



MSU Quality Appraisal

Step-by-step guidelines to completion

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Officer in charge

Introduction

This document is provided to ensure a high standard of completion for each domain of the appraisal process.

In summary the process is designed to capture the following information:

- ✓ A description of what we do
- ✓ Reassurance that we are capable of doing it to a high standard
- ✓ Evidence on how we do it
- ✓ Evidence that we remain up to date in our areas of professional practice

The process encourages us to consider how in our professional practice we deal with the 4 key areas of Good Medical Practice (GMP) set out by the GMC:

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

The MSU appraisal team provides continuous support during the assessment process, therefore, at any point that you require assistance; please contact our administrator or your immediate point of contact for help or advice. It is however, your sole responsibility to assure that you book your assessment with your assigned appraiser and complete the online digital appraisal form using MSUs PReP system plus your portfolio of evidence before the deadline. Also, you must ensure that you can submit all the documentary requirements to your appraiser at least 4 weeks before your appraisal date.

An appraiser feedback is essential within 28 days after your case is signed off. This can be discussed with the Responsible Officer and Appraisal Lead.

Key Preparation Steps

1

Communicate with your appraiser to schedule your assessment date, and inform MSU admin of the scheduled date so MSU PReP can be updated with the complete details.

2

Complete the appraisal forms through MSU e platform and file your portfolio of evidence (this should be done throughout the year).

3

File your documentary requirements to your designated appraiser 4 weeks before your scheduled appraisal meeting. To submit your appraisal, click your agreement to the statement in the Pre-appraisal preparation section of the form and in each domain.

4

The appraiser reviews your documents (portfolio) prior to the appraisal meeting. Areas that require improvements are highlighted and shared with the appraisee prior to appraisal.

5

Appraisal meeting is conducted and appraisal is signed off by the appraisee and appraiser.

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

It is vital that all medical appraisals are of sufficient standard to allow your Responsible Officer, to make a recommendation regarding revalidation to the GMC. Your license to practice will solely depend on this.

The process for completing an enhanced medical appraisal is outlined in **Appendix 1**.

For many, this year's appraisal will be their last appraisal before the date for submission of a recommendation by the Responsible Officer. You will need to perform a multi-source feedback exercise that includes collation of both colleague and patient feedback.

With the use of the 360 Degree system, all of the gathered feedbacks will be summarised and tallied to produce your overall feedback findings. If you need assistance using this system, please contact admin@msu.co.uk.

You can use the following pages as a guide to complete your appraisal forms.

Dr. Sohail Qureshi
Responsible Officer

Preparation of your Appraisal

This document is designed to ensure that your appraisal preparation and meeting will meet the standards of practice, which will help your Responsible Officer, to make recommendation to the GMC regarding your revalidation.

We recommend that all doctors alert themselves to the following guidance:

- Appraisals must comprehensively document all aspects of work and management duties including those undertaken for external organizations (including private practice and charity work).
- All information presented in the appraisal must be well supported by evidence to reflect any external commitments and as well those undertaken within the main job placement.
- Adequate Reflection is required to for each supporting information to fit the 4 domains set by the GMP framework.
- Personal Development Plan objectives must be based on SMART format (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime Bound).
- Regardless of your scheduled revalidation date, all appraisals from 1st April 2014 onwards are required to be in the enhanced format annually.
- Colleague feedback to be sought within the revalidation cycle.
- Patient's feedback is only required immediately before your first revalidation date. After the first cycle, feedback will only be required twice in every 5-year cycle. However, it is still important to regularly monitor and seek patient's feedback to ensure the quality of your practice.
- All appraisals **MUST** be completed by the specified date every year, unless there are extenuating circumstances that require the prior agreement of your Responsible Officer. However, it is your sole responsibility to ensure that your appraisal is completed on time and within 12 months of your last appraisal.

Reflection

We could all improve our appraisals by providing evidence of reflection.

With regards to the supporting information you provided, your appraiser will be interested to discuss with you all the information and reflections you included in your portfolio. The discussion with your appraiser includes everything about your supporting information, your practice and your intended actions to improve the quality of your medical services as a result of your reflections. For instance, 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.

The MSU PReP system requires all domains to be completed and filed to your appraiser 4 weeks before your scheduled formal appraisal meeting takes place.

Important note: Each section of your appraisal form contains a help icon (“?”). This provides guidance on how to improve and complete the content for that section. For further guidance, your Royal College or GMC can guide you on how to fill up and complete each section of your appraisal form.

