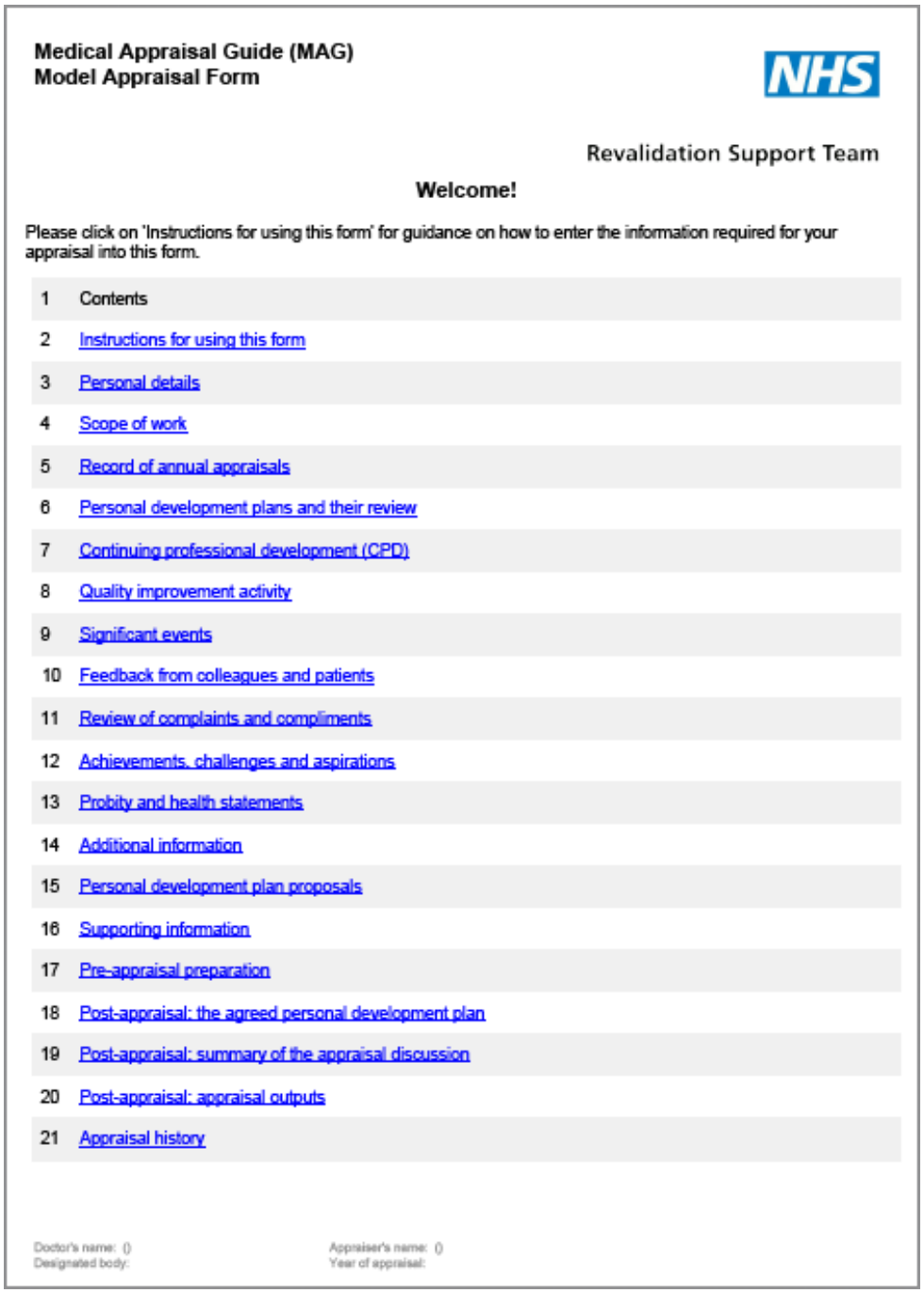
Guidance Notes on using the MAG Model Appraisal Form

(with worked example.)

October 2012



Medical Appraisal Guide (MAG)
Model Appraisal Form

NHS

Revalidation Support Team

Welcome!

Please click on 'Instructions for using this form' for guidance on how to enter the information required for your appraisal into this form.

Doctor's name: ()
Designated body:

Appraiser's name: ()
Year of appraisal:

This is the front and contents page for the Form.

Each 'section' of the form starts on a separate page which can located and navigated to from this page.

The first 17 sections are for the doctor to complete over the year prior to submitting it to their appraiser before their appraisal.

Sections 18-20 are for the appraiser to complete during or shortly after the appraisal.

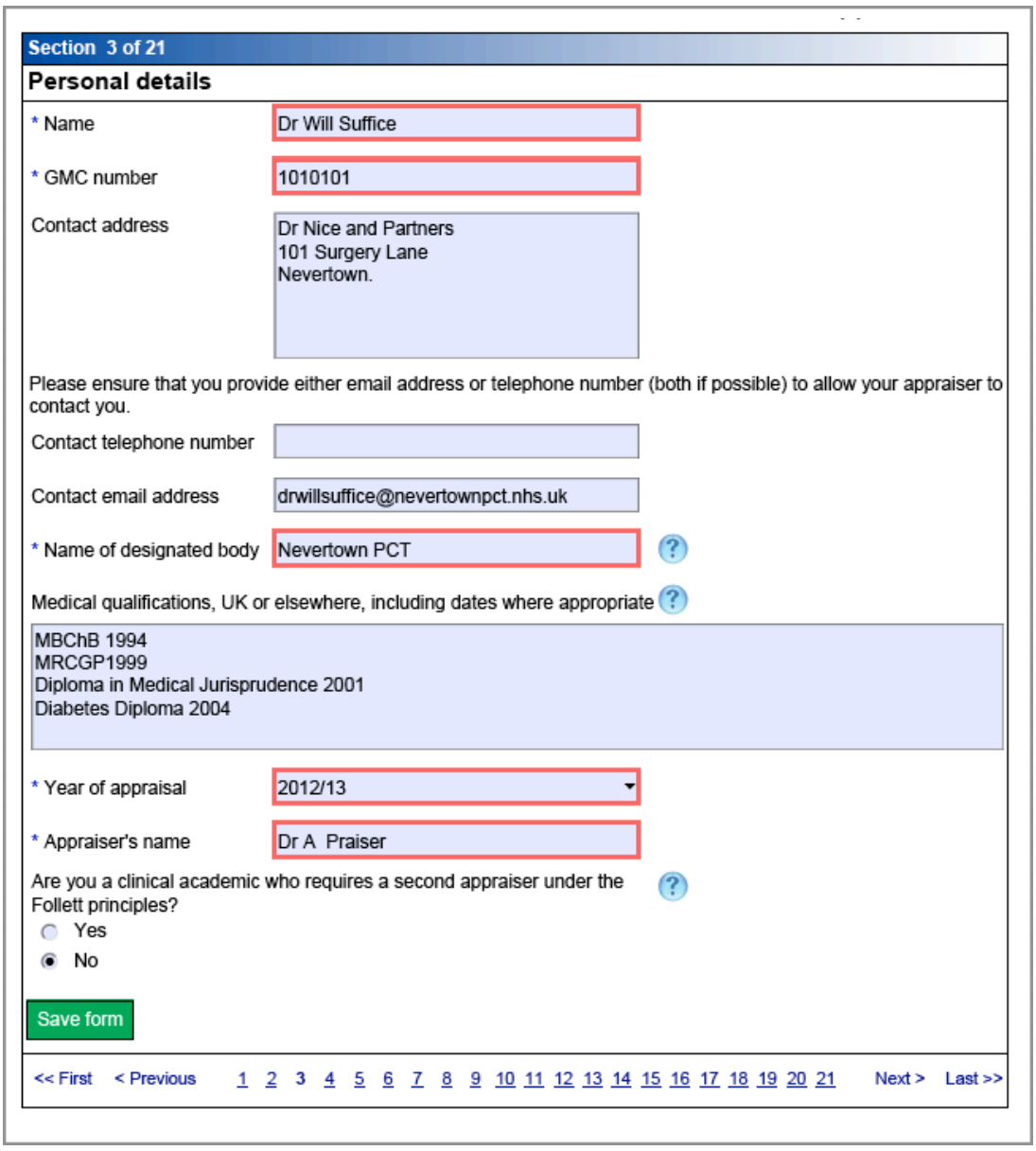
Section 20 has areas for both the GP and appraiser to enter further information to help the Responsible Officer make sense of the information supplied so far.

Completion of the 21 pages of this single form is all that is required to record the whole appraisal process. It allows attachments to be uploaded to the form, which will accompany the form if it is saved to a different location.

Note that the Doctor, the Doctor's designated body, their appraiser and the year of the appraisal are saved at the bottom of each page (and from one form to the next in a 5 year cycle).

We would recommend that you save the form with the name of the doctor, and the years the appraisal relates to:

i.e. save as "Mag Form Dr Will Suffice 2012 to 2013"



Section 3 of 21

Personal details

* Name: Dr Will Suffice

* GMC number: 1010101

Contact address:
Dr Nice and Partners
101 Surgery Lane
Nevertown.

Please ensure that you provide either email address or telephone number (both if possible) to allow your appraiser to contact you.

Contact telephone number:

Contact email address: drwillsuffice@nevertownpct.nhs.uk

* Name of designated body: Nevertown PCT

Medical qualifications, UK or elsewhere, including dates where appropriate

MBChB 1994
MRCGP1999
Diploma in Medical Jurisprudence 2001
Diabetes Diploma 2004

* Year of appraisal: 2012/13

* Appraiser's name: Dr A Praiser

Are you a clinical academic who requires a second appraiser under the Follett principles?

- Yes
- (•) No

Save form

<< First < Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Next > Last >>

This page replaces the old Form 1.

There are spaces that allow you to enter your personal details.

The Name you enter should be as it appears on the GMC register.

Contact details are so that your appraiser can contact you, so it is probably best to put down a work or mobile telephone number.

Designated body relates to the body on whose performers list your name appears. If you work for 2 or more designated bodies then the one you work for the greatest amount of time should be entered.

Medical qualifications should include all qualifications that allow you to undertake all of your various roles. This will include original degrees and post graduate diplomas, but might also include certificates of competence (e.g. IUD fitting) or achievement of accredited training programmes (e.g. to run warfarin services or to be a GP trainer). It shouldn't include CPR certificates or other knowledge / skills certificates, as these would appear under the CPD (continuing professional development) section. Overseas qualifications and certificates should certainly be listed if internationally recognised, and probably still listed even if not, if you judge them to be important indicating to your appraiser the training you have had for your roles.

