

Producing a quality appraisal at SUH
Mr Neil Rothnie
Responsible Officer

Annual appraisal Cycle: 1st April – 31st March

Introduction

This document contains information which will help you complete each domain of the appraisal form to a suitable standard.

The process at its simplest asks us to:

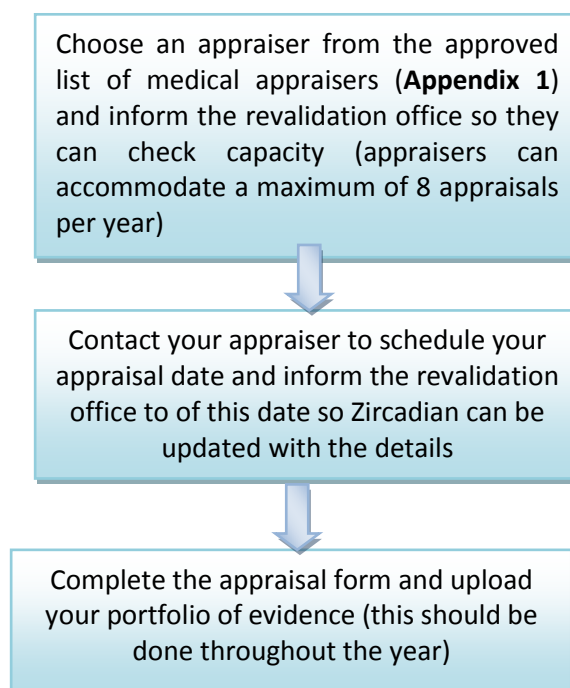
- Describe what we do
- Provide reassurance that we are capable of doing it to a good standard
- Provide evidence on how we do it
- Provide evidence that we continue to remain up to date in our areas of professional practice

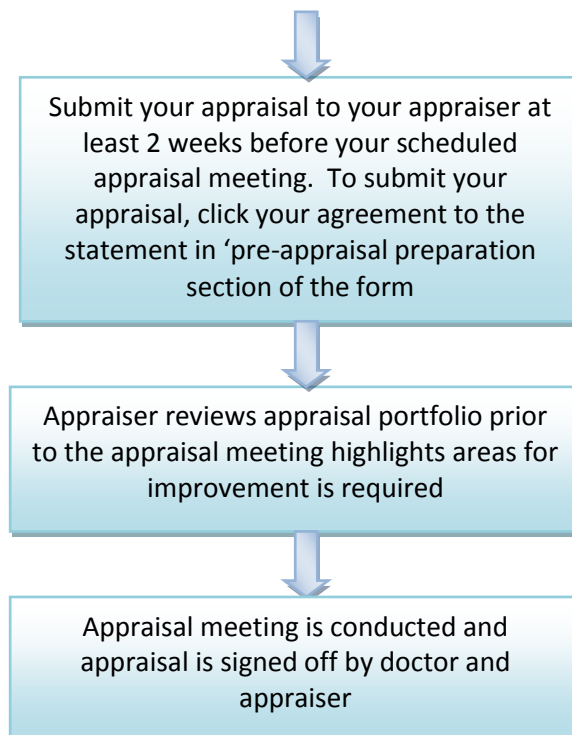
The process seeks to encourage us to consider how in our professional practice we deal with the 4 key areas set out by the GMC:

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

There will continue to be support from the Revalidation Office for the process therefore please contact Lisa Bemister/Joanna Nicholls (01702 385086) should you require help or advice. It is however your responsibility to book your appraisal with a trained appraiser and complete your electronic appraisal form on Zircadian which includes your portfolio of evidence, in a timely manner and submit it to your appraiser at least 2 weeks before your appraisal date.

Steps to prepare for your appraisal





You would have been contacted by the GMC indicating the date when I will be required to make your revalidation recommendation as your designated Responsible Officer.

It is vital that all medical appraisals are of sufficient standard to allow me, as your Responsible Officer, to make a recommendation regarding revalidation to the GMC – your licence to practice depends on this.

Every appraisal now needs to be conducted in the enhanced format in order for a positive revalidation recommendation to be made for you when it is due. It is not sufficient to just complete an enhanced appraisal in the year immediately before your revalidation recommendation is due. Your appraisal must be completed **at least** 3 months before your revalidation date however your last appraisal can be up to 12 months old on the date when your revalidation recommendation is due.

If it is your revalidation date this year and haven't already completed a multi-source feedback (MSF) exercise since the introduction of the new system in April 2013, you will need to do this for your next appraisal before revalidation. The MSF exercise includes collation of both colleague and patient feedback. Both of these processes are facilitated within the 'e-360' module of the Zircadian system. If you require any help using this system, please contact the revalidation office.

We are rolling out the patient feedback service in a phased manner so only the individuals who require it to be included in their next appraisal, in preparation for revalidation will have access to this service.

Please use the following pages to guide you in completing your appraisal form.

Mr. Neil Rothnie
Medical Director

Preparation for this Year's Appraisal

Following the completion of the first year of enhanced medical appraisals at SUH, we carried out an audit of the appraisals and this document is designed to help you ensure that your appraisal documentation is of the required standard, set out by the GMC, to enable me as Responsible Officer to make a recommendation to the GMC regarding your revalidation.

