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ADVANCE LETTER (MD) 05/02

To: Chief Executives/Directors of:

Strategic Health Authorities
NHS Trusts
Workforce Development Confederations
Primary Care Trusts & Care Trusts
Rampton Hospital
Ashworth Hospital
Broadmoor Hospital
Prescription Pricing Authority
National Blood Authority
Dental Practice Board
Health Development Agency
NHS Training Directorate
Local Authority Social Services Departments
Public Health Laboratory Service
Medical Research Council
National Clinical Assessment Authority
National Care Standards Commission

30 September 2002

Dear Colleague

NON-CONSULTANT CAREER GRADE DOCTORS: ANNUAL APPRAISAL

Summary

This Advance Letter tells employers of the introduction of appraisal for all non-consultant career grades (NCCGs). It follows AL(MD) 6/00 and AL(MD) 5/01 which explained similar arrangements for consultants.

We have reached agreement with the BMA on a national appraisal scheme for all NCCGs in the Secondary and Community sectors. The agreement is attached at Annex A. The required documentation, based on similar arrangements for consultants, is at Annex B.

The agreement applies to all Secondary and Community sector doctors except consultants and those in recognised posts in the nationally agreed training grades. These arrangements apply to doctors who are working in a secondary care setting, and who will not be appraised under the GP Principal scheme. The group of doctors now having access to appraisal includes:

staff grades

associate specialists

all other non-consultant doctors on local terms and conditions of service.

This guidance also applies to hospital doctors who are not GPs, but who occupy posts as clinical assistants and hospital practitioners even though these were formerly reserved for GPs.

It is government policy and in accordance with clinical governance that all NHS doctors should be appraised. Employers should, therefore, ensure that this appraisal process is completed as a contractual requirement by doctors employed on local terms and conditions of service. This includes doctors in posts regarded as equivalent to the training grades but which do not have approval from the postgraduate dean. Circular HSC 229/98 explains the definition in full. It

also includes any locum doctors at whatever level who have been in post for more than two months – although those acting as locum consultants for longer than two months in the same post should be included in the consultant scheme.

GPs to whom the GP Principal appraisal scheme does not apply may wish to have their work as clinical assistants or hospital practitioners appraised under this scheme.

Employers should ensure that the requirement to participate in appraisal is a contractual requirement for all new employees in those grades to which this agreement applies.

Employers should now consider how they are going to implement appraisal within the scope of the national agreement. Training for those conducting and participating in appraisal is essential to support the extension of appraisal to these doctors.

Action

Employers should note:

the agreement below and consider how appraisal will be implemented;

that training and development for all staff involved is essential.

Consistency of local schemes introduced before 1 April 2002

Appraisal must follow a standardised format if it is to be applied consistently and satisfy the GMC's requirements for revalidation. The national appraisal documentation for those doctors who are not consultants or trainees will, therefore, replace any existing local documentation.

Timing

We expect employers to put in place arrangements which ensure that all their NCCGs are appraised by March 31, 2003.

Chief Executives are accountable for ensuring NHS Trusts comply with action set out in the circular, through the usual NHS performance management mechanisms.

Amendments to Terms and Conditions of Service Handbooks

Notification of merged terms and conditions for hospital medical and dental staff (England and Wales), and of doctors in public health and the community health service (England and Wales) was given under cover of AL(MD)04/02, which was 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.

Summary of action

Employers should begin planning implementation now and ensure that all NCCGs are appraised in the year ending March 2003 and annually thereafter.

Distribution and Enquiries

A copy of this letter is on the Department of Health website at http://www.open.gov.uk/doh/coinh.htm. Employers should provide locally any further copies they require.

Practitioners should direct enquiries to their employing authorities and trusts. Any enquires which cannot be resolved locally should be directed to **www.apprcom.doh.gsi.uk**

Yours sincerely

Professor Maggie Pearson
Deputy Director Human Resources

ANNEX A

NON-CONSULTANT CAREER GRADE DOCTOR APPRAISAL SCHEME

1. Introduction

The development of clinical governance in the NHS and the proposals by the GMC for revalidation of doctors have underlined the need for a comprehensive annual appraisal scheme for medical and dental staff.