Some qualifications will 'lapse' after a certain time period and probably should not be listed if the doctor has no further role or responsibility in this area.

It is worth saving the form after each page is entered to prevent accidental loss of data.

Essential details that you enter into this form that are unlikely to change from year to year are preserved in the form even after the final sign off so that you don't need to re-enter this data again in subsequent years.

Section 4 of 21

Scope of work

Please complete the following boxes to cover all work that you undertake. This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles. If the area of work is undertaken less frequently than once each month, it should be listed as an ad hoc commitment.

Types of work should be categorised into:

- clinical commitments
- educational roles, including academic and research
- managerial and leadership roles
- any other roles

Area of work	Detail of work	Qualification/ experience if applicable	How long have you been in this role?	Organisation	Add Row
1a. Clinical - regular	6 Sessions GP - PMS Principal	MBChB MRCGP	12 years	Dr Nice and partners	-
1a. Clinical - regular	1 Session GPSI Diabetes	MBChB MRCGP Diabetes Diploma	5 years		+
1b. Clinical - ad hoc	Occasional Out of Hours work	MBChB MRCGP	5 years	'Doctortoyou' service	+
2a. Educational; academic and research - regular					+
2b. Educational; academic and research - ad hoc	Present 'Insulin Start-up' introductory seminar for Diabetes Diploma	3 years experience of doing this.			+
3a. Managerial - regular	1 session per week providing support to the practice Manager			DR Nice and Partners	+
3b. Managerial - ad hoc					+
4a. Other roles - regular					+
4b. Other roles - ad hoc	Occasional Session providing cover as police surgeon to local constabulary.	Diploma in Medical Jurisprudence		Member of association of forensic physicians	+

Please describe any changes to your scope of work that you have made since your last appraisal.

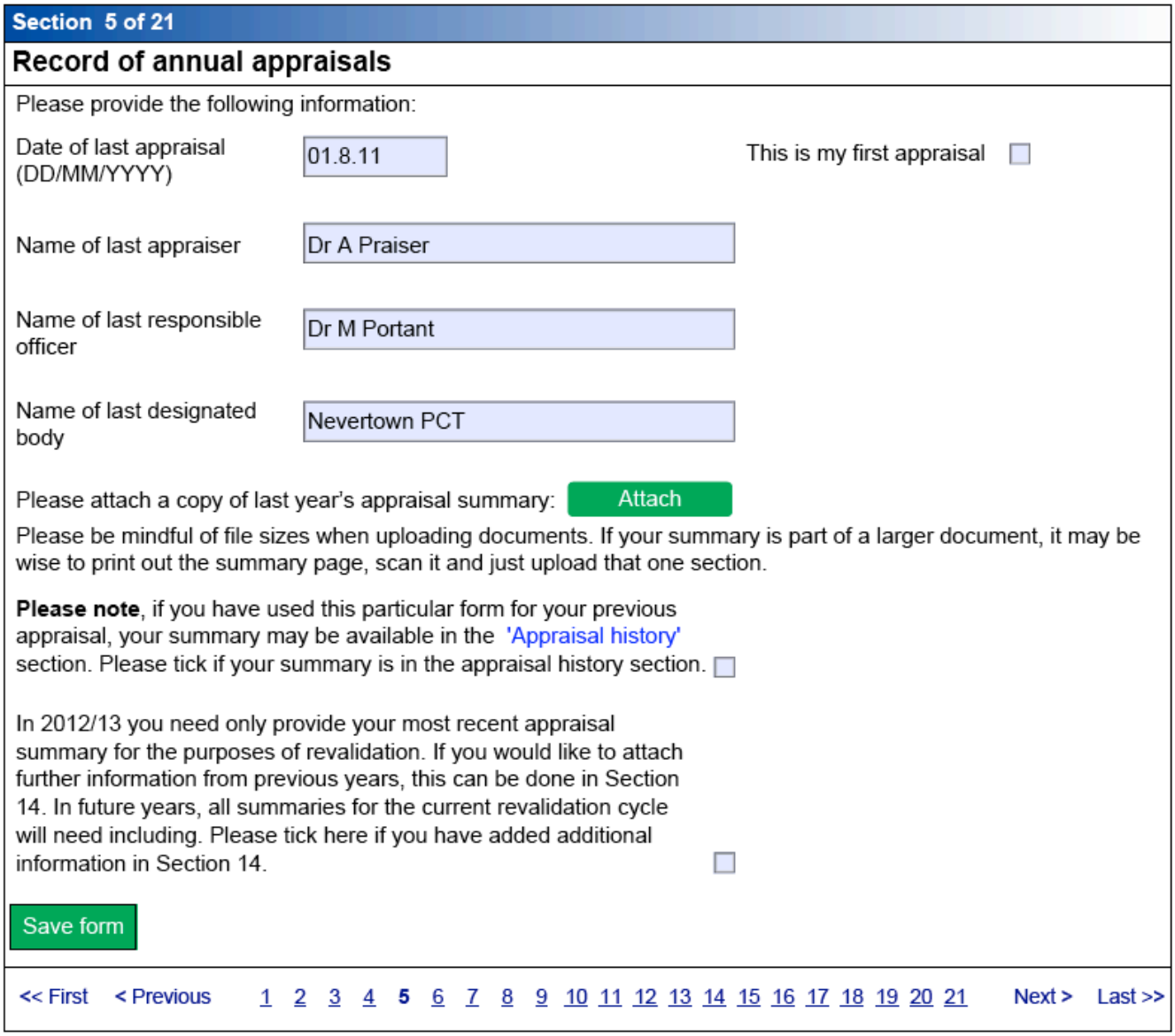
Reduced sessions of police surgeon from once a week to ad hoc.

Please describe any changes to your scope of work that you envisage taking place in the next year.

Would like to hand over some of the managerial work I do at the surgery to a doctor with more interests and aspirations in this area (Have discussed this but she is on sabbatical at present).

This section is very important and should be carefully completed with some thought. Any position that you hold in your capacity as a qualified doctor should be entered here. Lists of these can be very diverse and would include for example being a medical advisor to a committee, providing medical 'cover' for the local football team, or writing reports for the Department of Work and Pensions. Sometimes it is easy to overlook an area of work especially if it is only an occasional or informal role.

Information entered here should give an idea of the intensity, complexity and volume of your work and will inform your appraiser of the expected proportion of supporting evidence that has been supplied for each of your roles. For example if you provide 7 sessions of GP and 1 session of family planning, the greatest proportion of evidence should support competence in your role as a generalist.



Section 5 of 21

Record of annual appraisals

Please provide the following information:

Date of last appraisal (DD/MM/YYYY): 01.8.11

This is my first appraisal ☐

Name of last appraiser: Dr A Praiser

Name of last responsible officer: Dr M Portant

Name of last designated body: Nevertown PCT

Please attach a copy of last year's appraisal summary: Attach

Please be mindful of file sizes when uploading documents. If your summary is part of a larger document, it may be wise to print out the summary page, scan it and just upload that one section.

Please note, if you have used this particular form for your previous appraisal, your summary may be available in the 'Appraisal history' section. Please tick if your summary is in the appraisal history section. ☐

In 2012/13 you need only provide your most recent appraisal summary for the purposes of revalidation. If you would like to attach further information from previous years, this can be done in Section 14. In future years, all summaries for the current revalidation cycle will need including. Please tick here if you have added additional information in Section 14. ☐

Save form

<< First < Previous 1 2 3 4 **5** 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Next > Last >>

This section allows information 'hand over' from appraiser to appraiser, which is particularly important if you have recently moved from the performers list of one PCT or designated body to another.

You should only need to attach a copy of the previous year's appraisal summary (including the appraiser's summary and agreed PDP and the form containing the output statements and any additional comments) if this is the first time you are using this form.

It is a mandatory requirement to provide these for your appraiser (except if this is your first-ever appraisal ever). If you do not have these forms in your possession you must ask your appraisal office for them.

Section 6 of 21

Personal development plans and their review

Your personal development plan and progression towards achieving the actions you set yourself are an important discussion area at the appraisal meeting. Please use this space to describe your progress towards achieving the actions and goals set in your last appraisal.

If you already have this information in another format, you can upload a copy here: Attach

Please note, if you have used this particular form for your previous appraisal, your personal development plan may be available in the 'Appraisal history' section for reference.

If you do not have a reflection document or similar, please use this space to update your appraiser on your progress against each of the items listed in your last personal development plan.

Learning/development need	Did you address your need? Please give a brief explanation.	Add Row
Improve clinical reflection (and recording this activity)	Yes - I have kept a years worth of PUNS and DENS in diary format.	-
Reduce sessions of Police Surgeon work to allow more time to develop interest as a clinical teacher.	Achieved - now only working on average once a month and have enquired about developing my teaching role on diabetes diploma course.	-
Include a Significant Event Audit in next years appraisal	Yes - see later.	-
Consider increasing time spent supporting practice manager providing an additional session per month to help with accounts.	No - I felt on reflection that this was not necessary and not a good use of my time. The manager has been on an accounting course and feels more competent with dealing with these issues on his own now.	-
Consider attending the Annual Conference of the Society of Forensic Physicians.	Yes - achieved.	-
		+

If you would like to make any general comments to your appraiser about last year's progress, or anything else that was discussed last year for progression this year, please do so here.

Since our senior partner's retirement the practice manager has felt less confident in managing particularly the financial affairs of the practice.
I have tried to step in and help which he appreciated and purchase of book-keeping software has made a big difference.
Another (younger) partner is very interested in the business side of General Practice and I have decided to gradually reduce my role here over the forthcoming years.

Your progress towards achieving last year's PDP objectives should be summarised here.

You have the opportunity to list this information again and attach supportive information in the continuing professional development section which comes next.

Reasons why objectives haven't been achieved should be stated here. These could include changes in circumstances, insurmountable difficulties encountered during the year, or the objectives themselves ceasing to be of benefit to personal development for example following a major change in role.

Brief note on uploading attachments:

The total size of forms which can be uploaded to this PDF document is set at 10MB. This is so that the NHS email system can comfortably manage transmission of the whole file as a email-attachment. A powerpoint presentation with 10 slides is roughly 500KB and a PDF of the same presentation is about the same. A word document holding the same information is about the 1/10th of the size.JPEG's or Bitmap images can be much larger 500-1000+ KB per scanned page.