All sections of your appraisal must contain:

- **Reflection**
- **Challenge**
- **Plan**

Prior to the appraisal meeting, you should have reflected on the supporting information, challenged themselves regarding its content and considered whether any alteration or changes are required in any area the following year and whether these changes should be incorporated in your Personal Development Plan (PDP).

The appraisers are responsible in ensuring all the 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 to completing your profile, you must complete all sections accordingly. If not, the details you supplied from last year's appraisal will be carried over, but you still need to review every point to ensure accuracy and completeness of your profile.

Scope of Work

This section includes the information about your organization where you work as a doctor. You will need to supply a comprehensive description of the scope and nature of your practice.

Appraisees should ensure that all aspects of work as a doctor are supplied.

- NHS
- Private
- Other – e.g. Sports medicine etc.
- Individual areas of practice should be included – Educational activity, Management and Researcher activities, etc.

The following roles, which are not directly related to medical qualifications, are also to be included in the scope of work:

Department Leads

- Audit, Governance, Infection Control, Appraisal, Job Planning, Rota coordinator, etc.)
- Reflect what the role involves, what the aim of the role is and whether this is being achieved.

Educational Supervisors

- All Educational Supervisors and named clinical supervisors are required by the GMC to have a yearly formal educational appraisal documenting training faculty development and reflecting on educational activities over the previous year. This will include personal reflection on challenges of the position in addition to feedback on both personal and programme from school visits and GMC survey.
- Do you understand the role and responsibilities and are you prepared across the seven areas of the Academy of Medical Educators Professional Domains, and are you up-to-date in the requirements, delivery and assessment of each Curriculum you supervise.

Clinical Supervisors

- Do you understand the expectations of the role and how this is being achieved?

Research Supervisors

- Do you understand the codes of good practice in this area and continue to demonstrate that you are adhering to them?

Content

This form will require you to provide descriptions of all aspects of your work. In this section, the main goal is to ensure that all aspects of your professional practice are covered and there is a guarantee that patients' safety are met all throughout your professional functions. Professional work includes all services performed that rely on your qualification as a doctor. You must not forget to include private practice; charity works (e.g. sporting organizations) etc. if you wish to attach a job plan, you can do so by attaching the document in the 'Additional information' section.

Also you can attach You can attach documentary evidence to illustrate the volume and quality of your services carried out and how this volume compares to any college recommendations. This evidence will contribute to the quality

improvement and should therefore be included in the 'Quality Improvement Activity' section of your appraisal.

Reflection

In this section, you should reflect on whether you are capable of providing your medical services as describe within the scope of your practice.

Examples of questions you should consider:

- Are you capable of providing adequate time to perform all your roles and meet the standards of practice?
- Are you aware of the 'Good Medical Practice Guide' for research if you are in the field of research?
- Would you wish to be a patient under your care?
- Do you think you are doing adequate number of cases to justify the competency of the services you perform?
- Do you consider whether there are available benchmarks available to guide your practice?

E.g. Royal Colleges, Association and National Guidelines etc.

- How does your regular work exposure compare to your colleagues?
- How do your results compare to colleagues?
- Do you think you're qualified to perform educational programs you provide?
- What do you do to ensure that you're professionally competent to perform your management responsibilities?

These set of questions are challenging but it is worthwhile to answer because this will provide you ideas on how to revise your CPD/PDP focus for quality care improvement and deal with perceived deficits.

Following this reflection, you could use the free text box provided at the bottom of this section for comment/s that will guide the appraisal. Also, these boxes can be used to discuss anticipated changes and the planned intervention/s in delivering such revisions.

Challenge

Appraisers must ensure that the reflection above has occurred.

- If there is a risk with the patient's' safety, appraisers must explore the issue and be satisfied with the immediate interventions applied to protect the patients.
- Time conflicts in medical care must be avoided at all times to ensure patient health care delivery is safe. E.g. NHS workload is not compromised by private workload.

In any healthcare set up, patients that are being seen and treated by doctors should be confident that suitable processes are in line for them in case of medical emergency or other unfavorable circumstances. Also, there should be appropriate cover arrangements for patients when their doctor is not available or on leave.

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

E.g. If the Doctor will deal with unstable clients it would be ideal that they are up to date with:

- ✓ Advance Life support or they are working in an area where this service can be provided in emergency situations
- ✓ Medical practitioners who are using medications (sedatives or anesthesia) with potential acute side effects should be aware on how to manage such reactions.
- ✓ Statutory/Mandatory trainings are complete.

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

All doctors should have the record of their previous annual appraisals.

Content

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

PDPs and their review

Content

The PDP objectives from last year are automatically copied here and you are asked to make comments on each objective.