Some general lessons learnt so far:

- Timing of appraisal is important – Every doctor will have an agreed, fixed appraisal month and will be expected to ensure their appraisal meeting is conducted during this month on an annual basis. Any appraisal which is scheduled to take place after the month in which it is due will require prior approval from the Responsible Officer (A postponement form can be obtained from the Revalidation office). For appraisals dates which are being realigned with a doctor's revalidation date, the appraisal must be completed and signed off **at least** 12 weeks before a revalidation recommendation.
- Appraisals must cover all aspects of work and management duties, this includes work undertaken for external organisations (including private practice).
- Supporting information must be provided in the appraisal portfolio to reflect any external commitments and well as those undertake within the Trust.
- The purpose of your annual appraisal is to reflect on the last 12 months of medical practice therefore your portfolio of supporting information should only reflect the last 12 months of activity. Any CPD or audits that were completed previous to your last appraisal should not be included in your supporting information.
- Adequate reflection required for each section of supporting information to fit the 4 domains of the GMP framework.
- PDP objectives must be based on the SMART format (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime Bound).
- Regardless of when your revalidation date is, all appraisals from 1st April 2013 onwards are required in the enhanced format, every year.
- Colleague feedback to be sought in year 1 and again in year 3 of the revalidation cycle, using the Zircadian system.
- Patient feedback is only required for appraisals immediately before your first revalidation cycle. After the first cycle, patient feedback is required once in every 5 year cycle.

Reflection

We could all improve on providing evidence of reflection in our appraisals.

In discussing your supporting information, your appraiser will be interested in what you did with the information and your reflections on that information, not simply that you collected it and maintained it in a portfolio. Your appraiser will want to know what you think the supporting information says about your practice and how you intend to develop or modify your practice as a result of that reflection. For example, how you responded to a significant event and any changes to your work as a result, rather than the number of significant events that occurred or lessons learnt or improvements made to your practice as a result of a CPD activity or the outcome of an audit.

You should consider the following points when reflecting on each piece of your supporting information, particularly for your CPD and Quality Improvement activities:

- Date/Title of activity
- Why did you do this? Is it linked to your PDP?
- What did you learn?
- How will it change your practice?
- Did it meet your expectations?
- Are there any wider benefits for colleagues/hospital? How could these be implemented?
- What further developments do you need/will you seek?
- Can it be linked to next year's PDP?

Appraisal process

The Trust's process of completing an enhanced medical appraisal is outlined in **Appendix 2**.

All domains of the e-appraisal system must be completed and submitted to your appraiser at least 2 weeks before the formal appraisal meeting takes place.

Please note – Each section of your appraisal form contains a help icon (?) which provides guidance on possible content for that section. Further guidance on what to include in each section of your appraisal can be obtained from your Royal College or the GMC.

All sections of your appraisal should contain:

- Reflection** (by the individual doctor)
- Challenge** (by the appraiser)
- Plan** (By both the doctor and appraiser)

Prior to the appraisal meeting the appraisee should have reflected on the supporting information, challenged themselves regarding its content and considered whether any changes are required in this area in the coming year and whether these changes should be reflected in the PDP.

The appraisers are tasked with ensuring this process has occurred during the appraisal discussion.

Each section of the appraisal is now discussed in these terms.

Personal details

If this is your first time using the e-appraisal system you will need to complete this section. If not then the details from last year will have transferred across and you need to check that they are still correct.

Scope of Work

This will include the organisations and locations where you have undertaken work as a doctor in the last 12 months. You will also need to provide a comprehensive description of the scope and nature of your practice.

Appraisees should ensure that all aspects of work which rely on the fact you are a Doctor are included

- NHS
- Private
- Other- e.g. Sports Medicine etc.
- Individual areas should be included- Educational activity, Management responsibilities, Research activities, etc.

Roles not directly related to medical qualifications to be included in scope of work:

Department Leads:	(Audit, Governance, Infection Control, Appraisal, Job Planning, Rota Co-ordinator, etc.) Reflect on what the role involves, what the aim of the role is and whether this is being achieved.
Educational Supervisors:	Are you appropriately trained?
Clinical Supervisors:	What is the expectation of the role and how is this being achieved?
Research Supervisors:	Is there an understanding of the codes of good practice around this area?

Content

The form asks for a description of all aspects of your work. If you wish to attach a job plan as well you can do so by attaching it in the '*Additional information*' section. The key here is to ensure that all aspects of professional work are covered and that there is reassurance that patients are in safe capable hands. Professional work includes all work you carry out which relies on your qualifications as a doctor. Thus do not forget to include private practice, work for charities (e.g. sporting organisations) etc.

You may wish to attach evidence regarding the volume/quality of work carried out (eg log book) and how this volume compares to college recommendations. This evidence will contribute to quality improvement and should therefore be included in the '*Quality Improvement Activity*' section of your appraisal.

Reflection

You should reflect on whether you are actually capable of providing the services you describe within your scope of work:

Examples of questions you should consider:

- Do you have enough time to conduct all your roles to a sufficient standard?
- Are you aware of the Good Medical Practice Guide for research if you are research active?
- Would you wish to be a patient under your care?
- Do you think you are doing enough cases to justify your ability to provide the service you do?
- Consider whether there are any benchmarks available to guide you - e.g. Royal Colleges, Associations and National Guidelines etc.
- How does your regular exposure compare to colleagues?
- How do your results compare to colleagues?
- Are you qualified to conduct the educational activity provided?
- What do you do to ensure that you are suitable to undertake the management responsibility?
- Does your private practice activity reflect your NHS practice? If not how do you maintain competence?

These are quite challenging questions but they are worthwhile asking because if there is any doubt in your mind you can begin to try to work on altering your CPD/PDP focus to deal with any perceived deficits or to inform your next Job Planning discussion. You should use the appraisal to explore this so that you can focus on improving the care you provide.

Following this reflection you could use the free text box at the bottom of this section to provide comment which will guide the appraisal. This section can also be used to discuss any changes anticipated in your scope of work and allow you to consider how you will deliver these changes.