Rather than uploading large files of data as supporting evidence, it will use far less space to upload summaries of them perhaps written in Microsoft Word. For example if you want to upload a 20 slide powerpoint presentation from an educational event that you attended, a short paragraph on the important learning points, how the information you have learnt might change your practice and how you might subsequently demonstrate this change would use a fraction of the space and allow your appraiser to appreciate what benefit the event was to you.

One way of doing this is to complete a structured reflective template (see appraisal website) and upload these in Word format or export a 'summary' of your CPD log from another website for example the RCGP revalidation portfolio.

Section 7 of 21

Continuing professional development (CPD)

This is the first type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubble above to access more information on what you should be providing in this section.

Continuing professional development (CPD) is an essential part of a doctor's career. Your participation in CPD should reflect your entire scope of work, although it is not limited to this. This section allows you to document the CPD that you have participated since your last appraisal.

Are you a member of a royal college or faculty?

- ○ Yes
- ○ No

Instead of, or in support of, the above attachments you can also record your CPD below. There is no need to duplicate what is written in your attachments.

Purpose	Brief description of activity including dates	Credits	Supporting information location	Attachment	Add Row
Learning requirement	Improve Presentation Skills - attended a course	7	Attached	View	-
Employer requirement	Introductory Custody Medicine Course- organised by the AFP	14	Provided separately	Logged	-
Learning requirement	Telephone consultations Course	3	Emailed to appraiser	Logged	-
PDP requirement	Keep a PUNS and DENS clinical diary	5	Provided separately	Logged	-
Learning requirement	Attended In House learning events which occur twice a month	20	Attached	View	-
Personal interest	3 BMJ on-line learning modules- Diabetes update, Information Governance	3	Provided separately	Logged	-
Employer requirement	Child protection update	3	Emailed to appraiser	Logged	-
		55			+

Please use the box below to provide a commentary on how your CPD activities have supported the areas described in your scope of work.

You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

I have attempted to cover all areas of my specialist interests including lecturing.
The In-House learning program has taken account of all of the doctors learning needs in the practice and therefore this has been (mostly) applicable to my general clinical work.
I missed a resuscitation update but will try and organise this in the next few months.

Save form

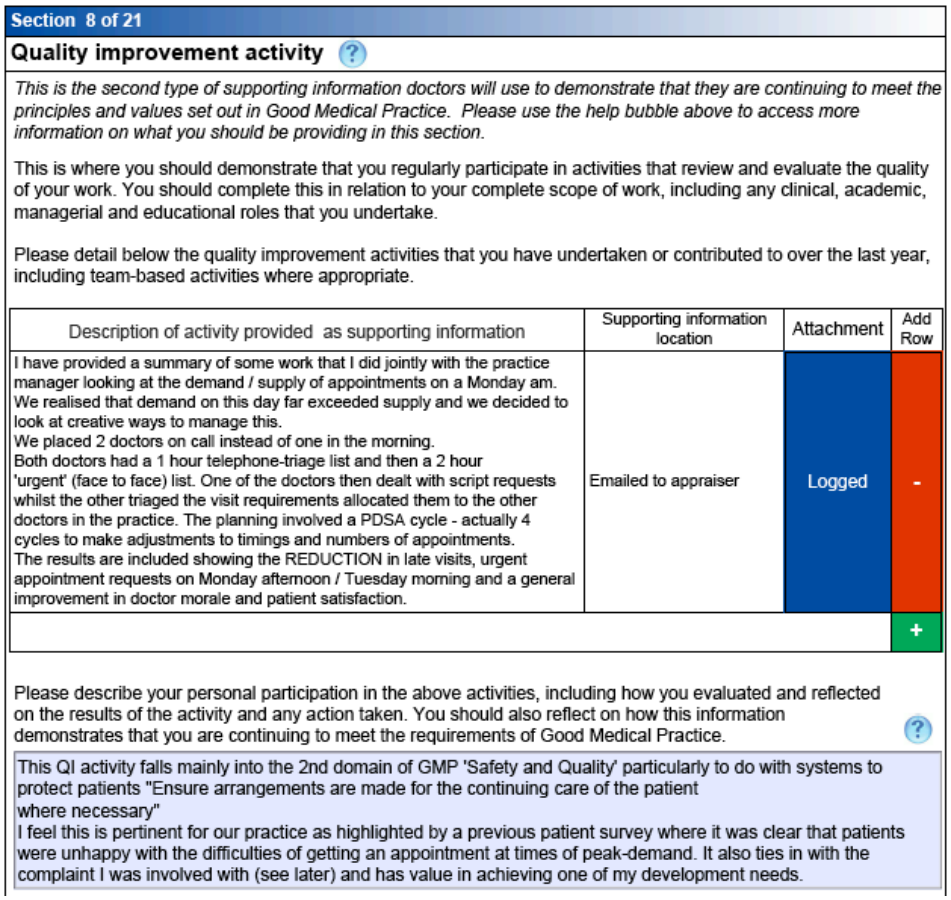
This page must be completed to demonstrate that your learning and professional development continues to meet 'Good Medical Practice' Standards. Ideally there should be evidence of development pertaining to all of your roles (as your appraiser must sign the relevant output statement later to say that they have witnessed this).

The suggestion is that you enter the broad areas of supporting evidence (for example: **monthly referral meetings 1.5 hours... credits 15 (hours)** and upload a structured reflective template with the summary of the outcomes, again with the emphasis on how this has changed your individual practice.

Some doctors like to summarize every piece of educational activity either in a paper-based diary or on an electronic format e.g. spread sheet, data base or on-line repository (the RCGP e-portfolio lends itself well to this purpose). If this information is kept on paper, a sample of the PUNS and DENS diary might be scanned and attached here. If an electronic format is used this can then be attached or a summary exported and uploaded onto this page.

IT IS IMPORTANT THAT THE INFORMATION BE GIVEN A USEFUL TITLE because in using the same form in subsequent years, only the titles of the attachments will remain i.e. the documents themselves will not remain in perpetuity attached to the PDF document, only a list of the titles of these documents.

The documents which make up the supporting evidence do not have to be supplied as attachments to this PDF file but can be supplied separately to an appraiser at least 2 weeks before the appraisal. However it is important to enter this fact in the table in section 7 making it clear how this was done.



Section 8 of 21

Quality improvement activity

This is the second type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubble above to access more information on what you should be providing in this section.

This is where you should demonstrate that you regularly participate in activities that review and evaluate the quality of your work. You should complete this in relation to your complete scope of work, including any clinical, academic, managerial and educational roles that you undertake.

Please detail below the quality improvement activities that you have undertaken or contributed to over the last year, including team-based activities where appropriate.

Description of activity provided as supporting information	Supporting information location	Attachment	Add Row
I have provided a summary of some work that I did jointly with the practice manager looking at the demand / supply of appointments on a Monday am. We realised that demand on this day far exceeded supply and we decided to look at creative ways to manage this. We placed 2 doctors on call instead of one in the morning. Both doctors had a 1 hour telephone-triage list and then a 2 hour 'urgent' (face to face) list. One of the doctors then dealt with script requests whilst the other triaged the visit requirements allocated them to the other doctors in the practice. The planning involved a PDSA cycle - actually 4 cycles to make adjustments to timings and numbers of appointments. The results are included showing the REDUCTION in late visits, urgent appointment requests on Monday afternoon / Tuesday morning and a general improvement in doctor morale and patient satisfaction.	Emailed to appraiser	Logged	-
			+

Please describe your personal participation in the above activities, including how you evaluated and reflected on the results of the activity and any action taken. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

This QI activity falls mainly into the 2nd domain of GMP 'Safety and Quality' particularly to do with systems to protect patients "Ensure arrangements are made for the continuing care of the patient where necessary"
I feel this is pertinent for our practice as highlighted by a previous patient survey where it was clear that patients were unhappy with the difficulties of getting an appointment at times of peak-demand. It also ties in with the complaint I was involved with (see later) and has value in achieving one of my development needs.

As appraisal and revalidation must consider the whole scope of a doctors work, it is important that over a 5 year cycle, the major roles that doctor holds is covered by Quality Improvement Activities.

For example in year 1 a GP might include a summary outcome of case based discussions that he had undertaken with colleagues, with accompanying reflections and evidence of change to his practice (for example new practice guidelines or list of referral options for counseling that was compiled as a result).

If that GP is also a trainer, then perhaps in year 2 he might include a peer appraisal of his teaching based on feedback from students, again with outcome and evidence of changes he had made.

If he also a GpSI in diabetes then perhaps in year 3 it would be pertinent to produce an audit of one aspect of his diabetic clinic at the practice again with an action plan and evidence of change etc .

Quality improvement activities should be planned to return the maximum benefit with the shortest time and effort. For example rather than undertaking a lengthy audit on reasons why a DNA rate is so high for a particular clinic, it may be a better use of time to include summaries of discussion with colleagues on ideas to change the clinic, and

Quality Improvement Activity can take many different forms.

Examples include Audit, Data collection (or randomized data sampling), random case analysis, reflections on case-based discussions, reflections on peer appraisal of video-taped consultations (Consultation Observation Tool) and significant event audits (but see below regarding significant events).

What is important is that the activity is:

1. Based on an important aspect of your work that you are a participant in and of sufficient scope and size to produce meaningful results
2. Accompanied by your own evaluation and reflection on the results (or summary of discussion with others).
3. Accompanied by evidence of appropriate action based on results. This might include the development of an action plan based on the results of the activity or audit, any change in practice following participation, and informing colleagues of the findings and any action required.

If an SEA was considered to be of sufficient gravity which did or could have caused harm to a patient, then it should be entered separately in the next section.

Section 9 of 21

Significant events

Significant events are discussed as the third type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubbles to access more information on what you should be providing in this section.

Please select one of the following:

- ○ I **have not** been named in, or carried clinical or managerial responsibility for, any significant events in the last year.
- ◉ I **have** been named in, or carried clinical or managerial responsibility for, one or more significant events in the last year.

If you have not been named in any significant events but wish to share learning of some that you were aware of, please record this under Section 8: Quality improvement activity. **Please note:** you do not need to include those where your only involvement was in the investigation of the significant event.

Attachments relating to significant events are generally not encouraged due to potential data protection issues however if you wish to attach documents as reference, you may do so using the table below.

You are reminded that patients, colleagues and other third parties should not be indentifiable. If in doubt, you should consult your organisation's information management guidance.

Ensure there is a full stop on the end of this sentance.