This paper sets out the national model appraisal scheme for non-consultant career grade medical staff in the NHS and is the outcome of discussion and agreement with the BMA. Appraisal will become a requirement for all career grade doctors and employers should introduce the scheme as soon as agreed.

2. Definition and Aims of Appraisal

Appraisal for non-consultant career grade doctors is 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 is a positive employer-led process to give non-consultant career grade doctors feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward-looking process essential for the developmental and educational planning needs of an individual. It is not the primary aim of appraisal to scrutinise doctors to see if they are performing poorly but rather to help them consolidate and improve on good performance, aiming towards excellence. However, it can help to recognise, at an early stage, developing poor performance or ill health, which may be affecting practice.[1]

The aims and objectives of the appraisal scheme are to enable NHS employers 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 non-consultant career grade doctor'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 agreed job plan review to be met;
- provide an opportunity for non-consultant career grade doctors to discuss and seek support for their participation in activities for the wider NHS;
- utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.

It is essential that appraisal is available to all non-consultant career grade doctors.

3. Appraisal Process and Content

The Chief Executive is accountable for the appraisal process and must ensure that appraisers are properly trained to carry out this role and are in a position to undertake appraisal of clinical performance, service delivery and management issues. Section 8 below sets out who might undertake the appraisal of non-consultant career grade doctors.

[1] *Supporting Doctors, Protecting Patients*

The content of appraisal will be based on the core headings set out in the GMC's *Good Medical Practice* document together with relevant management issues including the non-consultant career grade doctor's contribution to the organisation and delivery of local services and priorities.

The GMC's core headings are:

Good clinical care
Maintaining good medical practice
Relationships with patients
Working with colleagues
Teaching and training
Probity
Health

4. Revalidation

The appraisal process is the vehicle through which the GMC's revalidation requirements will be delivered for senior hospital doctors and consultants in Public Health medicine. To this end, appraisal discussions and evidence gathering should be sufficiently broad to cover the essential requirements of revalidation. Separate guidance on the arrangements for appraisal of consultants in public health will be issued in due course.

By this means, appraisal will provide a regular, structured system for recording progress towards revalidation and identifying development needs (as part of personal development plans) which will support individual non-consultant career grade doctors in achieving revalidation.

5. Preparation

The non-consultant career grade doctor being appraised should prepare for the appraisal by identifying those issues which he/she wishes to raise with the appraiser and prepare an outline personal development plan.

The appraisers should prepare a workload summary with the non-consultant career grade doctor being appraised. It will be necessary for early discussion to take place on what data is relevant and will be required. This will include data on patient workload, teaching, management and any pertinent internal and external comparative information. Appraisees should also submit any other data which they consider relevant to the appraisal. This must include sufficient relevant data relating to other work carried out externally to the Trust/Health Authority (e.g. in private practice and in commercial healthcare industries).

The primary purpose of the workload summary is to inform the appraisal and job plan review and to facilitate departmental planning and development. It will highlight any significant changes which might have arisen over the previous 12 months and which require discussion.

Discussion should be based on accurate, relevant, up-to-date and available data. This should be supplemented by any information generated as part of the regular monitoring of organisational performance undertaken by the Trust.

In advance of the appraisal meeting, the appraisers should gather the relevant information as specified above and consult in confidence and where appropriate, the Medical Director, other Clinical Directors/lead consultants and members of the immediate care team. The information and paperwork to be used in the appraisal meeting should be shared between the appraisers and the appraisee at least two weeks in advance to allow for adequate preparation for the meeting and validation of supporting information.

6. Scheme Content

(i) Clinical Performance

This focuses on all clinical aspects of the non-consultant career grade doctor's work including data on activity undertaken outside the immediate NHS employer. This should include:

- 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;
- 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;
- CPD, including the updating of relevant clinical skills and knowledge through CME;
- the use and development of any relevant clinical guidelines;
- Risk Management and adherence to agreed clinical governance policies of the trust and suggestions for further developments in the field of clinical governance;
- professional relationships with patients and colleagues and team working.

(ii) Teaching and Research Activities

Review of quantity and quality of teaching activity, where appropriate - 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.

(iii) Personal and Organisational Effectiveness

This focuses on the non-consultant career grade doctor'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, any 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.

