aspect of the appraisal such as personal development needs, training goals and organisational issues, CME and CPD e.g. acquisition/consolidation of new skills and techniques.

The Medical Director and Chief Executive must review the personal development plan. The review of the personal development plan is to ensure that key areas have been covered e.g., that appropriate training is being provided to enable a consultant to introduce/improve a service or maintain skills.

Completing the PDP for each appraisee may require additional resources and or funding for certain aspects of the plan, particularly relating to external conferences and workshops. Study leave budgets and other resources required to achieve the PDP should be explicitly identified for example with regular audits of available budgets and how they relate to demand etc. If the appraisee is unable to achieve a PDP due to insufficient resource and/or outside factors out of their control such as lack of funding, then the appraisee must not be penalized.

16. Information

The appraisal process is underpinned by availability of appropriate information. While appraisees can provide some of the required information, employing organisations systems must also be set up to offer support in this area. This support will include:

- Clearer definition of data sets for appraisal
- Appropriate IT systems to generate relevant data
- Closer working with the employing organisations service managers to understand where service provision gaps exist, and how appraisal impacts on service development
- Appropriate access to on line facilities in relation to completing appraisal documentation.

17. The Job Plan

The appraisal meeting should be used as an opportunity to up-date and agree the job plan. However, this may not be possible as the draft job plan may require further and more detailed discussion with the Clinical Director or Medical Director prior to agreement.

However, in line with the new SAS contract, both appraisee and appraiser should keep in mind the criteria to progress through threshold two of the new contract and seek to agree a job plan where possible, which will aid the appraisee’s progress through the threshold two of the new contract. This will be more relevant to doctors who are on new SAS contract.

18. Suggested Time Frame

An appraisal pathway for the annual cycle has a number of milestones, as outlined below:
Month 0

- Appraisee commences implementation of agreed PDP from last appraisal

Month 3

- Appraisee personally reviews own progress on PDP and portfolio development

Month 6

- Appraisee and appraiser review progress on PDP and portfolio development and can be undertaken by way of informal meeting or telephone conversation.

Month 9

- Appraisee personally reviews progress on PDP and portfolio development

Month 10

- Appraisee and appraiser agree date, time and location for appraisal interview and commence preparation

Month 11

- Appraisee submits Portfolio of supporting documentation to appraiser at least 2 weeks prior to the appraisal interview

Month 12

- Repeat of appraisal review and setting of new PDP
- Signing off of documentation

NOTE: 360 Degree Appraisal

This is often referred to as multi-source feedback. It is a technique to collect evidence from those who work with the doctor, such as other medical colleagues, nurses, administrators, and patients. It may improve the objectivity of the appraisal, and can test interpersonal and communicative ability.

360 degree appraisal provides a good feedback about the doctor's performance in areas that are difficult to measure. It yields feedback that should assist in reflection on personal performance. The PCT needs to explore this area further especially as this is a requirement to progress through the final threshold of the new SAS contract.

In order to assist progression through the thresholds in the new contract structure 360 appraisal should have been carried out in the preceding twelve months. It is the responsibility of the PCT to enable implementation of multi-source feedback. Progression through the thresholds cannot be denied to the SAS doctor/dentist owing to the absence of 360 appraisal if the PCT has not made the process available.

Multi-source feedback provides the following benefits
- opportunity to learn how differing colleagues perceive him/her
- encourages self development
- increases understanding of behaviours required to improve personal and organisational effectiveness
• increases communication within the PCT
• promotes an more open culture where feedback is the norm
• can be a powerful trigger for change

Any method used by the PCT should be agreed with the Local Negotiating Committee prior to its use. The requirement is not a pass/fail assessment about whether the 360 appraisal has been successful under the new contract, and the results of the 360 appraisal do not have to be shown for the criterion to be evidenced. The only evidence required is that a 360 degree appraisal has been undertaken, and this is the PCT's responsibility. If a suitable mechanism for 360 degree appraisal has not been arranged by PCT, the absence of multi-source feedback cannot be used to prevent an individual from crossing a threshold.

The feedback should be from staff and patients who are credible to the appraisee and are familiar with their work. The appraisee ideally should have full involvement in identifying potential raters. The sample size should be large enough to ensure validity, so that one individual does not have a major impact on results, without the number of raters required being onerous. There must be suitable training for appraisees in the use of this process.
APPRAISAL FOLDER
FORM 1 – BACKGROUND DETAILS

The aim of this form is to provide:

- the basic background information to identify you individually
- brief details of your career and professional status
- the opportunity for you to supplement this with other information you think is helpful. You can provide at any other personal details which help describe your current practice. For example, membership of medical and specialist societies.

i. Personal Details

Name

Registered address (and contact address if different):

Main employer

Other employers/places of work

Date of primary medical or dental qualification (in the UK or elsewhere)

GMC/GDC Registration (Type of registration currently held, registration number and date of first full registration)

Starting date of first appointment as a substantive SAS doctors in the NHS

Date of appointment to post currently held, if different

Title of post currently held

Date and country of grant of any specialist registration/qualification in the UK and specialty in which you were registered

Any other specialties or sub-specialties in which you are registered
Has your registration been called into question since your last appraisal? (If this is the first appraisal, is your registration currently in question?)