Description of activity provided as supporting information	Supporting information location	Attachment	Add Row
76 year old Polish gentleman complaining of epigastric and throat pain for 12 hours misdiagnosed by me as gastritis/reflux. Colleague admitted him later and found to have suffered an M.I. but too late for thrombolysis.	Provided separately	Logged	-
			+

The GMC states that you should discuss significant events involving you at appraisal with a particular emphasis on those that have led to specific change in practice or demonstrate learning.

Please use the following space to write a brief summary of the significant event(s) that you have been involved in since your last appraisal including your participation, any lessons learnt and the actions you took as a result. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

Discussion of the above case at a practice meeting and significant event review. We completed a Structured Reflective Template (please see attached) detailing who was involved, what went well, what development needs we identified and how we might put systems in place to prevent recurrence. The team decided when a patient with a poor grasp of the English Language rings for a visit, the receptionists will try to ascertain whether a family member could be present to help with translation and history taking.The practice have reviewed our management of acute chest pain, and discussed the NICE document 'Chest pain of recent onset'. One recommendation was that if ACS is suspected then admit to hospital but if the diagnosis is in doubt get a resting ECG if possible (but don't delay admission). We have written a small protocol detailing that if a patient with (or at high risk of having) IHD presents with chest/epigastric/throat or jaw pain we should call 999 for an urgent ECG. This fulfills the standards from Good Medical Practice for Appraisal in the following domains: 1.1 maintain professional performance (keeping up to date and responding to outcomes of quality improvement activities, 2.1 contribute to and comply with systems to protect patients, (safeguard and protect the health and wellbeing of vulnerable patients)

<u>Significant Event (from RCGP website)</u>

An account of a significant event audit should not allow patients to be identified and should comprise:

- Title of the event
- Date of the event
- Date the event was discussed and the roles of those present
- Description of the event involving the GP
- What went well?
- What could have been done differently?
- Reflections on the event in terms of:
  - o knowledge, skills and performance
  - o safety and quality
  - o communication, partnership and teamwork
  - o maintaining trust
- What changes have been agreed:
  - o for me personally
  - o for the team
- Changes carried out and their effect

Significant events are defined for this purpose as:

- an unintended and / or unexpected event affecting patient safety.
- events which caused, or had a chance of causing harm to patient(s).
- an event that involved you or the team that you were a part of.

Designated bodies are encouraged to promote reporting of incidents and show a link between reporting and learning.

Organizations with a strong safety culture have been shown to engage and motivate staff as the focus is moved away from blame to whole team learning and quality improvement.

The emphasis on entries in this section should be not so much details of the event but more about the lessons learned. It is vital too that you demonstrate an awareness of trends in significant events reported at your place of work, personal reflections with ideas for further learning and development and sharing of information with the wider practice team.

Revalidation Support Team

Section 10 of 21

Feedback from colleagues and patients

Colleague and patient feedback are the fourth and fifth types of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubbles to access more information on what you should be providing in this section.

As part of appraisal and revalidation, you should seek feedback from colleagues and patients and review and act upon that feedback where appropriate. Feedback will usually be collected using standard questionnaires that comply with GMC guidance.

The GMC state that you should seek feedback at least once per revalidation cycle, normally every five years. Please note that if you have already presented such reports within this revalidation cycle, you do not need to present them again, please just include the year in the comment boxes below.

Have you been involved in any **colleague** feedback within the last appraisal period?

- (•) Yes
- ( ) No

Please list any **colleague** feedback activities completed since your last appraisal that you wish to use in this revalidation cycle

Date	Activity completed	Supporting information location	Attachment	Add Row
5.5.2012	Anytown PCT colleague feedback questionnaire (externally administered)	Attached	Attach	-
				+

Have you been involved in any **patient** feedback within the last appraisal period?

- (•) Yes
- ( ) No

Please list the **patient** feedback activities completed since your last appraisal that you wish to use in this revalidation cycle.

Date	Activity completed	Supporting information location	Attachment	Add Row
11/10/2012	Private company who are accredited in running PSQ exercises	Attached	Attach	-
				+

Following feedback from the above colleague and patient activities, please detail the learning that you have taken away from these activities and the actions you have taken as a result of the reports. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

I received some very supportive feedback from colleagues and felt very encouraged. Several comments were constructively helpful including "when asked for advice he feels as if he should think about it for some time and give a balanced careful answer when we were just looking for a quick solution". Also "sometimes visits not written up until a day or two has elapsed so management plan not clear". I will endeavour to improve in these areas. Patient feedback generally good. I was a bit disappointed with the below average mark for 'clear and concise explanations' and ' I felt listened to' but otherwise the patients seem to respect my opinions and the effort I put in.

The pertinent bits of GMP relating to good communication with patients are:
3.1 Listen to patients and respect their views about their health
- Give patients the information they need in order to make decisions about their care in a way they can understand.
- Respond to patients' questions.
- Keep patients informed about the progress of their care.

The doctor might have put:
"I clearly need to improve on the ways I give patients information they need so they can make good decisions about their care. I have read a useful book about advanced skills in consultations and have decided I should adjust the amount / complexity of information I give to match the patients capacity to receive and understand it. I am going to concentrate on improving this over the next 2 months and have designed a short questionnaire to find out whether the patient is satisfied I have done this sufficiently. I will reflect on the results of this in my next appraisal"

The pertinent bits of GMP relating to good team work are:
3.2 Work constructively with colleagues and delegate effectively
- Treat colleagues fairly and with respect
- Support colleagues who have problems with performance, conduct or health
- Act as a positive role model for colleagues
- Ensure those to whom you delegate have appropriate qualifications and experience

If you have completed a Colleague Feedback (or Multi Source Feedback) exercise and a Patient Feedback exercise(or patient satisfaction questionnaire) then this fact can be logged here.

Standard questionnaires should be administered and collated externally, and the exercise should cover the whole of your practice and include a representative cross section of patients and colleagues.

It is recommended that you use either a commercial organization who will administer, collate and feedback results using an accredited tool, or a system that your designated body has set up locally in accordance with GMC guidance.

Individual responses should not be scanned and uploaded here, but rather your reflections and learning points once the results have been fed back to you (ideally by an individual trained in these skills).

This can be an enormously challenging process for some doctors, and your appraiser can help by making sense of the results. It is a good idea to put down some preliminary thoughts in the lower box which can be expanded on later during or after your appraisal.

You must also demonstrate how the results show that you are meeting the requirements of good medical practice see left for example

Section 11 of 21

Review of complaints and compliments

Complaints and compliments are the sixth type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubbles to access more information on what you should be providing in this section.

Complaints

Please select one of the following:

- ○ I **have not** been named in, or carried clinical or managerial responsibility for, any complaints in the last year.
- ◉ I **have** been named in, or carried clinical or managerial responsibility for, one or more complaints in the last year.

If you have not been involved personally in a complaint but wish to share learning of some that you were aware of, please record this under Section 8: Quality improvement activity. **Please note:** you do not need to include those where your only involvement was in investigation.

Please provide a brief summary of the complaint(s) including your participation in the investigation and response and any actions taken.

The mother of a four year old boy with a croupy cough and stridor rang mid morning on a Monday when I was on-call but there were no appointments to offer her.
She was assured that the doctor would ring her back and I was send a screen message which I saw.
However a patient in one of the nurses rooms fainted after a procedure and then complained of chest pains and I was distracted completely by this and forgot to ring back the mum. She rang back later but couldn't get through and in exasperation took her child to the walk in centre in town where he received appropriate treatment and was admitted to hospital for a short period of observation.
The mistake was entirely mine and I apologised immediately to the Mother when we received the complaint letter. She seems to have accepted my explanation and apology as no further action was taken.

Please use the box below to provide a commentary on your learning and how you intend to take action as a result of your involvement in complaints. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

Monday morning on-calls seem to be too busy for one person to deal with safely.
I have discussed the problems at length with colleagues, and our practice manager and this has led to some suggested changes which we have piloted in the practice (see Q.I. activity).
I believe my prompt response, appropriate apology and explanation that the system needs changing prevented the complaint from being escalated.

Compliments

Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received to be discussed in your appraisal.

4 letters from patients and on mention in an obituary from the local paper! (supplied to appraiser)

The 'threshold' at which complaints are considered significant enough for inclusion here is open to debate. Certainly any written complaint reaching the PCT / designated body should be included (and failure to do so might suggest that the doctor is attempting a cover-up), unless the complaint is generally considered to be without any substance or for spurious reasons.Similarly any written complaint received and dealt with at practice level, and that is directed at least partially against the GP should be included.Importantly it is **not** the argument in the GP or practice's defence that is entered here, but what the GP and practice as a whole learnt from the experience. It might be concluded for example that although no wrongdoing led to a complaint, but rather there was a shortfall in communication. This might therefore suggest a development need which should be entered here. Don't forget that compliments should also be listed, again with reflections on common themes, and how this highlights an individuals strengths.

Section 12 of 21

Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to have the opportunity to discuss your achievements over the past year, your aspirations for the future and any challenges you may currently be facing with your appraiser.

Appraisal is a formative process and therefore you are encouraged to discuss these topics.

If you wish to include documents in support of your comments below, you can do so in Section 14. Please tick here if you have done so: ☐

Achievements and challenges

You can use this space to detail notable achievements or challenges since your last appraisal, across all of your practice.

Reduced my hours working as a police surgeon. I have finished working regular shifts and instead provide emergency cover as a locum.
I taught on the insulin startup course run locally.

Aspirations

You can use this space to detail your career aspirations and what you intend to do in the forthcoming year to work towards this.