Challenge

Appraisers should ensure that the reflection above has occurred.

- If there is any doubt about patient safety the appraiser must explore the issue and be satisfied that immediate steps are taken to protect patients.
- They should ensure that there are no time conflicts which adversely affect the ability to provide safe patient care e.g. NHS workload is not compromised by Private workload.

Where ever patients are seen and treated the doctor should be confident that suitable processes are in place to provide emergency care for their patients if required. There should be appropriate cover arrangements for patients when the doctor is on leave.

Check that common emergencies which could occur in the course of professional work are within the skill set of the appraisee.

Plan

Any issues identified through the above process should stimulate action to deal with solving them. The process should be used to provide focus for the year ahead so that the doctor can improve the quality and safety of care provided. You may want to consider putting specific plans into the Personal Development Objectives for the coming year.

Record of Annual Appraisal

If this is your first appraisal with SUH then a summary of your last appraisal from your previous organisation can be attached in this section for discussion.

For those doctors who have used the Zircadian system to conduct their 2013/2014 appraisal, this section will contain the information recorded in last year's appraisal summary on Zircadian.

PDP's and their review

Content

For those doctors who have used the Zircadian system to conduct their 2013/2014 appraisal, this section will contain the agreed PDP from last year's appraisal and you will be expected to comment on your progress of achieving each objective.

If this is your first appraisal with SUH then the PDP objectives from your previous organisation can be attached in this section for discussion.

A reflection on whether the last appraisal was of use and how it could be improved could be included in this section.

Reflection

Check that the objectives were SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Timely - i.e. could have been achieved in the time allocated.

Often the reason for not achieving the PDP objectives is because they did not follow the 'SMART' formula. You should reflect on this and consider how you will make your objectives SMART for future PDP's.

You should reflect on each objective from last year and discuss why it was important to achieve each one. Go through the PDP and consider whether you have made a genuine effort to achieve the objectives possible in the time since the last appraisal.

If you have not completed some of the objectives reflect on why this is the case.

Use the comment box at the bottom of this section to begin the process of considering how next year's PDP may be developed having considered progress on last years.

Challenge

For non-attained goals:

- Were the goals really SMART?
- Challenge the appraisee for reasons why they were not attained
- Challenge whether they actively took part in setting the goals
- Were the goals owned by the doctor or were they imposed by the appraiser

It is important that the appraisee actively takes part in setting the goals for the PDP guided by the appraiser. Looking at last year's PDP provides an opportunity to generate discussion.

Plan

Encourage active involvement in planning the PDP – this should have started before the appraisal meeting.

CPD

This is the first type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values sent out in Good Medical Practice

Content

In this section you should provide a record of both formal and informal learning that has taken place since your last appraisal.

You should provide commentary on your learning to support your professional activities as detailed in your scope of work.

Evidence of attendance at CPD events is required so please ensure your certificates are included in this section. It is not sufficient to just provide a list of activities you have attended, you must provide evidence and reflect on each activity in the '*comments and reflection*' box.

A brief description of each activity should be included, along with reflection on whether there are lessons learnt or improvements made to your practice as a consequence of your CPD activity. You should also ensure that your CPD activity covers all areas of your practice as described in your scope of work.

Some Royal Colleges provide a summary document/certificate of CPD activity which can be uploaded into the section. You will however still need to include specific, personal reflection on the activities undertaken. You should also where possible, demonstrate how your activity links with your College recommendation for CPD.

This is the section where you also need to demonstrate that you have completed your mandatory training requirements for the Trust as this is evidence that you are operating safely within the work environment. A screenshot of your iLearn page can be taken and uploaded into this section.

If you have not completed a sufficient amount of CPD over the last 12 months, you will need to document the reasons for this and discuss how you plan to address this in the coming year's PDP objectives.

Reflection

Reflect on how:

- Each activity has provided learning in relation to the scope of your work.
- Each activity has contributed to improving patient care, safety.
- If there was actual value from each activity.
- Has the activity covered all areas of your practice? If not consider addressing this as one of your PDP objectives.
- Review your CPD points and evidence.
- Triangulate with discussion from previous appraisal/PDP – was the CPD in line with what was discussed? If not there may be very good reasons why but you should be aware of them.
- Discuss whether there is a CPD plan in place that meets college recommendations- if such exist.

Challenge

The appraiser should:

- Ensure that the reflection above has taken place.
- Ensure that mandatory training has been completed

- Enquire how the various CPD activities reflect the doctor's whole scope of work and how it demonstrates the principles and values of Good Medical Practice:
 - Knowledge, skills and performance
 - Safety and quality
 - Communication, partnership and teamwork
 - Maintaining trust

Challenge whether the CPD activity was in line with the previous PDP and if active learning and reflecting has taken place from each event.

Enquire whether any change in practice has occurred following the CPD activities.

Plan

Consider appropriate CPD activity for the next year to be included in the PDP objectives. Agreement on planned CPD should be reached and each objective should be SMART.

Quality Improvement Activity

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. Quality improvement activities could take many forms depending on the roles you undertake and the work that you do.

Content

Examples of quality improvement activities include:

- Clinical audit
- Review of clinical outcomes
- Case review or discussion
- Participation in external/peer/QA reviews
- Participation in national/regional audits
- Log book/workload stats compared to national/regional statistics
- Consideration and implementation of new guidelines (local, regional and national e.g. – NICE)
- Outcomes of GMC surveys

This is also the place to detail any significant events or complaints that you were not named in but have learned from as these will have added to your quality improvement activity.