(iv) Other matters

Discussion of any other matters which either the appraisers or the non-consultant career grade doctor being appraised may wish to raise, such as the non-consultant career grade doctor's general health and wellbeing or, for example, experience of bullying, harassment and discrimination.

7. Option for Speciality or Subspecialty Review

The assessment of some of the more specialist aspects of a non-consultant career grade doctor's clinical performance is best carried out by those who are fully acquainted with the relevant areas of expertise and knowledge. Where it is apparent that a speciality or sub-specialty review is an essential component of appraisal, the appraisers and the appraisee should plan this into the timetable in advance of the appraisal interview.

If during the appraisal, it becomes apparent that more detailed discussion and examination of any aspect would be helpful and important, either the appraisers or the appraisee should be able to request internal or external review. This should normally be completed within one month and a further meeting scheduled as soon as possible thereafter (but no longer than one month) to complete the appraisal process.

As a matter of routine, the results of any other internal or external review carried out involving the non-consultant career grade doctor's work (e.g. by an educational body, a professional body, or CHI or similar bodies) will need to be considered at the next appraisal

meeting. This will not prevent the employer from following its normal processes in dealing with external reviews.

8. Who Undertakes the Appraisal

For the purposes of GMC revalidation a senior doctor (or dentist) in the medical (or dental) register must undertake the appraisal. The Chief Executive will nominate an appropriate doctor who is competent to undertake appraisal across the broad range of headings within the appraisal scheme. The Chief Executive must ensure that the appraisers are properly trained and in a position to undertake this role and where appropriate the inter-linked process of Job Plan Review.

The appraiser will be able to cover clinical aspects and matters relating to service delivery, and will usually be the Clinical Director, lead clinician or named consultant, if this is appropriate to the management arrangements of the employer.

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 non-consultant career grade doctor who carries the confidence of trust management. The appraisee must accept one of these alternatives.

The Clinical Director should be fully consulted by the appraisee and appraiser before the appraisal meeting takes place. The doctor undertaking the appraisal should, where this is appropriate, be the same person who undertakes the subsequent job plan review. Where the appraiser is not the appropriate person to agree the job plan, the Clinical Director will ensure that arrangements are in place to ensure that a Job Plan is agreed. The Clinical Director will also ensure that the appraiser and appraisee are aware of and consider all relevant issues at the appraisal meeting. This may be best achieved through an agreed contribution to the appraisal meeting and outcome report.

In some small trusts it may not be possible to identify suitable appraisers to conduct the professional aspects of the appraisal, i.e. those in which specialist knowledge is essential. In these instances, two or more trusts might collaborate to ensure that an appraiser is available to contribute to the appraisal process.

The Clinical Director will be responsible for ensuring any necessary action arising from the appraisal is taken. If the agreed appraiser is not the appraisee's Clinical or Medical Director, the appraisers will be responsible for submitting to the Clinical or Medical Director the details of any action considered to be necessary. The Clinical and Medical Directors will be held accountable to the Chief Executive for the outcome of the appraisal process.

The Chief Executive will be personally accountable to the Trust/HA Board for ensuring that appraisal is available to all non-consultant career grade doctors and any follow up action is taken.

9. Outcomes of Appraisal

The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraisers. 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. All records will be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act.

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 appraisers and appraisee. Both parties must complete and sign the appraisal document and send a copy, in confidence to the Chief Executive, Medical Director, Clinical Director and, in the rare cases where this is warranted in order to deliver the development needs of the NCCG doctor, the named consultant(s) (where applicable), if not the appraisers. For the Chief Executive, this will also include information relating to service objectives which will inform the job plan review. There will be occasions where a follow up meeting is required before the next annual appraisal and Clinical Directors should ensure that the opportunity to do this is available.

Where there is disagreement which cannot be resolved at the meeting, this should be recorded and a meeting between the appraiser and appraisee will take place in the presence of the Medical Director or Clinical Director in the first instance, to discuss the specific points of disagreement. The non-consultant career grade may request his/her named consultant to be present and may also be accompanied by a medical colleague from within the NHS Trust/Health Authority.

Where it becomes apparent during the appraisal process that there is a potentially serious performance issue 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. This may for example include referral to any support arrangements that may be in place.