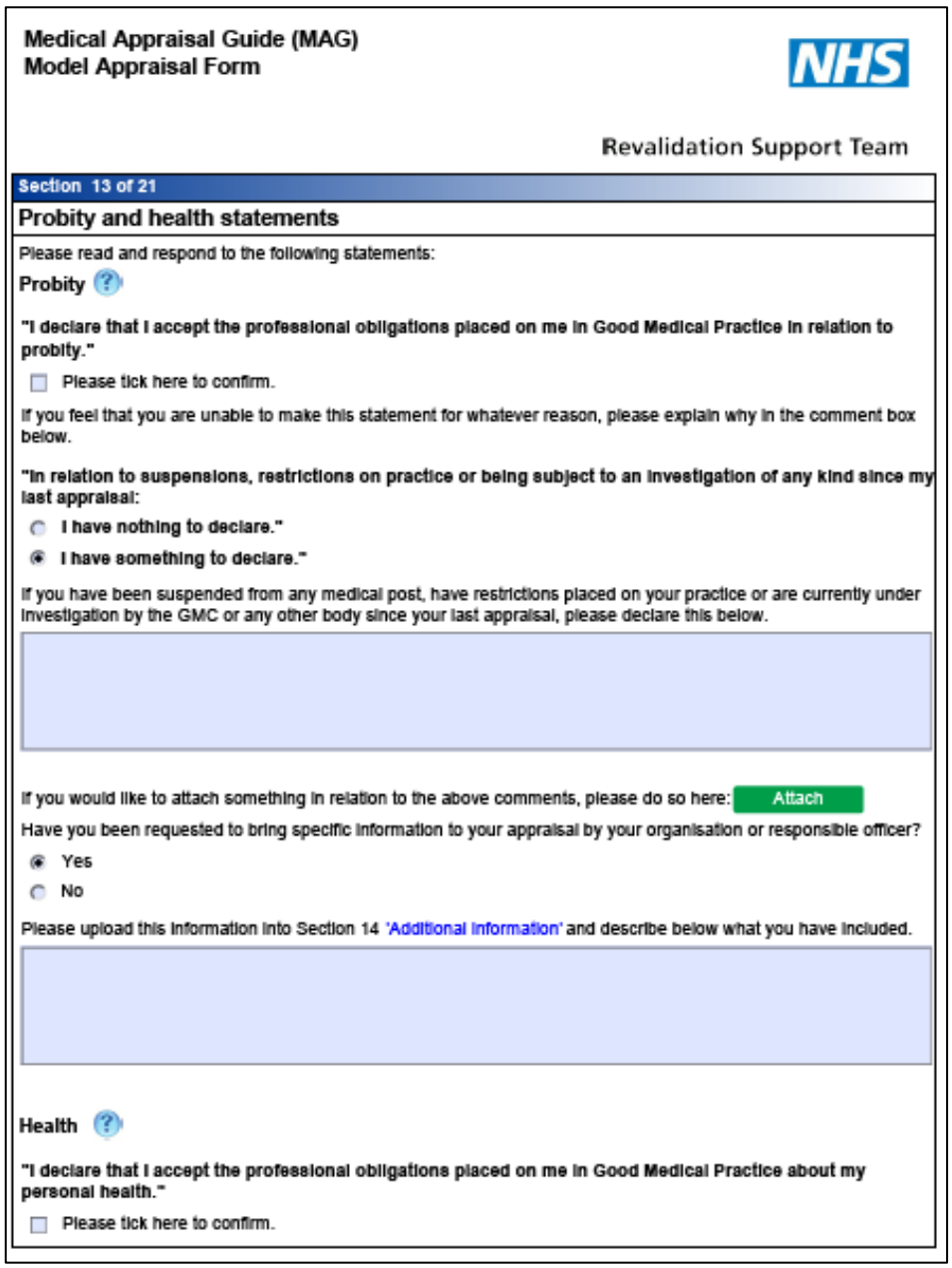
To develop the diabetes service at the practice and ensure the service achieves reaccreditation as a level 2 provider (satellite clinic). I would consider working a second session a week if we could recruit more patients.
I have discussed ways to promote the service amongst local practices, and looked at ways to make the service more user friendly e.g. considering initiating an evening clinic.
The practice manager is currently working out the sums and business plan to see if this would be an effective income stream.
To improve my lecturing skills.

Additional items for discussion

You can use this space to include anything additional that you would like to discuss with your appraiser.

This section is an opportunity for the doctor to list their 'achievements challenges and aspirations' above and beyond those requirements for the basic purpose of revalidation. It is important that appraisers realise the need to validate, support and challenge doctors in all areas of their work as this opportunity comes rarely in a professional's working life. It is therefore important to take account of this section In addition this section can give vital information to appraisers for forthcoming years explaining the reasoning behind decisions they make subsequently.

Doctors often value this part of an appraisal above all others. Despite the importance of judging any supporting information against standards for revalidation, appraisers should try to ensure that the balance of time still favours this more formative side of appraisal.



Medical Appraisal Guide (MAG)
Model Appraisal Form

NHS

Revalidation Support Team

Section 13 of 21

Probity and health statements

Please read and respond to the following statements:

Probity

"I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity."

☐ Please tick here to confirm.

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

"In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal:

○ **I have nothing to declare."**

◉ **I have something to declare."**

If you have been suspended from any medical post, have restrictions placed on your practice or are currently under investigation by the GMC or any other body since your last appraisal, please declare this below.

If you would like to attach something in relation to the above comments, please do so here: Attach

Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?

◉ Yes

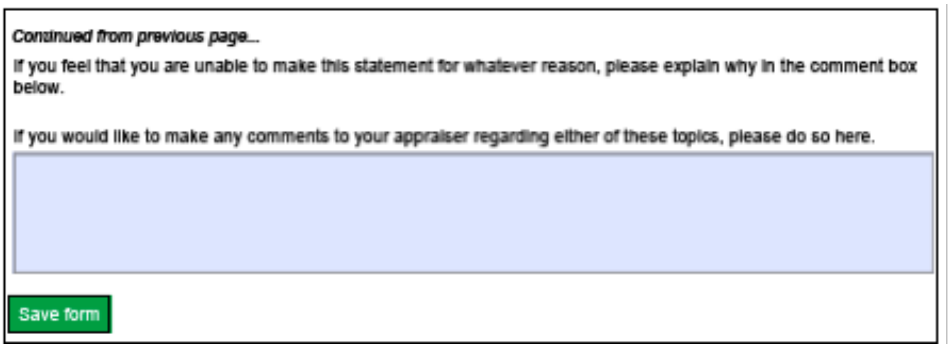
○ No

Please upload this information into Section 14 'Additional information' and describe below what you have included.

Health

"I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health."

☐ Please tick here to confirm.



Continued from previous page...

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

If you would like to make any comments to your appraiser regarding either of these topics, please do so here.

Save form

Probity

Probity is defined as "The quality of having strong moral principles; honesty and decency".

The scope for shortcomings here is very wide indeed, and it will be up to the doctor to raise areas where perhaps they are unsure if they have breached the highest professional standards (with reference to Good Medical Practice) for discussion with their appraiser.

It is a probity issue in itself however if there has been a breach resulting in an investigation (whatever the outcome) and it not shared with an appraiser in this section.

The probity section in Good medical practice lists the following areas

Being honest and trustworthy (paragraphs 56-59)

Providing and publishing information about your services (paragraphs 60-62)

Writing reports and CVs, giving evidence and signing documents (paragraphs 63-69)

Research (paragraphs 70-71)

Financial and commercial dealings (paragraphs 72-73)

Conflicts of interest (paragraphs 74-76)

The following list of potential probity issues was compiled by the Bradford and Airedale appraisal team

Probity

Advertising of services

Working with drug reps

Providing 'alternative' therapies and making unreasonable claims

Conflict of interests arising from ownership of allied health provider companies (e.g. managing local pharmacy/nursing home etc.

Substantial gifts received from patients without declaration

Supervision issues (e.g. allowing medical students to act as doctors or no supervision cover for trainee)

Partnership issues (e.g. lack of legal agreement or partnership dispute causing communication problems affecting patient care)

Sickness certification (e.g. signing without following the DWP guidance)

Completing forms and reports (e.g. economical with the truth)

Personal and Staff Safety (e.g. no safety alarms)

Legal 'Controlled Drugs' measures lacking

Chaperone policy absent or not followed

Consent forms for procedures not used or used incorrectly

New patients vetted prior to acceptance on list.

Conflict between patient's best Interests and clinical targets

Information Governance guidelines not followed (e.g. Data security compromised)

Treating family and friends as patients

Health

Good medical practice states that a doctor must be registered with a GP outside of their own family, and be up to date with all appropriate immunisations (for common serious communicable diseases where vaccines exist).

A doctor must declare (and seek help) if they have or think they may have any serious condition they might pass to patients or if the condition could affect their performance and judgement. Specifically they must not rely on their own assessment of the risk and should declare it here.

Health problems to be declared / discussed might include:

Depression / anxiety

Other mental health issues

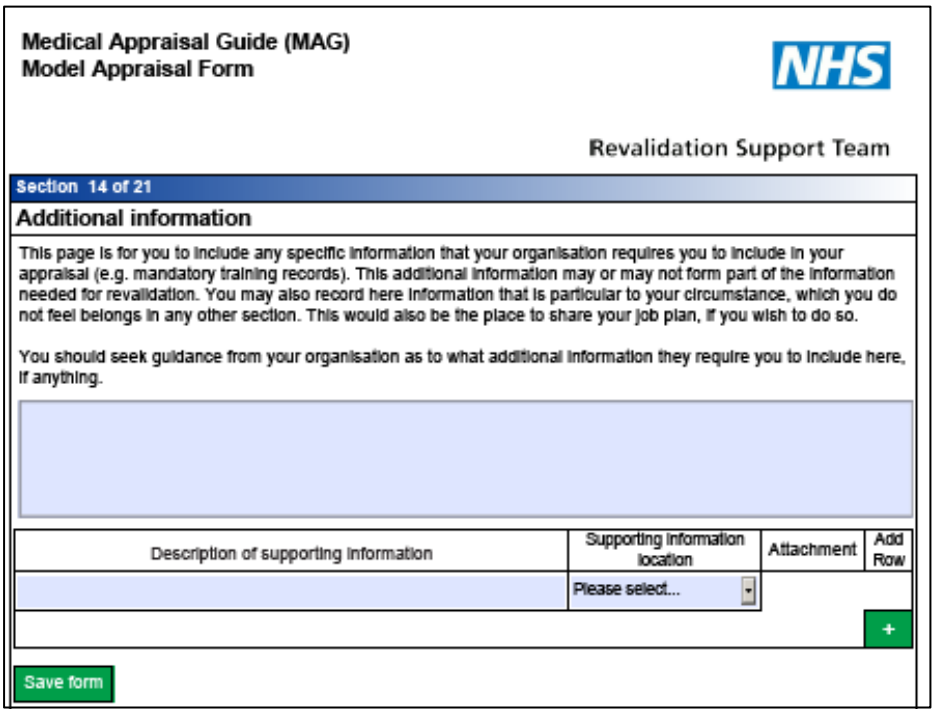
Sleep problems

Alcohol / Drug abuse / addictions

Severe Chronic Pain

Sight / Hearing impairment

An Appraiser should routinely ask what safeguards a doctor has in place against stress and overwork.



Medical Appraisal Guide (MAG)
Model Appraisal Form

NHS

Revalidation Support Team

Section 14 of 21

Additional information

This page is for you to include any specific information that your organisation requires you to include in your appraisal (e.g. mandatory training records). 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, if you wish to do so.