If this is your first appraisal with MSU 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
- Time Bound 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 them 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 used as evidence that you are operating safely within the work environment. Mandatory training has to be 100% at the time of your appraisal a screenshot of your E Learning page can be taken and uploaded into this section. The training and development team can help with this or the Warner library staff.

Reflection

Reflect on how:

- Each activity has provided educational and skills improvement to the scope of your practice
- Each activity has contributed to the improvement of patient care and safety
- If there was an 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 provide good reasons why
- Discuss whether there is a CPD plan in place that meets college recommendations - if available

Challenge

The appraiser should:

- Ensure that reflections above has taken place
- Ensure all mandatory trainings occurred
- Enquire how the various CPD activities have assisted in meeting the values and principles 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 whether active learning and reflecting has taken place from each event. Enquire whether any change in practice had 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 purpose of revalidation, you must demonstrate that you regularly participate in activities that assess and evaluate the quality of your medical practice. Quality improvement activities could be in many forms depending on the role, area and work that you perform.

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 statistics 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 area where you can include significant events or complaints that you were not named but have learned from as these will have added to improve the quality of your medical practice.

Most Royal Colleges and faculties have provided guidance on the types of activities that would be most beneficial for doctors working in a particular specialty. Many specialties designate robust and validated quality measures, such as National Specialty Databases. Please refer to your Royal College for further information.

It is important not just to list activities for quality improvement, you must also document personal reflections and learnings gained from these activities. Many doctors work as a part of the team, thus it is relevant to document the degree of personal involvement in each quality improvement activity in this section.

If participation in Clinical Audit is given as evidence of quality improvement activity, there should be evidence that the audit cycle has been completed efficiently.

These include, development of appropriate action and either a subsequent re-audit or an action plan to do so in the future. Audits should be registered (with a registration number) and there should be evidence that a report has been submitted using standardized audit report template. Sound audit methodology is an essential component of quality improvement.

Reflection

Consider:

- How you regularly participate in activities that review and evaluate the quality of your work
- How activities undertaken to review and evaluate the quality of your work related to the scope of your practice
- What is your role within the team undertaking the activity for quality improvement?
- Does your work meet or exceed the national standards?
- Have you implemented any change in your practice as a result of these activities? If so, you should provide evidence of the benefits of these changes to your 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 the reflection above 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 are not subject to quality review and consideration should be given to addressing this over a period of time.

Significant Events

Content

This section should contain 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 SI, 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 (near-miss incidents), or where the event should have been prevented. In case of such events, you must obtain details of any SIs which will be logged under their name at your practice or place of work. SI's occurring in all areas of practice should be considered and is the Responsible Officer's task to bring these to the attention of the appraiser for discussion as they may not have occurred at your place of work or been documented.

If you have not been involved in any serious events yourself you should include personal reflection and learning from any serious incidents or never events occurring with your clinical area or department. You should review if you need to change your practice in response to lessons learned, or if not be able to explain why not, and how you know patients are safe in your care. This should be included in the 'Quality Improvement Activity' section of your appraisal.

You will receive an email containing an involvement confirmation in any registered SI's in the last 12 months, even if you have not been involved in any you will still be sent an email illustrating non-involvement in any SIs. This letter should be included

as evidence in the 'additional information' section of your appraisal form. It is vital that you acquire such evidence for every organisation where you are affiliated.

Reflection

In this section you should reflect on any SI and consider what learning has taken place and changes that affected your practice due to the event:

- "How did this happen in your view?"
- "What was the result of any investigation into the SI?"
- "How has this changed your practice?"
- "What have you learned from this event?"

Challenge

Review and check if there are no other significant events which have not been recorded – e.g. in private sector or other areas of practice. Check if 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. Contact admin@msu.co.uk for further information on its 360 Degree feedback package.

Patient feedback should be collected once in every 5 year cycle; this is usually presented in the appraisal directly prior to your revalidation recommendation. It would be good practice to continually seek patient feedback.

For colleague feedback, the guidelines require a minimum of 14 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.

Raters should be divided into the following groups where possible:

- 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 system. Once approved by your administrator, the chosen raters will then receive an email with a link to an electronic questionnaire for completion. Then, once the sufficient amount of questionnaires have been completed and submitted, MSU 360 degree feedback system will collate the results and produce a report to the doctor with a summary of the feedback findings which can then be uploaded into this section of the appraisal form.

Patient feedback will also be collected via the e-360 module by printing hard copies of the questionnaire from the system and requesting support from the ward staff or OPD to help distributing these to the patients. They can be returned to the staff on the ward or OPD and then sent to the MSU Resource Team to process the completed paper questionnaires. Many Doctors choose to give stamped addressed envelopes with the form for them to be posted back to the medical resource department. Labels can be obtained from the medical resource team.