Most Royal Colleges and faculties have provided specialty specific guidance for their doctors on the type of activity that is most appropriate as supporting information for this section of their appraisals. Many specialties have in place robust and validated quality measures, such as national specialty databases. This information should be included in your appraisal as a quality improvement activity. Please refer to your Royal College for further information.

It is not sufficient to just list the activities of quality improvement, you must also document personal reflection and learning from the activities. Many doctors work as part of a team therefore you should indicate the degree of personal involvement in each quality improvement activity in this section.

Reflection

Consider:

- How you regularly participate in activities that review and evaluate the

quality of your work.

- How the activities undertaken to review and evaluate the quality of your work relate to your whole scope of your work.
- Your role within the team undertaking the activity of quality improvement.
- Do the results meet/exceed national standards?
- Have you been able to change your practice as a result of these activities?
If so you should evidence the benefits in the change to practice.

Consider these questions in relation to each aspect of your work (clinical, academic, managerial, and educational).

Has your team/department been involved in a national/regional audit? Are you or your team shown as outliers in any areas of the audit? What actions are you taking to address this?

Challenge

The appraiser should ensure that reflection has taken place. Enquire how the activities have assisted in meeting the principles and values of Good Medical Practice:

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

Plan

The discussion may have highlighted areas in the scope of work which have not been subject to quality review and consideration should be given to address in the following year's PDP.

Significant Events

Content

This section should contain a description of any Serious Events you were involved with. You should also attach a reflection on the event and how it has affected your practice.

The GMC states that a significant event (also known as an untoward, critical or patient safety incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. The appraiser should obtain details of any SIs which were logged under their name with every organisation that they conduct clinical practice from. It is the doctors responsibility to bring any SI's relating to them to the attention of the appraiser for discussion through the portfolio of supporting information. If there are any SI's that you were not named in but as an individual/department, lessons have been learnt from the incident, this should be included in the '*Quality Improvement Activity*' section of your appraisal.

You should contact the Trust's governance department for a letter to confirm your involvement in any SI's registered at SUH in the last 12 months, even if you have not been involved in any. This letter should be included as evidence in the '*additional information*' section of your appraisal form. It is important that you obtain this evidence for every organisation where you practice clinical activity.

Reflection

You should reflect on any SI and consider what learning has taken place and whether your practice has changed due to the event:

- In your view, why did the incident happen?
- What was the result of the investigation?
- How have the lessons learnt changed your practice?
- What have you learned from the incident?

Challenge

Check that there are no other significant events which have not been recorded – e.g. in private sector or other areas of practice. Check that reflection has occurred as described above.

Plan

Plan how this learning will be used to demonstrate compliance in the relevant GMC areas of Good Medical Practice – especially ‘Safety and quality’.

Colleague and Patient Feedback

Content

Colleague and patient feedback is also known as multi-source feedback or 360 degree assessment. Feedback from colleagues should be collected using the e-360 module on Zircadian for your appraisal in year 1 and again in year 3 of your revalidation cycle. Patient feedback should be collected (if you have direct contact with patients) once in every 5 year cycle; this is usually presented in the appraisal directly prior to your revalidation recommendation.

All doctors should complete the self-assessment questionnaire every time a new multi-source feedback exercise is started on the system.

For **colleague feedback**, the Trust requires a minimum of 17 raters to provide feedback on a doctor’s practice and these raters should form an overall representation of the different staff groups that the doctor works with on a day-to-day basis within their clinical practice.

The choice of raters should reflect the doctor’s clinical practice (e.g. if they are responsible for teaching students, a student should be among their assessors). Doctors are encouraged to ask colleagues from other specialties as well as their own, and, where relevant, from both primary and secondary care as well as raters from external organisations, depending on their scope of work.

Raters should be divided into the following groups:

- 4 x Peers (colleagues within your specialty/practice or another specialty; primary and secondary care practitioners)
- 4 x Trainees (Junior medical staff; medical students etc)
- 4 x Allied Healthcare Professionals/Clerical staff (physiotherapists, radiographers, clinical technicians, social workers, occupational therapists, dieticians, health visitors, secretaries, receptionists etc)
- 4 x Nurses (specialist nurses, district nurses, practice nurses, junior nurses, nursing students etc)
- 1 x Manager (hospital management, practice management, department manager etc)

The raters email addresses will be entered by the doctor into the e-360 module of the Zircadian system. The chosen raters will then receive an email with a link to an electronic questionnaire for completion. Once a sufficient amount of questionnaires have been completed and submitted,

Zircadian will collate the results and produce a report for the doctor to access with a summary of the feedback. This can then be uploaded into this colleague feedback section of the appraisal form.

Patient feedback will also be collected via the e-360 module of Zircadian by printing paper questionnaires from the system and distributing them to patients for completion.

The process works as follows:

1. The doctor will access the patient feedback module of Zircadian and print off the required number of questionnaires.
2. The questionnaires are given to a nominated person to distribute to patients.
3. Once the patients have completed the questionnaires, they will be handed back to the nominated person (please note, completed questionnaires should not be passed directly back to the doctor directly and should always be handled by a 3rd party as per the attached GMC guidelines) who will send them on to the revalidation office via the internal mail system so they can be forwarded to Zircadian.
4. Once Zircadian receive the questionnaires, their data input team will collate the responses and upload the report into the doctor's e360 module.
5. The doctor can then view the report and upload it into their e-appraisal portfolio

The GMC questionnaire is designed to be administered to 50 consecutive patients as a post-consultation or 'exit' survey. To gain a good overall perception of performance through the eyes of their patients, doctors should aim to collect a minimum 34 completed questionnaires from their patients. The system will however generate results of a patient feedback exercise after a minimum 15 responses are received and processed.