Date of last revalidation (if applicable)

List all the posts in which you have been employed (including honorary and part-time posts) in the NHS and elsewhere in the past five years

ii. Other relevant personal details
FORM 2 – DETAILS OF YOUR CURRENT MEDICAL ACTIVITIES

The aim of this form is to provide you with an opportunity to describe your post(s) in the NHS, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held, or held in the past year. You should explain what you do and where you practise.

Your descriptions should cover your practice at all locations since your last appraisal. You may wish to comment on the environment in which you practise, including:

- factors which you believe affect the provision of good health care, including your views (supported by information and evidence) on the resources available
- action taken by you to address any obstacles to the provision of good health care.

You should keep a copy of your job plan in this section of your folder.

Please provide:

1. A short description of your work in your specialty and your actual practice. What different types of activity do you undertake?

2. Sub-specialist skills and commitments

3. Details of emergency, on-call and out-of-hours responsibilities
4. Details of out-patient work

5. Details of any other clinical work

6. In which non-NHS hospitals and clinics do you enjoy practising privileges? To which hospitals and clinics do you have admitting rights and what is the nature of those rights? If your practice differs from your NHS practice at some or all of these locations please give details

7. Details of non-clinical work that you undertake as a doctor, for example, teaching/academic work, management activities, research,
8. Work for regional, national or international organisations

9. Other professional activities.
FORM 3 – RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL AND REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR

The aim of this form is to record the background evidence and information that will help to inform your appraisal discussions. You should list at 3i the documents in your appraisal folder, these provide evidence in the terms set out in the GMC’s Good Medical Practice. You should at 3ii set out your personal development activity for the past year, this will provide a baseline for discussion of future needs.

You should do this for all fields of practice within which you work for the NHS. If you have management or research responsibilities or if you work in more than one specialty then you will need to include information- under the headings of Good Medical Practice - for each field.

You should include relevant information and evidence from your practice outside the NHS; this should cover medical-related activities relevant to your NHS practice, to help give an overall picture of you and your development needs.

RECORD OF REFERENCE DOCUMENTATION

GOOD MEDICAL PRACTICE

1. Good medical care

Examples of documentation which may be appropriate:

- current job plan/work programme (this will be kept behind Form 2 in your folder)
- indicative information regarding annual caseload/workload
- up to date audit data including information on audit methodology if available
- record of how results of audit have resulted in changes to practice (if applicable)
- results of clinical outcomes as compared to relevant royal college, faculty or specialty association recommendations where available
- evidence of any resource shortfalls which may have compromised outcomes
- evidence of how any in-service educational activity may have affected service delivery
- records of outcome of any investigated formal complaints in which the investigation has been completed in the past twelve months, or since your last appraisal
- a description of how the outcome of any complaints has resulted in changes to practice
- outcome of external reviews (peer and otherwise)
- a description of any issues arising in relation to adherence to employer clinical governance policies
- record of how relevant clinical guidelines are reviewed by the appraisee and his/her team and how these have affected practice
- records of any relevant critical incident reports
- any other routine indicators of the standards of your care which you yourself use.
2. Maintaining good medical practice

The purpose of this section is to record CPD/CME activities undertaken since the last appraisal. Any difficulties in attending CPD/CME activities should be recorded, with reasons.

Examples of documentation which may be appropriate (if available):

- examples of participation in appropriate Continuing Professional Development, this might include individual development activity, locally-based development and participation in college or specialty association activities. List all CPD courses attended, and points awarded for each attendance.
3. Working relationships with colleagues

The purpose of this section is to reflect on your relationships with your colleagues. Examples of documentation which may be appropriate:

- a description of the setting within which you work and the team structure within which you practise
- any other documentary evidence that may be available (such as records of any formal peer reviews or discussions) should be included here, otherwise a record of the discussion and any action agreed should form part of the summary in Form 4.

List below each document, in the order they appear in your folder.

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4. Relations with patients

The purpose of this section is to reflect on your relationships with your patients.

Examples of documentation which may be appropriate:

- any examples of good practice or concern in your relationships with patients
- a description of your approach to handling informed consent.

This might include validated patients surveys, your assessment of any changes in your practice as a result of any investigated complaint, compliments from patients, peer reviews/surveys.

List below each document, in the order they appear in your folder.

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5. Teaching and training

The purpose of this section is to reflect on your teaching and training activities since your last appraisal. Any difficulties in arranging cover for your clinical work whilst undertaking teaching and training (including educational activities for the NHS generally) should be recorded.

Examples of documentation which may be appropriate:

- A summary of formal teaching/lecturing activities, supervision/mentoring duties, any recorded feedback from those taught.

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6. Probity  
7. Health  

You should note here any concerns raised or problems encountered during the year on either of these issues and include any records.

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<th>List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary</th>
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22
### MANAGEMENT ACTIVITY

Examples of documentation which may be appropriate:

- information about your formal management commitments, records of any noteworthy achievements and any recorded feedback if available.