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 once they have been uploaded by a member of the MSU Resource team.

If doctors perform tasks that does not involve patient interactions, 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 will be. 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 their patients, this should be discussed with the Lead role for appraisal. Evidence of this discussion needs to be included as supporting evidence in the appraisal.

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.

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.

It is important that any multi-source feedback exercise is carried out in a manner that fulfills the GMC guidelines. Further information/guidance on the process of obtaining both colleague and patient feedback can be sought from your administrator. You will also be able to use resources such as "I want great care" to gather feedback.

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 content of the colleague and patient feedback. Did the exercise cover a range of colleagues and patients which are representative of the appraiser'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 were involved in and praise you received across the scope of your work. You have a responsibility to include complaints and praise from all areas within the scope of your work.

You will be sent an email with evidence of your involvements in any registered complaints in the last 12 months, even if you have not been involved in any you will be sent an email evidencing no file found. This confirmation should be used as evidence in this section of your appraisal form. It is important that you obtain this evidence for every organisation where you practice 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?
- How has this changed your practice?
- What have you learned from this complaint?

Challenge

Are all areas 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 add to activity in the GMC areas 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 any appropriate training in these areas if required. 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 of these roles and reflect on how you conduct these activities.

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

- Teaching delivery schedules for undergraduate and taught 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
- Postgraduate research students and data on regular research supervision
- CPD undertaken in relation to teaching skills
- Invited teaching lectures and other Knowledge Transfer activities

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

- Describe current research activity with a list of current and recently concluded projects.

- 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 – 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

Reflect

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

Challenge

Appraisers should challenge appraises 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 further 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 Responsible Officer may ask you to bring specific information to your appraisal for discussion. For example, if you have been involved in an incident which has been brought to the attention of the Responsible Officer, this should be discussed in your appraisal meeting and reflection on lessons learnt from the incident should be included in your portfolio.

Your designated appraiser will also ask if there is anything that needs to be discussed in your appraisal in relation to your probity and health obligations, you will also be sent a copy of this information prior to your appraisal.

Additional Information

This section of your appraisal should include specific information that the Responsible Officer required 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. This would also be the place to share your job plan, should you wish to do so.

Examples of information to include in this section are:

- Job Plan
- Mandatory training record
- Clinical Director / Clinical Lead report

PDP Proposals

Ideally you should have considered a possible Personal Development Plan (PDP) before the appraisal and have recorded it here. Together with the discussions

arising from your whole scope of work and the evidence contained within the appraisal portfolio should inform a mutually agreed PDP.

Remember to make the objectives **SMART**.

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 collation of the various reflections/lessons learnt and discussed within your appraisal. If completed comprehensively it should provide the appraiser with much information to assist with the appraisal summary.

Agreed PDP

The agreed personal development plan is itemised list of your 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 or acquire new skills and actions to improve existing practice. Your PDP should contain at least 2 objectives to be pursued throughout the next 12 months.

Learning and Development Needs - require a brief explanation of the need that has been identified.

Agreed actions and goals - should detail how you and your appraiser have agreed to the components that should be addressed, such as the actions you will take and the resources required.

Action by - should include your agreed deadline for achieving this learning and development need.

Will demonstrate need addressed by - makes reference to how you will evaluate whether participation in this action actually did result in changes and how you intend to change your 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

Note: This section is used by the RO when looking at appraisals to decide on recommendation to the GMC. It should provide assurance that the appraiser has covered the issues required for revalidation.

Appraisal Outputs & Sign-Off

This is the final section of the appraisal form in which the appraiser is required to make statements to the Responsible Officer and both the appraiser and doctor are required to confirm statements about the information provided in the appraisal form.

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.

A percentage of appraisals will be audited by the RO and associate director (medical appraisal lead) to ensure that they are consistent and complying with the

GMC's requirements for revalidation. If the audited appraisals do not meet these standards, the doctor will receive a feedback to address the areas that require improvement. **Appendix 2** 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 MSU's appraisal approach, discussion and the appraiser's skills. This feedback will be used to review MSU 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 from due date.

Please be aware that your RO can make a recommendation for up to 120 days before your revalidation date. However if this is done, your next revalidation date is reset to 5 years after the date of recommendation.