You should seek guidance from your organisation as to what additional information they require you to include here, if anything.

Description of supporting information	Supporting information location	Attachment	Add Row
	Please select...		
			+

Save form

The designated body on whose 'performers list' a doctor is included, may require that doctor to maintain their accreditation in certain areas over and above the requirements for revalidation. These fitness for purpose (rather than fitness for practice) requirements might include accreditation in specialist clinical areas and mandatory updates (for example resuscitation, information governance and infection control).

In addition, the designated body may wish that certain information about the doctor is discussed during the appraisal meeting so that the doctor their appraiser together may formulate a suitable development plan. This might include performance issues, learning needs that have come to light through complaints or data received by the designated body showing persistent failure to meet quality standards.

Type to enter text

Section 15 of 21

Personal development plan proposals

If you have ideas for this year's personal development plan, please use this space to record them. You will need to discuss this with your appraiser during your appraisal.

To change the way I write up visits. I am going to try to go out on visits earlier in the day, perhaps before I tackle some of the less important clinical tasks after morning surgery. This will allow me time to write the visits up before afternoon surgery starts.

I am going to delegate the work I do for the practice manager which is largely advice about the financial affairs of the practice to the younger partner who has a real flair and interest in this area. In response to the feedback I am going to resist getting too involved in non-clinical problem solving at the reception desk!

I would like to repeat the patient feedback exercise in the next year (or the year after that) to see if I can improve my scores in the two areas I did less well in (improve in my listening skills and explanations)
I would like to attend a workshop on how to improve lecturing / public speaking skills.

I will continue to develop the diabetes service at the practice in the ways described earlier.

It is essential that your appraiser has a clear idea of your specific development needs and any plans you have for addressing these in the forthcoming year.

Whereas these ideas might change quite significantly during and after the appraisal meeting, it is still important that a doctors initial proposals are taken into consideration by their appraiser. In addition it would make sense, as a quality assurance check, that these preliminary proposals have some bearing

Section 16 of 21

Supporting Information

The following is a self-populating list of all of the documents that you have attached within this form, agreed to email to your appraiser in advance or provide in hard copy format. If you cannot see a particular item in this list, go back to the section and check the document attached, or that you clicked the 'Log' button to add a listing to this table.

Please be mindful of attachment sizes. Scroll down to the bottom of the table to see the total size of attachments in this form; please ensure it is under 10MB to enable easy file transfer.

Should you wish to add any further documentation or delete any attachments, please return to the appropriate section.

Details	Size (MB)	Attachment
Section 7 - Additional CPD record - Improve Presentation Skills - attended a course - Attached - GP presentation v4.pptx	0.09	View
Section 7 - Additional CPD record - Introductory Custody Medicine Course- organised by the AFP - Provided separately		
Section 7 - Additional CPD record - Telephone consultations Course - Emailed to appraiser		
Section 7 - Additional CPD record - Keep a PUNS and DENS clinical diary - Provided separately		
Section 7 - Additional CPD record - 3 BMJ on-line learning modules- Diabetes update, Information Governance - Provided separately		
Section 7 - Additional CPD record - Child protection update - Emailed to appraiser		
Section 7 - Additional CPD record - Attended In House learning events which occur twice a month - Attached - York CME Programme.doc	0.03	View
Section 8 - Improvement activity - I have provided a summary of some work that I did jointly with the practice manager looking at the demand / supply of appointments on a Monday am. We realised that demand on this day far exceeded supply and we decided to look at creative ways to manage this. We placed 2 doctors on call instead of one in the morning. Both doctors had a 1 hour telephone-triage list and then a 2 hour 'urgent' (face to face) list. One of the doctors then dealt with script requests whilst the other triaged the visit requirements allocated them to the other doctors in the practice. The planning involved a PDSA cycle - actually 4 cycles to make adjustments to timings and numbers of appointments. The results are included showing the REDUCTION in late visits, urgent appointment requests on Monday afternoon / Tuesday morning and a general improvement in doctor morale and patient satisfaction. - Emailed to appraiser		
Section 9 - Significant event - 76 year old Polish gentleman complaining of epigastric and throat pain for 12 hours misdiagnosed by me as gastritis/reflux. Colleague admitted him later and found to have suffered an M.I. but too late for thrombolysis. - Provided separately		
Total attachments:	0.12	

Save form

This section will **self-populate** i.e. will automatically generate a summarised list of all the documents the doctor has provided so far as evidence.

The table will show whether the document was attached within the form (providing a useful summary at the bottom of the page of how close to the 10MB limit all of the attachments have used), or whether it was emailed or provided in paper form (as the doctor indicated earlier in the form).

This is a useful checklist for the appraiser to make sure that no document has been overlooked or not yet received despite the intentions of the doctor.

Section 17 of 21

Pre-appraisal preparation

In preparation for your appraisal you should consider how you are meeting the requirements of Good Medical Practice. This reflection will help you and your appraiser to prepare for your appraisal and will help your appraiser summarise the appraisal discussion.

Domain 1: Knowledge, skills and performance

I maintain professional performance through using study leave wisely and dividing educational activity between my various roles. I am a reflective learner as can be seen through my Puns and Dens diary and I learn from others (see reflections from practice clinical meetings) and from SEA's (see the structured reflective template).
I believe I am up to date in my clinical medicine. We have as a practice tried very hard to pick topics for clinical discussions and in house learning events that reflect our learning needs as a group and I have provided my refections on my learning from all educational events I have attended.
I have taken on board the feedback about the delay sometimes in writing up visits and hope to correct that very soon as discussed earlier.

Domain 2: Safety and quality

I have been fully involved in any significant event audit carried out by the practice. I have provided evidence of on-line learning about information governance and child protection training.
My training some years ago as a police surgeon has highlighted to me the importance of personal safety and managing risky situations which are thankfully much rarer in general practice.
I am healthy, visit the GP regularly for relevant checks and immunisations (certificates provided previously).

Domain 3: Communication, partnership and teamwork

I attended a presentation skills workshop and have included my reflections on my learning. I am keen to continue to develop as a teacher.
I have reflected at length on the patient feedback that I received and the complaint described earlier and believe that I can improve my communication skills further simply by giving myself more time (by reorganising surgeries - taking some pressure away from routine booked surgeries and going out on visits sooner giving more time to write them up properly).

Domain 4: Maintaining trust

Evidence provided from the colleague and patient feedback exercises show that I have respect for colleagues and patients. Comments from both describe my commitment and loyalty to the practice and my patients and my work to improve services (the diabetes clinic particularly).
As part of the reaccreditation training for the diabetes clinic I have to attend an equality and diversity training session at the PCT and also gain feedback from service users for our level 2 diabetes clinic.
The practice manager can vouch for my honesty and integrity when handling practice financial affairs, and the usual safeguards are in place.

"I confirm that I have completed this form and compiled the supporting information listed in Section 16 to support this appraisal. I am responsible for the contents and confirm that it is appropriate for this information to be shared with my appraiser and responsible officer."

☑ Please tick here to confirm your agreement.

This is the section of key importance where a doctor reviews their professional progress over the whole year, and reflects on their various roles and responsibilities using the framework from the GMC's document Good Medical Practice.

The doctor should reflect against their progress and achievements against the standards from GMP which are summarised in the following two pages.

Domain 1 – Knowledge, skills and performance

1.1 Maintain your professional performance

- Maintain knowledge of the law and other regulation relevant to your work
- Keep knowledge and skills about your current work up to date
- Participate in professional development and educational activities
- Take part in and respond constructively to the outcome of systematic quality improvement activities (e.g. audit), appraisals and performance reviews

1.2 Apply knowledge and experience to practice

- Recognise and work within the limits of your competence
- If you work in research, follow appropriate national research governance guidelines
- If you are a teacher/trainer, apply the skills, attitudes and practice of a competent teacher/trainer
- If you are a manager, work effectively as a manager
- Support patients in caring for themselves
- If you are in a clinical role:
  - Adequately assess the patient's conditions
  - Provide or arrange advice, investigations or treatment where necessary
  - Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately
  - Provide effective treatments based on the best available evidence
  - Take steps to alleviate pain and distress whether or not a cure may be possible
  - Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests

1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

- Make and/or review records at the same time as the events are documented or as soon as possible afterwards
- Ensure that any documentation that records your findings, decisions, information given to patients, drugs prescribed and other information or treatment is up to date and accurate

Implement and comply with systems to protect patient confidentiality

Domain 2 – Safety and quality

2.1 Contribute to and comply with systems to protect patients

- Take part in systems of quality assurance and quality improvement
- Comply with risk management and clinical governance procedures
- Cooperate with legitimate requests for information from organisations monitoring public health
- Provide information for confidential inquiries, significant event reporting
- Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised
- Report suspected adverse reactions
- Ensure arrangements are made for the continuing care of the patient where necessary
- Ensure systems are in place for colleagues to raise concerns about risks to patients

2.2 Respond to risks to safety

- Report risks in the healthcare environment to your employing or contracting bodies
- Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities
- Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk
- Respond promptly to risks posed by patients
- Follow infection control procedures and regulations

Domain 3 - Communication, partnership and teamwork

3.1 Communicate effectively
- Listen to patients and respect their views about their health
- Give patients the information they need in order to make decisions about their care in a way they can understand
- Respond to patients' questions
- Keep patients informed about the progress of their care
- Explain to patients when something has gone wrong
- Treat those close to the patient considerately
- Communicate effectively with colleagues within and outside the team
- Encourage colleagues to contribute to discussions and to communicate effectively with each other
- Pass on information to colleagues involved in, or taking over, your patients' care

3.2 Work constructively with colleagues and delegate effectively
- Treat colleagues fairly and with respect
- Support colleagues who have problems with their performance, conduct or health
- Act as a positive role model for colleagues
- Ensure colleagues to whom you delegate have appropriate qualifications and experience
- Provide effective leadership as appropriate to their role

3.3 Establish and maintain partnerships with patients
- Encourage patients to take an interest in their health and to take action to improve and maintain it
- Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research

Domain 4 - Maintaining trust

4.1 Show respect for patients
- Implement and comply with systems to protect patient confidentiality
- Be polite, considerate and honest and respect patients' dignity and privacy
- Treat each patient fairly and as an individual
- If you undertake research, respect the rights of patients participating in the research

4.2 Treat patients and colleagues fairly and without discrimination
- Be honest and objective when appraising or assessing colleagues and when writing references
- Respond promptly and fully to complaints
- Provide care on the basis of the patient's needs and the likely effect of treatment