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 Trust wide issues and action arising out of the appraisal process - e.g. educational developments.

10. Personal Development Plan

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 must ensure that key areas have been covered, ensure that all relevant training is being provided and identify any employer-wide issues which might be addressed on an organisational basis e.g. clinical audit priorities. The implementation of the personal development plan is the responsibility of the Medical Director and the Chief Executive.

11. NCCGs working in more than one trust

The employing Trusts must agree on a 'lead' trust for the non-consultant career grade doctor's appraisal. Agreement will also include appropriate discussion prior to the appraisal between Clinical Directors to ensure key issues are considered, as well as systems for accessing and sharing data and arrangements for action arising out of the appraisal.

12. Introduction and Training

To be successful the appraisal scheme must be introduced with an appropriate level of support to appraisers and appraisees. Adequate time should be allocated for the preparation and appraisal meeting. All those involved in the appraisal process, appraisers and appraisees, must receive appropriate training before beginning appraisal.

13. Links with other Procedures

Appraisal must be carried out annually. Non-consultant career grade doctors should participate fully and positively in the appraisal process.

Refusal by a non-consultant career grade doctor to participate in the appraisal process may be a disciplinary matter and, therefore, dealt with, where necessary, under the employer's disciplinary procedures. Additionally, the Chief Executive will report the matter to the Discretionary and Optional Points Committees and the non-consultant career grade doctor may not be considered for an award until he/she has agreed to participate fully in the appraisal process.

14. Existing Local Schemes

Any local scheme that has already been implemented may continue to be used where there is local agreement to do so. It must, however, comply with the principles of this agreement and the national documentation must be used on all occasions.

15. Serious issues relating to poor performance

Serious issues relating to poor performance will most often arise outside the appraisal process and must be addressed at that time. It is not acceptable to delay dealing with such issues until the next scheduled appraisal. Such concerns should be dealt with in accordance with the normal agreed employer procedures. This may include the Chief Executive feeling it necessary to inform the Trust Board in a closed session.

In the event of serious concerns being identified during an appraisal, they should be dealt with in the same way. The appraisal will then have to be suspended until the identified problems have been resolved.

16. Role of the Chief Executive

The Chief Executive is personally accountable for ensuring that all non-consultant career grade doctors undergo an annual appraisal and that there are appropriate, trained appraisers in all cases. The Chief Executive should also ensure the necessary links exist between the appraisal process and other Trust processes concerned with clinical governance, quality and risk management and the achievement of service priorities. In discharging this accountability, the Chief Executive and Medical Director will have confidential access to any documentation used in the appraisal process. In these circumstances, the individual concerned will be informed.

The Chief Executive will be accountable, to the Trust Board, for overseeing the appraisal process. This means ensuring and confirming to the Board that:

- appraisals have been conducted for non-consultant career grade doctors;
- any issues arising out of the appraisals are being properly dealt with;
- personal development plans for all non-consultant career grade doctors are in place.

NHS Appraisal for Non-Consultant Career Grades

Introduction

This set of documents reflects the agreement on appraisal for NHS Non-Consultant Career Grades issued with Advance Letter (MD) 05/02. The AL said that there would be standard documentation to ensure consistency:

> "Appraisal must follow a standardised format if it is to be applied consistently and satisfy the GMC's requirements for revalidation. The national appraisal documentation for NCCGs will, therefore, replace any existing local documentation"

The documentation is designed to provide a formal, supportive, consistent structure to the appraisal process. It covers the process in sequence and suggests the information and evidence which the parties to the appraisal will wish to bring to the process.

Appraisal Documentation

This documentation is part of an overall process which will include training for appraiser and appraisees. Completing the documents is an important facet of appraisal, not least as it provides a written agreement and encourages consistency, but the dialogue between individuals and the exchange of views is equally important.

Every non-consultant career grade being appraised should prepare an *appraisal folder*. This is a systematically recorded set of all the documents, information, evidence and data which will help inform the appraisal process. Once the folder has been set up it can be updated as necessary. The documentation will allow access to original documents in the folder in a structured way, record what the appraisal process concluded from them and, finally what action was agreed as the outcome following discussion.