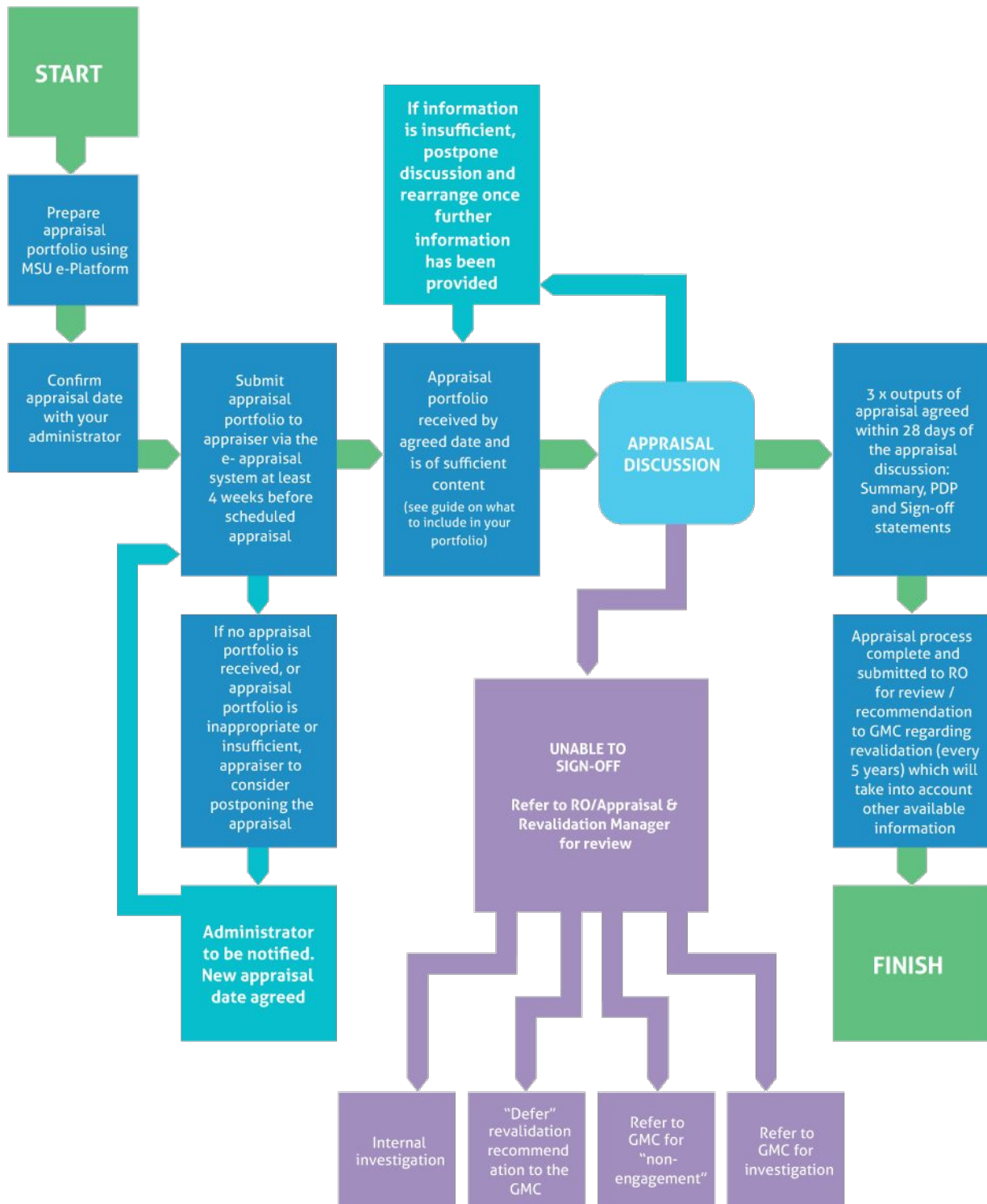
Your RO will therefore make each recommendation as close to the due date as possible to avoid the next revalidation date being brought forward.

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 your administrator.

Please note that once you have completed your appraisal, a completed evidence of appraisal form is still required for your salary increment. You will be emailed this form and a copy placed on your file.

If you leave the MSU membership please ensure you export your appraisal portfolio from the MSU e-Platform so you can provide this to your next RO. You should also contact your administrator 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 – the MSU Medical Appraisal Process



Appendix 2 – 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? | | | |

Portfolio to include:

- Last year's PDP & summaries/outputs
- Probity & Health statements completed
- CPD log
- Significant Incident log with **reflection** and changes identified
- Audit & Quality improvement activity + **reflection**
- Patient feedback (1 completed exercise every 5 years) + **reflection**
- Colleague feedback (2 completed exercises every 5 years) + **reflection**
- Log of complaints and compliments + **reflection**
- 100% record of mandatory training completion
- Most recent job plan