4.3 Act with honesty and integrity
- Ensure you have adequate indemnity or insurance cover for your practice
- Be honest in financial and commercial dealings
- Ensure any published information about your services is factual and verifiable
- Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence
- Inform patients about any fees and charges before starting treatment
- If you undertake research, obtain appropriate ethical approval and honestly report results

Section 18 of 21

The agreed personal development plan

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

Learning / development needs	Agreed action or goal	Date this will be achieved by	How will you be able to demonstrate that your need has been addressed	Add Row
To improve colleague satisfaction by writing up visits in a more contemporaneous fashion.	Re-arrrange my timetable slightly so I do 'visits' earlier in the day (either in a break in the middle or after morning surgery) leaving paper work until later.	Hopefully immediately	I can provide an audit trail of a sample of 10 visits showing the date of visit and when the entry was typed up.	-
Improve patient satisfaction with my consultation style.	To repeat the patient feedback exercise next year after making some changes to my consulting behaviours: 1. work on the way I give information better tailored to the patients understanding and health beliefs 2. improve my listening skills. Discuss strategies with a colleague who is a trainer and perhaps read a chapter of a standard text on the subject.	1 year	Improved patient satisfaction in these 2 areas.	-
Develop the diabetes clinic (concentrate more of my time on my area of interest as I feel good diabetes care is a local need and would be good for the practice too	Finish the feasibility study which is looking at expanding the satellite clinic from 1 session to 2 sessions per week. Discuss the findings with my partners not just focussing on financial pros and cons but also the qdos that the clinic brings the practice and also the teaching opportunities that exist.	1 year	I could bring the feasibility study findings next appraisal and proof of the clinics expansion (including patient satisfaction feedback) if this is the route we take.	-
Improve my teaching and lecturing skills.	Look at the courses the deanery runs for non medical educationalists who wish to involve themselves in education.	1 year	evidence of having attended a course.	-
Maintain general knowledge, skills and fulfill requirements for revalidation	Try and identify an area of general practice other than my area of specialist interest where I feel I could deliver care in a better way. This involves identifying an area where I perceive I am perhaps less confident (or competent), finding out what the 'best practice' is and changing the way I manage the condition(s) that characterise this area.	1 year	Produce a reflective piece of writing as supporting evidence for next years appraisal which will fulfill the revalidation requirements for an annual quality improvement activity.	-

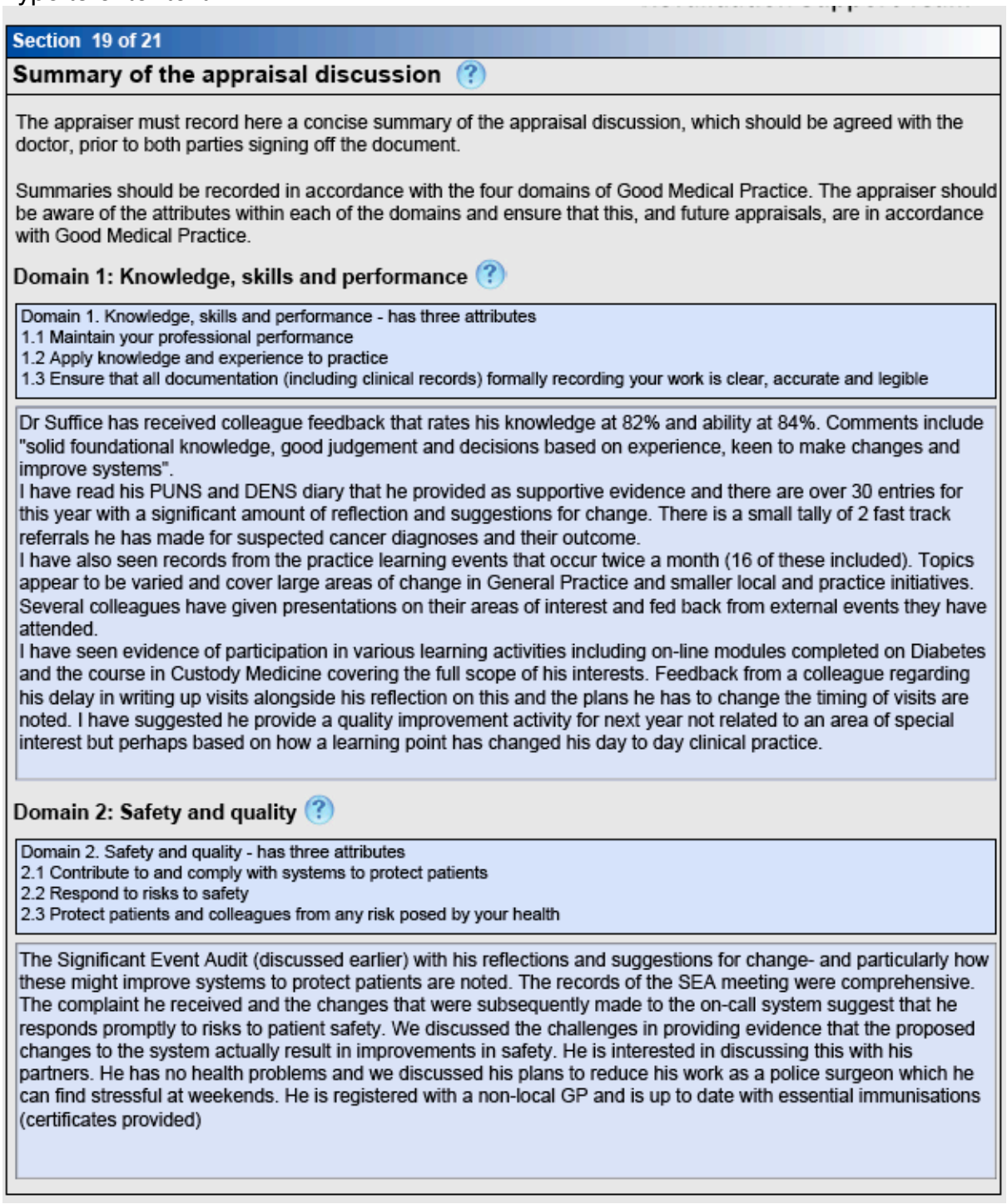
This is the PDP section and must be agreed for the appraisal to be signed off.

Usually there are between 3 and 5 objectives, although an appraiser could, with the agreement of the doctor, set more than this.

There should be a detectable continuity between last years PDP, the achievements, challenges and aspirations of the doctor (see relevant section) section, the pre-appraisal planning by the doctor and this Personal Development Plan.

In addition the reasons why specific PDP objectives have been set should be evident from discussion in the next section- the appraisal summary.

Type to enter text



Section 19 of 21

Summary of the appraisal discussion

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

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

Domain 1: Knowledge, skills and performance

Domain 1. Knowledge, skills and performance - has three attributes
1.1 Maintain your professional performance
1.2 Apply knowledge and experience to practice
1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

Dr Suffice has received colleague feedback that rates his knowledge at 82% and ability at 84%. Comments include "solid foundational knowledge, good judgement and decisions based on experience, keen to make changes and improve systems".
I have read his PUNS and DENS diary that he provided as supportive evidence and there are over 30 entries for this year with a significant amount of reflection and suggestions for change. There is a small tally of 2 fast track referrals he has made for suspected cancer diagnoses and their outcome.
I have also seen records from the practice learning events that occur twice a month (16 of these included). Topics appear to be varied and cover large areas of change in General Practice and smaller local and practice initiatives. Several colleagues have given presentations on their areas of interest and fed back from external events they have attended.
I have seen evidence of participation in various learning activities including on-line modules completed on Diabetes and the course in Custody Medicine covering the full scope of his interests. Feedback from a colleague regarding his delay in writing up visits alongside his reflection on this and the plans he has to change the timing of visits are noted. I have suggested he provide a quality improvement activity for next year not related to an area of special interest but perhaps based on how a learning point has changed his day to day clinical practice.

Domain 2: Safety and quality

Domain 2. Safety and quality - has three attributes
2.1 Contribute to and comply with systems to protect patients
2.2 Respond to risks to safety
2.3 Protect patients and colleagues from any risk posed by your health

The Significant Event Audit (discussed earlier) with his reflections and suggestions for change- and particularly how these might improve systems to protect patients are noted. The records of the SEA meeting were comprehensive. The complaint he received and the changes that were subsequently made to the on-call system suggest that he responds promptly to risks to patient safety. We discussed the challenges in providing evidence that the proposed changes to the system actually result in improvements in safety. He is interested in discussing this with his partners. He has no health problems and we discussed his plans to reduce his work as a police surgeon which he can find stressful at weekends. He is registered with a non-local GP and is up to date with essential immunisations (certificates provided)

Comments by the appraiser in each of the 4 domains in this section should have their basis in the doctors comments in the same domains from section 17. There should be an element of continuity and development from section 17 to this one, but not a like for like reproduction.

Continued from previous page...