It is important that any multi-source feedback exercise is carried out in a manner that fulfils the GMC instructions for this. Further information/guidance on the process of obtaining both colleague and patient feedback can be sought from the Revalidation Office on 01702 385086.

If doctors do not see patients as part of their medical practice, they are not required to collect feedback from patients. However, the GMC recommends that medical staff think broadly about what constitutes a patient in their practice. Depending on the specialty, a doctor might want to collect feedback from a number of other sources, such as families and carers (who should complete the patient questionnaire on the patient's behalf). It is in the doctor's best interests to have as many completed questionnaires returned as possible, as the more patient responses, the more accurate the feedback. Doctors should refer to their Royal College guidelines on collecting patient feedback for their particular specialty.

If a doctor believes that they cannot collect feedback from your patients, this should be discussed with their appraiser.

Some patients will be under more than one doctor's care, so to avoid any confusion it is important that patients are asked to complete the questionnaire immediately after they have been seen the doctor to which they have been asked to provide feedback on.

For situations when it is neither appropriate nor practical to hand out questionnaires to patients, you can choose to send the questionnaire (along with a pre-paid envelope) to the patient,

requesting that they complete and return it in the pre-paid envelope. Although this generally leads to a lower response rate, it may be a more appropriate method in certain situations.

Reflection

Once you receive the results of the multi-source feedback exercise you should consider your scores against the benchmark data and be prepared to discuss any learning from the results/comments with your appraiser.

Challenge

Appraisers should encourage reflection on the results of the colleague and patient feedback. Did the exercise cover an appropriate range of colleagues and patients which are representative of the doctor's scope of work?

Plan

Any learning should be incorporated into the PDP if appropriate. Should the doctor consider repeating the exercise to reflect a larger/more varied proportion of staff groups/patients?

Complaints and Compliments

Content

In this section you should include details of all complaints you have been involved in and praise you received across the scope of your work in the last 12 months. You have a responsibility to include complaints and praise from all areas within the scope of your work.

You should contact the Trust's Patient Advice and Liaison Service (PALS) to obtain confirmation of your involvement in any registered complaints in the last 12 months at SUH, even if you have not been named in any. This should be used as evidence in your appraisal form. It is important that you obtain this evidence for every organisation where you conduct clinical activity.

As a matter of probity you are obliged to include all complaints, even when you are the only person aware of them.

As with significant events, complaints not directly relating to your own practice can still provide important learning. This can be included as supporting information for '*Quality Improvement Activity*'.

Reflection

Last year many colleagues produced cards and letters of thanks – which though nice to see are not unusual in a business where we heal and help people in difficulty. The key issue to address is reflection on why a particular patient took the time to write, what you did which created this positive patient experience and how can you transfer this to all your patients.

Consider any compliments you have received:

- How they have influenced practice
- What you did to merit the compliment
- Praise/compliment must mean that the service you provided was of value to them
- What it was about the service which resulted in the patient going to the trouble of offering praise
- Could it be transferred to other areas of your practice

- Improve your professional service by reflecting on what actually made a difference to the patient and how that can be used in for future patients

Consider any complaints you have received:

- How did this happen?
- Time it took to respond to the complaint. Was this in line with Trust expectations?
- What were the learning points?
- What actions were taken?
- How has this changed your practice?

Challenge

Are all areas of practice covered in the supporting information for this section?

Is there adequate reflection on lessons learnt from the complaints/compliments?

Plan

Plan how this learning will be used to demonstrate compliance within the GMC domains of Good Medical practice

- Communication
- Partnership
- Teamwork
- Maintaining trust

Teaching, Research, Leadership and Innovation

Content

This is a new section for medical appraisals and should be completed to describe activities undertaken in these areas and whether you have undertaken the appropriate training for these roles. Attach any relevant documents which describe activity along with training certificates.

Though not mandatory for revalidation, if these roles form part of your scope of work it is important that you provide evidence for this aspect of your work to show you are trained and qualified to carry out the roles and reflect on how you deliver them.

Teaching - Review quantity and quality of teaching activity to junior medical staff, undergraduates, postgraduate taught teaching, postgraduate research activity etc. Supporting information can include:

- Teaching delivery schedules for undergraduate/postgraduate students and junior staff; delivery and feedback from students, has teaching been peer reviewed?
- Teaching management and teaching service development/innovation, documents on developing lectures/other teaching materials
- Formal feedback/evaluation of teaching completed by students; peer review of teaching
- Post-graduate research students and data on regular research supervision
- CPD undertaken in relation to teaching skills
- Invited teaching lectures and other Knowledge Transfer activities
- Education/clinical supervision training and associated appraisals

Research and innovation – Supporting documents on contribution to research can include:

- Describe current research activity with a list of current and recently concluded projects. Indicate if studies are on NIHR portfolio.

- Provide evidence of adherence to Research governance – appropriate ethical approvals, Data Protection procedures and GCP training
- Peer reviewed publications during the last year
- Research grants – Successful, pending and unsuccessful (with a note on own role such as principle investigator/co-investigator, grant body any amount of funding).
- Research and Innovation – describe any patients, spin outs, knowledge transfer projects, consultancy activities that demonstrate the impact of your research
- Membership of committees in grant giving bodies
- Invited plenary presentations at conferences

Leadership and innovation – Leadership locally through management of research programmes and research staff, including University training courses on management of staff and staff appraisals; consultant's work locally, nationally and internationally in relation to local and national service development, contributions to healthcare programmes and membership of local, regional and national bodies, including NHS and other government committees. Supporting evidence can include:

- Management of research staff – staff appraisals, feedback from research staff (compliments, complaints, formal feedback as per local practices)
- Leadership/membership of local, national, international committees and societies
- Leadership/membership of programmes for local, regional or national service development initiatives
- If you are a trained medical appraiser you should include the organisational feedback provided to you by the revalidation office for the last appraisal period.