You will already have covered much or all of your management activity in earlier sections of Form 3. This section provides an opportunity to add any further information, including any difficulties in arranging cover for your clinical work whilst undertaking management activity (including activities for the NHS regionally and nationally). To avoid duplication you should cross-reference here any documents listed earlier which refer to your management activity.

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary

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   see also documents… … … … … above.

### RESEARCH

Examples of documentation which may be appropriate:

- evidence of formal research commitments
- record of any research ongoing or completed in the previous year
- record of funding arrangements for research
- record of noteworthy achievements
- confirmation that appropriate ethical approval has been secured for all research undertaken.

You will already have covered much or all of your research activity earlier on Form 3. To avoid duplication you should cross-reference here any documents already listed which refer to your research activity.

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary

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   See also documents… … … … … above.
REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR

You should summarise here the development action agreed at the last appraisal (or at any interim meeting) or include your personal development plan. This will facilitate discussion on progress towards development goals. You should record where it is agreed that goals have been achieved or where further action is required. It is assumed that where a development need has not been met in full it will remain a need and will either be reflected in the coming year’s plan or have resulted in other action.

SIGN OFF

We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee’s position with regard to development action in the course of the past year.

Signed:

Appraisee

Appraiser Date
The aim of this section is to provide an agreed summary of the appraisal discussion based on the documents listed in Form 3 and a description of the action agreed in the course of the appraisal, including those forming the personal development plan.

This form should be completed by the appraiser and agreed by the appraisee. Under each heading the appraiser should explain which of the documents listed in Form 3 informed this part of the discussion, the conclusion reached and say what if any action has been agreed.

SUMMARY OF APPRAISAL DISCUSSION

1. Good medical care
   
   Commentary:

   Action agreed:

2. Maintaining good medical practice
   
   Commentary:

   Action agreed:

3. Working relationships with colleagues
   
   Commentary:

   Action agreed:
4. Relations with patients

| Commentary: |
| Action agreed: |

5. Teaching and training

| Commentary: |
| Action agreed: |

6. Probity

| Commentary: |
| Action agreed: |

7. Health

| Commentary: |
| Action agreed: |
8. Any other points

Commentary:

Action agreed:
PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should identify key development objectives for the year ahead, which relate to the appraisee’s personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met on the template provided here.

Consultants approaching retirement age may well wish to consider their retirement intentions and actions which 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 to develop or acquire new skills
- action to change or improve existing practice.
PERSONAL DEVELOPMENT TEMPLATE

This should be used to inform discussion on development provided for on Form 4. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.

<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>
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</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.

Appraiser: (GMC/GDC Number)

Appraisee:

Date:

Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so:
FORM 5 - PERSONAL AND ORGANISATIONAL EFFECTIVENESS

The aim of this form is to describe your effectiveness on a personal level and within the NHS organisation where you work, with a view to informing job plan review. For example:

- the contribution you make to the development of services
- the delivery of service outcomes
- your identification of the resources needed to improve personal effectiveness.

The appraiser should prepare workload summary with the appraisee.

Examples of documentation which may be appropriate:

- agreed service-related objectives and work programme (if not included elsewhere)
- relevant comparative performance data
- any advice from the appropriate royal college, faculty or specialty association on workload or productivity
- nationally or locally agreed comparators or performance standards
- current available waiting list data
- any local policies, goals or service standards which influence or affect performance
- a note of any difficulties you may have had in obtaining your entitlements to annual leave, leave in lieu of bank holidays worked and free time when not on leave and appropriate staff to cover such absences
- a note of any changes in the job plan proposed either by the appraisee or the appraiser (but other changes may, of course, emerge during the discussion)

Documents listed here may be introduced into the discussion by either the appraisee or the appraiser.

<table>
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<tr>
<th>List documents here:</th>
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The appraiser should record any points of agreement or concern not covered elsewhere, for example, specific to service objectives and any other agreed action not included in the personal development plan.

Appraiser

Appraisee

Date
FORM 6 - DETAILED CONFIDENTIAL ACCOUNT OF APPRAISAL INTERVIEW

Aim – to provide the opportunity, if required, to record a fuller, more detailed account of the appraisal discussion than is recorded on Form 4 and which both parties feel may inform or help the next appraisal round.

This form is confidential and is not intended to form part of the documentation going to the Chief Executive (see Introduction). However, as is made clear in the Introduction there is a duty to pass on any serious concerns arising during appraisal that could affect patient care.

You should exercise great caution in commenting on third parties. Any comments you make about third parties should be supported by firm evidence. You should not use this form to record concerns about the performance of colleagues for which action should be taken under a separate procedure, for example, GMC fitness to practise procedures (see Introduction, ‘Should concerns arise during appraisal’).

Completion of this form is not obligatory.

1. Good medical care

2. Maintaining good medical practice

3. Working relationships with colleagues
4. Relations with patients

5. Teaching and training

6. Probity

7. Health

8. Any other points

Appraiser

Appraisee

Date