The appraisal process of itself will not result in the generation of significant amounts of new evidence or information, rather it will capture the information that already exits. What goes into the folder will, for the most part, be available from clinical governance activity, the job planning process and other existing sources. One result of the appraisal process will be to identify areas where there are gaps to be filled or where perhaps data needs to be better collated or presented. This is likely to be more apparent in the early years after appraisal is launched.

Non-consultant career grades will need to consider which documents they will need to collect for the appraisal process in the light of this guidance. Documents issued prior to the publication of this guidance may no longer be accessible and may, therefore, not be available for the first appraisal under this scheme.

Preparing for appraisal

Successful appraisal depends on both parties giving their contribution some thought beforehand. Both parties should give themselves enough time to produce, exchange and consider any documents necessary for the appraisal – a few weeks rather than a few days in advance is best. Where, for whatever reason, a third party needs to contribute to an appraisal – or, indeed, where a special appraiser has to be called in – this should also be discussed and agreed well in advance.

We suggest that it would greatly help the process if both the appraiser and the appraisee thought through the following questions before the interview:

- how good a doctor am I?
- how well do I perform?
- how up to date am I?
- how well do I work in a team?
- what resources and support do I need?
- how well am I meeting my service objectives?
- what are my development needs?

It is very important that the discussion, a vital component of appraisal, is planned in diaries well ahead and the time protected. Ad-hoc arrangements will fail the appraisee and the appraiser.

Essentially, the timing, location and people involved in the appraisal need to be discussed and confirmed about a month beforehand.

AL (MD) 06/01 paragraph 13, explains that "To be successful, the appraisal scheme must be introduced with an appropriate level of support to appraiser and appraisees. Adequate time should be allowed for the preparation…". It is essential therefore, that adequate time is allocated for preparation, both for the appraiser and the appraisee. Employers must recognise that preparation time, and time for carrying out the appraisal are instead of, rather than additional to, the non-consultant career grade's existing duties and workload, and therefore should take place during usual working hours. In order to prepare for appraisals, individuals should be explicitly released from other duties for a specified period of time. In the first year of the scheme it must be recognised that appraisees will require further time for the work involved in setting up their appraisal folders.

Using the documentation

Appraisal Forms 1 – 4 will be forwarded to the Medical Director, who will forward a summary of the outcomes of appraisal of non-consultant career grades to the Chief Executive, who has overall accountability for ensuring appraisal takes place. In cases of difficulty, it may deemed necessary for the Chief Executive to receive copies of Forms 1 – 4.

Job Planning and Comparative Data

The introduction of an appraisal scheme for non-consultant career grades is linked closely with job planning arrangements. The appraisal process and the interview provide an important opportunity to draw together information and data from which the job plan and a work programme are shaped. The document here – *Form 5* – provides for a record of the basic information underpinning discussion of the job plan – including any pertinent comparative information – so that it can be used as a cross-reference between this and the other parts of the appraisal process.

Should concerns arise during the appraisal

Both the appraiser and the appraisee need to recognise that as registered medical or dental practitioners they must protect patients when they believe that a colleague's health, conduct or performance is a threat to patients (*GMC Good Medical Practice paragraph 26; GDC Maintaining Standards paragraph 2.4*). If, as a result of the appraisal process the appraiser believes that the activities of the appraisee are such as to put patients at risk, the appraisal process should be stopped and action taken. If the situation is remedied then the appraisal process can continue. Nothing in the operation of the appraisal process can over-ride the basic professional obligation to protect patients.

Public Health Physicians

Guidance on appraisal for doctors in public health medicine will be issued separately. However, the nature of practice in public health medicine means that the information and evidence brought to the appraisal process will differ in some respects from that of colleagues in other clinical specialties. For example, public health physicians will wish to refer to *Good Public Health Practice* published by the Faculty of Public Health Medicine of the RCP(UK). References to Good Medical Practice and to maintaining Good Medical Practice clearly refer in the case of doctors in public health, to public health medicine practice.

We provide at appropriate points on *Forms 4 and 6* space for public health physicians to comment on and record action against any other headings of *Good Public Health Practice* not covered elsewhere.

GMC Revalidation

The documentation has been prepared in the light of proposals by the GMC to introduce revalidation for all doctors.