Reflect

Are you adequately trained for these roles? Have you obtained feedback from delivering training/presentations etc.?

Challenge

Appraisers should challenge doctors to consider their development in these areas in order to provide safe effective care with optimal experience. Is there sufficient evidence for the roles outlined in the scope of work and is there reflection included?

Achievements, Challenges and Aspirations

Content

Though not mandatory for revalidation, this section offers the opportunity to discuss achievements over the past year, aspirations for the future and any challenges currently being faced. This is not an area to discuss grievances, rates of pay or any other subject which is not within the remit of your appraiser's responsibilities.

Reflection

This section can provide focus for the year ahead and if you allow yourself to consider the work over the past year you may be surprised at what you have actually achieved. There will be achievements, small achievements are often very hard won and you should allow yourself time to consider them and take credit for them.

Consider what it was that actually made the achievements happen and whether there is anything to be learnt from this as you plan tackling further challenges.

Challenge

Try to facilitate realistic aspirations in the short term (next year) (SMART) and also realistic aspirations in the long term (Career).

Plan

Encourage short term, medium term and long term achievable plans

Probity and Health

Further details regarding a doctor's probity and health obligations with regards to revalidation are available from the GMC.

The Trust/RO may ask you to bring specific information to your appraisal for discussion. For example, if you have been involved in a incident which has been brought to the attention of the RO/Trust, this should be discussed in your appraisal meeting and reflection on lessons learnt from the incident should be included in your portfolio.

Your Business Unit may also be asked if there is anything that needs to be discussed at your appraisal in relation to your probity and health obligations.

Additional Information

This section of your appraisal should include specific information that the Trust requires you to include in your appraisal. This additional information may or may not form part of the information needed for revalidation. You may also record here information that is particular to your circumstance, which you do not feel belongs in any other section.

The following information is to be included in every appraisal:

- An electronic copy of your most recent, signed off Job Plan
- Mandatory training record (If not included in the CPD section of your appraisal)
- Medical Managers report

PDP Proposals

You should have considered what objectives will be included in your Personal Development Plan (PDP) before the appraisal meeting and have them recorded in this section. These, together with the discussions arising from your appraisal meeting will inform a mutually agreed PDP.

Remember to make each objective SMART:

Specific

Measurable

Achievable

Realistic

Time bound

Supporting Information

This section is a self-populating list of all documents which you have uploaded into your appraisal form.

Pre-appraisal Preparation

This is an opportunity for the appraisee to reflect on the entirety of their work and summarise how the evidence contained within the appraisal portfolio demonstrates the principles of Good Medical Practice.

This summary requires bringing together the various reflections/lessons learnt discussed within your appraisal.

If done well it should provide the appraiser with much information to assist with the appraisal summary.

Agreed PDP

The agreed personal development plan is an itemised list of the doctors key development objectives for the coming year. Important areas to cover include actions to maintain skills and levels of service to patients, actions to develop/acquire new skills and actions to improve existing practice. A PDP should contain at least 2 objectives to be pursued over the next 12 months.

Learning/Development Needs requires a brief explanation of the learning need that has been identified.

Agreed action/goal should detail how the doctor and appraiser have agreed this need will be addressed, such as the actions the doctor will take and the resources required to achieve it.

Action by should capture the agreed deadline for achieving this learning/development need.

Will demonstrate need addressed by makes reference to how the doctor will evaluate whether participation in this action actually did result in changes and how they intend to change their practice as a result of this activity.

Appraisal Summary

The appraiser must record a concise summary of the appraisal discussion, which should be agreed with the doctor.

The appraisal summary should be recorded in accordance with the four domains of Good Medical Practice and should cover:

- An overview of the supporting information and the doctors accompanying commentary.
- Comment on the extent to which the supporting information relates to all aspects of the doctor's scope of work.
- How the doctor was challenged throughout the appraisal meeting.

Appraisal Outputs & Sign-Off

This is the final section of the appraisal form in which the appraiser is required to make five statements to the Responsible Officer. These statements are then confirmed by the doctor and appraiser before the form is marked as complete and locked down for the Responsible Officer to view.

Post Appraisal

Appraisals may be subject to external review to assure the standards required of medical appraisals for revalidation. Similarly, the RO has a duty to ensure internal measures are in place to continually review the Trusts processes for medical appraisals.

Appraisals will be audited by the RO to ensure they are consistent and comply with the GMC's requirements for revalidation. If the audited appraisals do not meet these standards, the doctor will receive feedback to address the areas that require improvement. Appendix 3 contains the checklist used by the RO when reviewing appraisals and highlights the standards expected from medical appraisals within the Trust.

Once an appraisal has been completed the doctor will be asked to provide feedback on the Trusts approach to appraisal, their appraiser's skills and the appraisal discussion. This feedback will be used to review Trust processes and the overall performance of our medical appraisers.

If you are due to be recommended for revalidation, the GMC will issue an automatically generated message to doctors where a revalidation recommendation has not been made within 2 weeks of the due date.

Please be aware that your RO can make a recommendation for you up to 4 months before your revalidation date however if this is done, your next revalidation date is reset to 5 years after the date of recommendation.

Your RO will therefore make each recommendation as close to the due date as possible to avoid the next revalidation date being brought forward.

