**Appraisal Summary**

Prepared by the **S**uffolk **A**ppraisers’ **G**roup

MAG Compatible Format

**Why this template**

Many appraisers have found it helps to ensure the appraisal covers all essential aspects and to collect all the information essential for both the appraisal summary and revalidation

**How to use this template.**

* Before the appraisal, look at the appraisee’s Revalidation Summary page on RMS. Make sure you discuss what is missing and what needs to be done before the last appraisal preceding revalidation.
* Each domain has two columns. The text in left hand column in red colour is there to prompt you on the material that you either *should* cover or *may* cover in each area. Do not confine yourself to these items, they are prompts.
* You may use the right hand column to record your appraisal. You can then do one of two things:
1. Copy and paste from this document into Clarity or whatever electronic system is being used OR
2. Use the document as the appraisal summary if the appraisee has not used an electronic portfolio. To do so, delete the left hand columns.
* There is an additional table with prompts for Data needed for Revalidation. Most of the data will be on the appraisee’s Revalidation Summary page but *you will have to add BLS and Child Safeguarding to the appraisal summary.* Please do so where they can easily be found during the review for revalidation(where they are if submitting this document, or Information that will help the RO box in Clarity or similar)

**Summary of appraisal**

|  |  |
| --- | --- |
| Doctor’s Name |  |
| Doctor’s GMC Number |  |
| Appraisal Date |  |
| Revalidation date |  |
| Appraiser’s Name |  |

*The appraiser must record here a concise summary of the appraisal discussion, which should be agreed with the doctor, prior to both parties signing off the document.*

*Summaries should be recorded in accordance with the four domains of Good Medical Practice. The appraiser should be aware of the attributes within each of the domains and ensure that this, and future appraisals, are in accordance with Good Medical Practice.*

**Domain 1: Knowledge, skills and performance**

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| --- | --- |
| ***Last Year’s Appraisal Summary* *Reviewed****Skills: skill sets and particular interests this year* *On call work / OOH**Types of learning, topics, sources, style – breadth of work?* ***Evidence of learning and reflection****Quality of documentation****Credits claimed – total agreed******Last years PDP reviewed****l**Essential updates e.g. CPR safeguarding**Other roles: (extended role, training, appraisal, management Research) CPD, appraisal)* |  |

**Domain 2: Safety and quality**

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| --- | --- |
| ***Last Year’s Appraisal Summary***stage of revalidation cycle***Quality improvement activity****: audit, structured case review, quality improvement project**Meetings – in practice – learning**Clinical governance / risk management****Significant events****Prescribing / medicines / controlled drugs management – personal organisational.****Complaints in the last year*** *Anything a third party has told doctor to bring to appraisal**Serious health issues - immunised – registered with external GP**Exceptional circumstances**Annual BLS training**3 yearly safeguarding training**Other: Equality and diversity, Fire training, Mental capacity act / Deprivation of liberty, Infection control, Information governance and security,* *Secure transfers of personal data* | e.g. You are up to date with training required by your employer, NHS England and CQC.You have not had serious health issues. No third party has asked you to bring anything to the appraisal. |

**Domain 3: Communication, partnership and teamwork**

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| ***Last Year’s Appraisal Summary*** ***Roles****, management**List type: Patient population* *Meeting types: How often and with whom**Teaching training* ***Last MSF****: comments if this year**Chaperones / patient info etc.**Compliments/Letters thanks Feedback**Patient participation group**Commissioning* *Other organisations*  |  |

**Domain 4: Maintaining trust**

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| ***Last Year’s Appraisal Summary*** *Contract**Indemnity**Ethical issues, probity – honest, trustworthy, integrity**Last PSQ: comments if this year**Conflicts of interest**Investigations into performance over last year* *Suspensions / restrictions on practice in last year**Financial affairs –outside auditor /accountant. Money from outside sources.**Drug companies* *Pharmacy or dispensing income**Ethics - e.g. Research**Responsibility issues around having learners/ work experience people**Gift log gift declaration, trusts or patient funds – ownership and administration* *Accountants**Hidden benefits…. School fees etc* | You have a contract, independent accountants, and indemnity cover. You have no conflicts of interest, no investigations into your performance, suspensions or restrictions, hidden benefits or other sources of income. You are up to date with immunisations and do not have any health problems that impact on your work.  |

General summary

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| --- | --- |
| Context of where and what type of workResponsibilities within practiceAdditional roles /statements of satisfactory serviceKey changes and challenges over the year – work and personalWork/life balancePlans/hopes for futureAppraisal/revalidation needs for next year  |  |

**Data needed for Revalidation**

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| --- | --- |
| **Should be on RMS**Has a QIA been performed? (Date)CPD credits checked (Number)Significant events in the appraisal yearComplaints and compliments reviewedHas an MSF been conducted? (Date)Has a PSQ been conducted? (Date) |  |
| **You should record in appraisal summary**Last BLS update (Date)Level 3 Child Safeguarding update 6 hours over a three year period (Date/s) |  |

**Agreed PDP**

*The personal development plan is a record of the agreed personal and/or professional development needs to be pursued throughout the following year, as agreed in the appraisal discussion between the doctor and the appraiser.*

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| --- | --- | --- | --- |
| Learning / development needs | Agreed action or goal | Date thiswill be achieved by | How will you be able to demonstrate that your need has been addressed |
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**Appraiser Statements**

1. An appraisal has taken place that reflects the whole of the doctor’s scope of work and addresses the principles and values set out in Good Medical Practice.

Agree ☐ Disagree ☐

2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of

the doctor’s work.

Agree ☐ Disagree ☐

3. A review that demonstrates progress against last year’s personal development plan has taken place.

Agree ☐ Disagree ☐

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

Agree ☐ Disagree ☐

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor’s fitness to practise.

Agree ☐ Disagree ☐

The appraiser should record any comments that will assist the responsible officer to understand the reasons for the statements that have been made.

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The appraiser should record any other issues that the responsible officer should be aware of that may be relevant to the revalidation recommendation.

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The doctor may use this space to respond to the above comments made by the appraiser. The responsible officer will review comments made in this space.

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**Both the doctor and the appraiser are asked to read the following statements and sign below to confirm their acceptance:**

"I confirm that the information presented within this submission is an accurate record of the documentation provided and used in the appraisal."

"I understand that I must protect patients from risk of harm posed by another colleague’s conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."

Doctor - please tick here to confirm this ☐

Full name of doctor accepting the declaration above

Doctor GMC number

Appraiser - please tick here to confirm this ☐

Full name of appraiser accepting the declaration above

\* Appraiser GMC number