Briefly, the GMC's proposals call for a five-yearly demonstration of all doctors' fitness to practise. Under the scheme currently being proposed, this will be based on information and evidence to be seen by GMC panels. As far as possible, we have designed the documentation to allow the information and evidence-gathering processes of appraisal and the summaries of outcomes to fulfil the requirements of revalidation as soon as it is introduced. This means that

doctors will be able to produce the evidence they need for revalidation as part of a seamless process which avoids complexity and duplication. For example, *Forms 1 – 4* should be able to provide the evidence required for revalidation. The Medical Director should receive copies of Forms 1-4. The Medical Director will report to the Chief Executive any issues arising from appraisal of NCCGs.

While there is a clear connection between revalidation and appraisal, there are also differences. Revalidation concerns itself with a standard measured against the framework of the GMC's guidance *Good Medical Practice*, while NHS appraisal takes, in addition to this, a broader look at a doctor's work and service delivery.

It is UK Health Departments' policy to support the GMC's plans to introduce revalidation, and to make sure that the practical arrangements are as simple and straightforward as possible. We expect that further guidance will be issued by the GMC on revalidation before its scheme is introduced.

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 1ii 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 non-consultant career grade 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

Date and country of grant of any specialist registration/qualification outside 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. Do you enjoy practising privileges in Non-NHS hospitals? 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 (sub-specialty 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.

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

1. ………………………………………………………………………………..
2. ………………………………………………………………………………..
3. ………………………………………………………………………………..
4. ………………………………………………………………………………..
5. etc ………………………………………………………………………………

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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.

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

1. ……………………………………………………………………………………..
2. ……………………………………………………………………………………..
3. ……………………………………………………………………………………..
4. ……………………………………………………………………………………..

5.etc ………………………………………………………………………………….

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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 sub-specialty reviews, which may include 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.

1. ……………………………………………………………………………………..
2. ……………………………………………………………………………………..
3. ……………………………………………………………………………………..
4. ……………………………………………………………………………………..
5. etc …………………………………………………………………………………..

   ………………………………………………………………………………………

   ………………………………………………………………………………………

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, sub-specialty reviews, which may include peer reviews/surveys.

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

1. ……………………………………………………………………………………..

2. ……………………………………………………………………………………..

3. ……………………………………………………………………………………..

4. ……………………………………………………………………………………..

5.etc ……………………………………………………………………………………..

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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.

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

1. ……………………………………………………………………………………..

2. ……………………………………………………………………………………..

3. ……………………………………………………………………………………..

4. ……………………………………………………………………………………..

5. ……………………………………………………………………………………..
etc
……………………………………………………………………………………..

……………………………………………………………………………………..

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.

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

Probity
1. ……………………………………………………………………………………..

2. ……………………………………………………………………………………..

3. ……………………………………………………………………………………..

etc ……………………………………………………………………………………..

……………………………………………………………………………………..

Health
1. ……………………………………………………………………………………..

2. ……………………………………………………………………………………..

3. ……………………………………………………………………………………..

4. ……………………………………………………………………………………..

5 . etc ……………………………………………………………………………………..

……………………………………………………………………………………..

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
1. …………………………………………………………………………………..
2. …………………………………………………………………………………..
3. …………………………………………………………………………………..
4. …………………………………………………………………………………..
…………………………………………………………………………………..
…………………………………………………………………………………..
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

1. …………………………………………………………………………………………….

2. …………………………………………………………………………………………….

3. …………………………………………………………………………………………….

4. …………………………………………………………………………………………….

…………………………………………………………………………………………….

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

FORM 4 – SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN

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.

Non-consultant career grade doctors 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.

What development needs have I?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed
Explain the need.	*Explain how you will take action, and what resources you will need?*	*The date agreed with your appraiser for achieving the development goal.*	*How will your practice change as a result of the development activity?*	*Agreement from your appraiser that the development need has been met.*
1.				
2.				
3.				
4.etc				

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 (in instances where NCCGs have their own waiting lists within the team)
- 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.

List documents here:

1. ………………………………………………………………………………………….

2. ………………………………………………………………………………………….

3. ………………………………………………………………………………………….

4. ………………………………………………………………………………………….

5. etc ……………………………………………………………………………………….

…………………………………………………………………………………………….

…………………………………………………………………………………………….

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