If you have completed your appraisal in a timely manner on an annual basis and have met the requirements for revalidation, please do not be alarmed by the GMC email however if you have any concerns you can contact the revalidation office on the numbers provided in this document.

Please note that once you have completed your appraisal, a completed Form 6 is still required for your salary increment. Please ensure this form is sent to the Medical Director's office for signature.

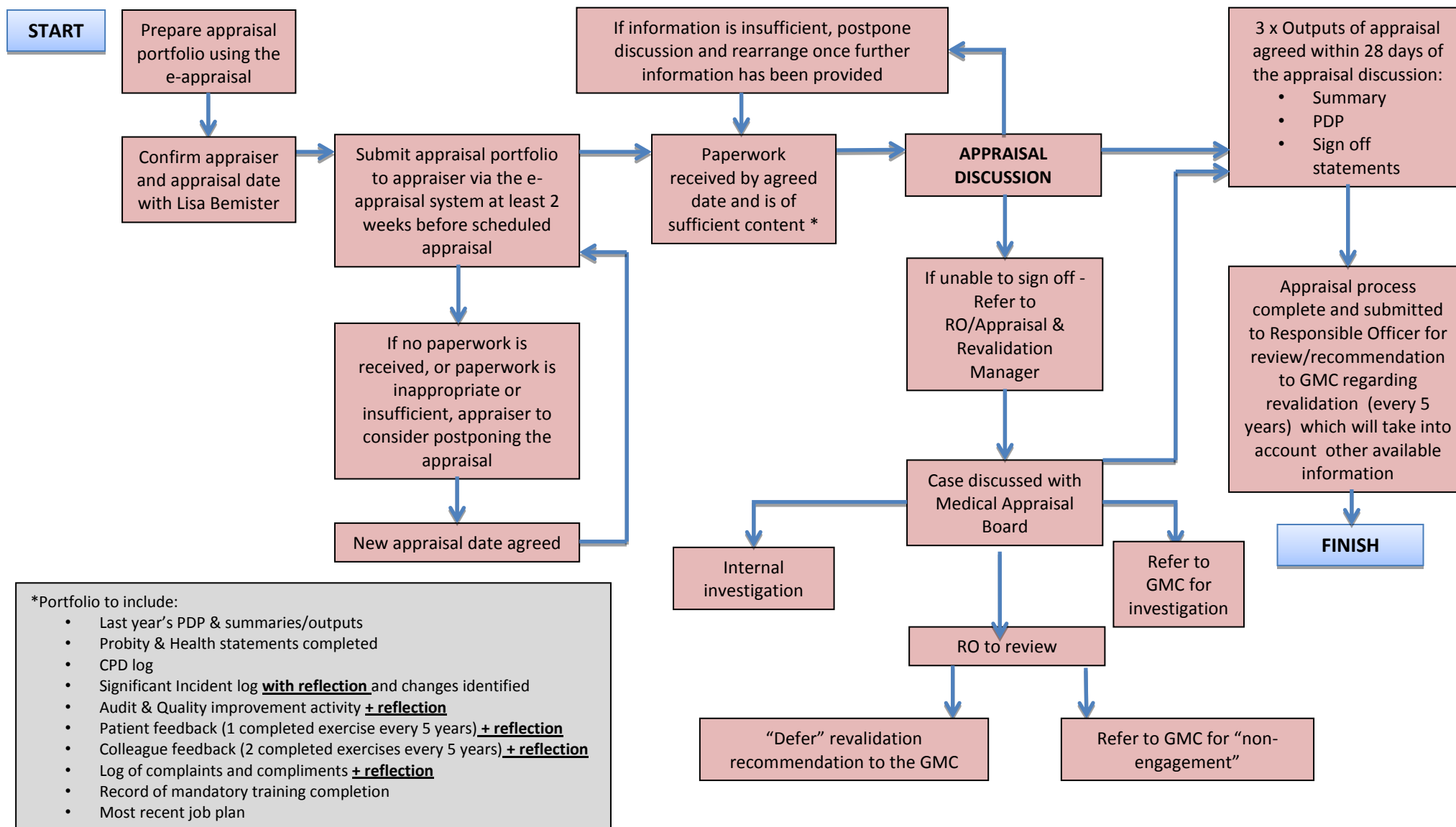
If you leave the Trust please ensure you export your appraisal portfolio from Zircadian so you have a record of your appraisal which can be given to your next place of work. You should also contact the Revalidation team to provide details of your next employer/RO so the relevant information can be transferred to your new RO for the purposes of revalidation.

Appendix 1 – Approved medical appraiser list

NAME	BUSINESS UNIT	SPECIALTY	EMAIL ADDRESS	EXTENSION NO
Dr Stephen Ward	Anaesthetics and Critical Care Services	Anaesthetics	Stephen.Ward@southend.nhs.uk	6362
Dr Mike Woodham	Anaesthetics and Critical Care Services	Anaesthetics	Michael.Woodham@southend.nhs.uk	5189
Dr Blanca Boira	Anaesthetics and Critical Care Services	Anaesthetics	Blanca.Boira@southend.nhs.uk	6367
Dr Manohary Selvakumuran	Anaesthetics and Critical Care Services	Anaesthetics	Mano.Selvak@southend.nhs.uk	6033
Dr Emily Simpson	Anaesthetics and Critical Care Services	Anaesthetics	Emily.Simpson@southend.nhs.uk	5501
Dr David Ringrose	Anaesthetics and Critical Care Services	Anaesthetics	David.Ringrose@southend.nhs.uk	5017
Dr Konrad Wolfe	Diagnostic & Therapeutic	Pathology	Konrad.Wolfe@southend.nhs.uk	5202
Dr Simon Payne	Diagnostic & Therapeutic	Pathology	Simon.Payne@southend.nhs.uk	5205
Dr Imtiaz Ahmed	Diagnostic & Therapeutic	Oncology	Imtiaz.Ahmed@southend.nhs.uk	6731
Dr David Tsang	Diagnostic & Therapeutic	Oncology	david.tsang@southend.nhs.uk	5228
Dr Saman Perera	Diagnostic & Therapeutic	Radiology	Saman.Perera@southend.nhs.uk	6806
Dr Andrew Tanqueray	Diagnostic & Therapeutic	Radiology	Andrew.Tanqueray@southend.nhs.uk	5282
Dr Caroline Howard	Medicine	A & E	caroline.howard@southend.nhs.uk	7218
Dr Claire Willis	Medicine	A & E	Claire.willis@southend.nhs.uk	6031
Dr Azhar Khokhar	Medicine	Cardiology	Azhar.Khokhar@southend.nhs.uk	6082
Dr Gary Bray	Medicine	Gastroenterology	Gary.Bray@southend.nhs.uk	6264
Dr Farhad Huwez	Medicine	DME	Farhad.Huwez@southend.nhs.uk	-
Dr James Ahlquist	Medicine	Diabetes & Endocrinology	James.Ahlquist@southend.nhs.uk	6937
Dr Karl Metcalfe	Medicine	Diabetes & Endocrinology	karl.metcalfe@southend.nhs.uk	6194
Dr Henna Jaleel	Medicine	Sexual Health	Henna.Jaleel@southend.nhs.uk	6327
Dr Iris Grunwald	Medicine	Stroke	Iris.Grunwald@southend.nhs.uk	5627
Mr Greg Packer	Musculoskeletal	Trauma/Orthopaedics	Greg.Packer@southend.nhs.uk	6116
Mr Alan White	Musculoskeletal	Trauma/Orthopaedics	Alan.White@southend.nhs.uk	6855
Mr Tony Greer	Musculoskeletal	Trauma/Orthopaedics	Tony.Greer@southend.nhs.uk	5376
Mr Rami Estfan	Musculoskeletal	Trauma/Orthopaedics	Rami.Estfan@southend.nhs.uk	5377
Mr Abdel Reda	Musculoskeletal	Trauma/Orthopaedics	Abdel.Redas@southend.nhs.uk	-
Mr Rajesh Aggarwal	Ophthalmology	Ophthalmology	Rajesh.Aggarwal@southend.nhs.uk	6899
Mr Hosam Kasaby	Ophthalmology	Ophthalmology	Hosam.Kasaby@southend.nhs.uk	6979
Mr Niral Karia	Ophthalmology	Ophthalmology	Niral.Karia@southend.nhs.uk	6527
Mr Tom Carr	Surgical	Urology	Tom.Carr@southend.nhs.uk	5060
Mr Sampi Mehta	Surgical	Urology	sampi.mehta@southend.nhs.uk	5063

Mr Bandipalyam Praveen	Surgical	General Surgery	Bandipalyam.Praveen@southend.nhs.uk	6174
Mr David Gatland	Surgical	ENT	David.Gatland@southend.nhs.uk	5435
Mr Gavin Watters	Surgical	ENT	Gavin.Watters@southend.nhs.uk	5431
Mr Khalil Razvi	Women & Children	Obs & Gynae	Khalil.Razvi@southend.nhs.uk	5146
Mr Cheng Lee	Women & Children	Obs & Gynae	Cheng.Lee@southend.nhs.uk	5149
Dr Naina Emcy	Women & Children	Paediatrics	Naina.Emcy@southend.nhs.uk	6558
Dr Anupam Shrivastava	Women & Children	Paediatrics	Anupam.Shrivastava@southend.nhs.uk	6576

Appendix 2 – SUH’s Medical Appraisal Process



Appendix 3 – Review template for quality assurance of medical appraisals

Appraisee name: _____

Appraiser name: _____

Date of appraisal: _____

	Annual	Per Cycle	Documented?	Reflection/Learning points made?
Scope of work	✓			
Last year's PDP reviewed	✓			
CPD	✓			
Quality Improvement Activity (at least 1 per cycle)		✓		
Significant Events – Is there a letter from Governance to confirm involvement?	✓			
Colleague feedback with appropriate number of responses and mix of raters (17 recommended)		✓		
Patient feedback with appropriate responses (34 recommended)		✓		
Review of Complaints – Is there a letter from PALS to confirm involvement?	✓			
Review of Compliments	✓			
Information included to cover whole scope of work (i.e. – letter from Private Professional Service)	✓			
Teaching, training, leadership & innovation activities	✓			
Probity declaration	✓			
Health declaration	✓			
Statutory/Mandatory training - record of completion	✓			

Next year's PDP is SMART				
Summary of how the 4 domains of Good Medical Practice (and their attributes) are being met through the portfolio of supporting information				

GENERAL QUALITY ASSURANCE REVIEW			
	Yes	No	Reviewer Comments
An appraisal has taken place which reflects the whole scope of work and addresses the principles of "Good Medical Practice"?			
Appropriate supporting information has been presented in accordance with GMP framework for appraisal and revalidation and this reflects the nature and scope of the doctors work			
The appraiser has made a clear record of any significant omissions in the appraisal documentation			
A review that demonstrates progress against last year's PDP including reasons for non-completion.			
No information has been presented or discussed in the appraisal that causes a concern about the doctor's fitness to practice?			
Appraisal deemed satisfactory?			