Domain 3: Communication, partnership and teamwork

Domain 3. Communication, partnership and teamwork - has three attributes
3.1 Communicate effectively
3.2 Work constructively with colleagues and delegate effectively
3.3 Establish and maintain partnerships with patients

Dr Suffice's mean patient feedback scores relating to this section are as follows: ability to listen - 73% explanations - 72% . Comments include "he is caring and considerate when I'm not well". Colleague feedback scores are 82% for communication with colleagues, 80% communication with patients and 85% team orientation. Comments include "good team member" and "appreciated his help over the past year" (non clinical).
His quality improvement activity illustrated that he worked effectively with his manager and administrative staff to produce a solution to the problem of an overly busy on-call session. The documentation describes in detail the process they went through in developing and refining the new system.
He is clearly a regular contributor to practice meetings (evidence from minutes) and seems to take his fair share of responsibilities. In fact it appears that he would like to draw back slightly from assisting in practice management affairs.
His handling of the practice complaint and achieving the outcome they did appeared to be well received by all parties (3.3 maintaining partnerships with patients)

Domain 4: Maintaining trust

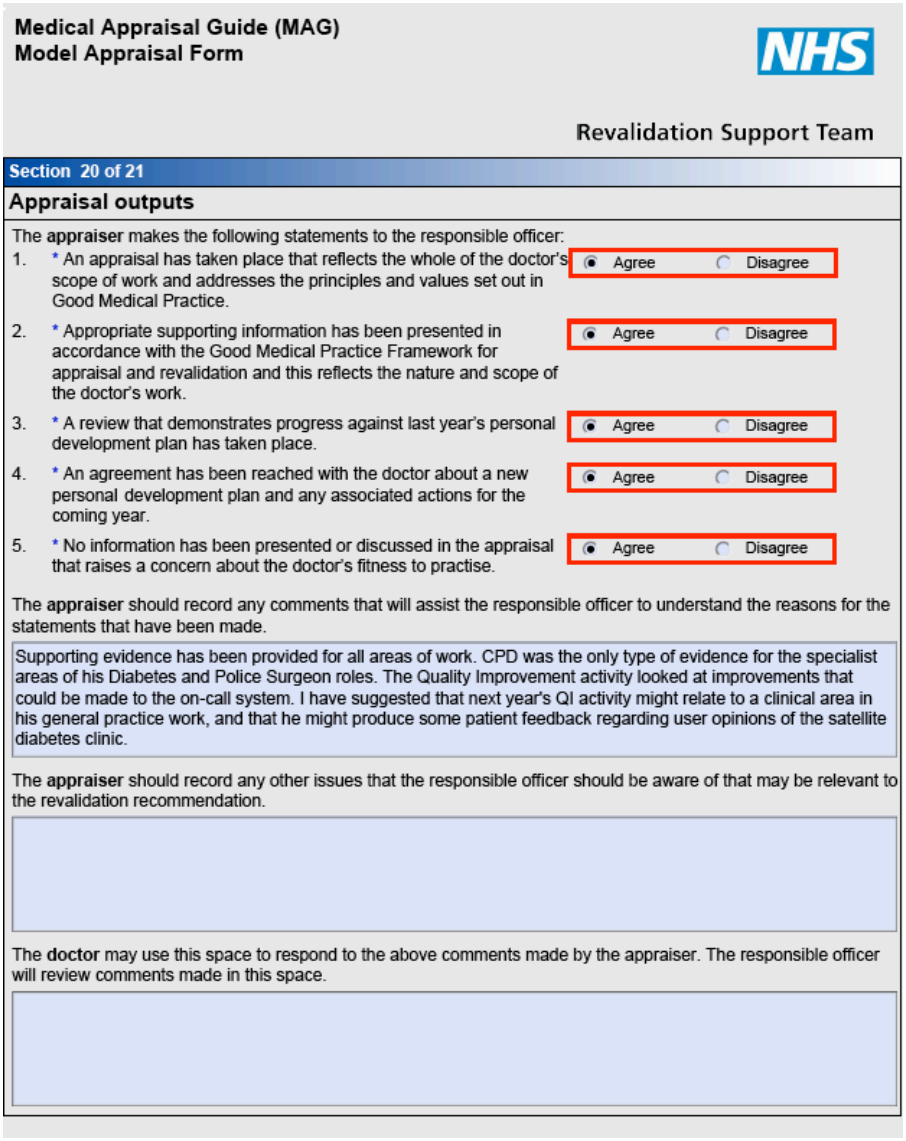
Domain 4. Maintaining trust - has three attributes
4.1 Show respect for patients
4.2 Treat patients and colleagues fairly and without discrimination
4.3 Act with honesty and integrity

Dr Suffice's mean scores from the patient feedback exercise items relating to trust are: 81% about their confidence in his ability (compared to 84% nationally), and 78% for being considerate and showing respect. Similarly colleagues score him at 85% for trustworthiness, 82% for showing respect. Comments from patients include "He always reassures me and tells me not to worry".

General summary

Dr Suffice has made some changes to the scope of his work: he has extended his role as a Diabetes specialist with plans to increase the number of sessions, and reduced his role as a police surgeon. He has enjoyed teaching about diabetes, and holds an important advisory role to the practice management team. He takes his continuing education very seriously and has provided plenty of evidence of professional development. He has clear plans to extend the diabetes service and plans to present findings from a feasibility study to his partners highlighting the wider benefits of a larger service. He achieved all of his PDP items except "consider increasing time spent supporting practice manager providing an additional session per month to help with accounts". He felt that this was not the best use of his time and that a colleague would be more appropriate for this role. He has reflected on various feedback he has received and two important suggestions for improvement are incorporated as PDP items for next year. There is a clear link between his own perceived development needs, any shortfalls he has identified in service delivery and plans for objectives next year .

Type to enter text



Medical Appraisal Guide (MAG)
Model Appraisal Form

NHS

Revalidation Support Team

Section 20 of 21

Appraisal outputs

The **appraiser** makes the following statements to the responsible officer:

1. * An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice. — (•) Agree ( ) Disagree
2. * Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work. — (•) Agree ( ) Disagree
3. * A review that demonstrates progress against last year's personal development plan has taken place. — (•) Agree ( ) Disagree
4. * An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year. — (•) Agree ( ) Disagree
5. * No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise. — (•) Agree ( ) Disagree

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

Supporting evidence has been provided for all areas of work. CPD was the only type of evidence for the specialist areas of his Diabetes and Police Surgeon roles. The Quality Improvement activity looked at improvements that could be made to the on-call system. I have suggested that next year's QI activity might relate to a clinical area in his general practice work, and that he might produce some patient feedback regarding user opinions of the satellite diabetes clinic.

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

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

This is the final "Appraisal Outputs" section.
The appraiser must agree or disagree with 5 statements.

Agreement with **First statement** must satisfy 3 conditions:

- That an appraisal has taken place
- That the appraisal has considered the whole scope of the doctors of work
- That the appraisal has addressed the principles and values in Good Medical Practice.

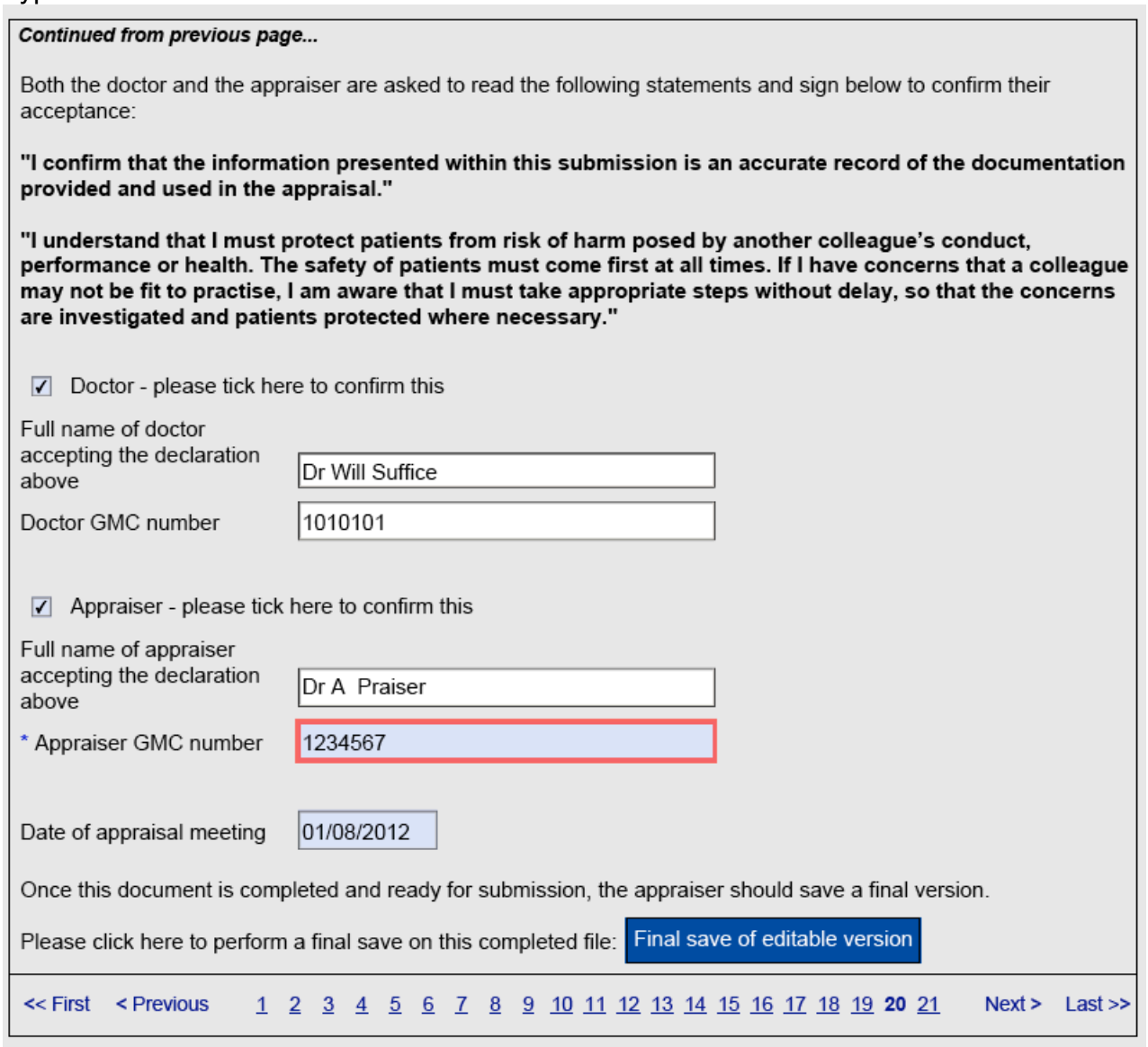
The **Second statement** relates to the appraisers judgement of the supporting evidence: it must be found to be relevant, of an appropriate quality to show competence against all sections of the GMP framework, and again must reflect the nature and scope of the doctors work.

The **Third statement** is perhaps easier to agree or disagree with- that the doctor has achieved some or all of last year's PDP objectives, and importantly has demonstrated these achievements through provision of appropriate supporting information.

The **Fourth statement** relates to the fact that PDP objectives have been negotiated and agreed with the doctor for the forthcoming year with specific actions suggested to achieve them.

The **Fifth statement** commits the appraiser to the fact that no issues have arisen concerning the doctors fitness to practice and is a legal protection for the designated body against any attempts at collusion or deception. Signing this statement places a liability on the appraiser only if concerns about fitness to practice had been found but not discussed or documented, and which subsequently came to light.

Type to enter text



Continued from previous page...

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

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

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

☑ Doctor - please tick here to confirm this

Full name of doctor accepting the declaration above: Dr Will Suffice

Doctor GMC number: 1010101

☑ Appraiser - please tick here to confirm this

Full name of appraiser accepting the declaration above: Dr A Praiser

* Appraiser GMC number: 1234567

Date of appraisal meeting: 01/08/2012

Once this document is completed and ready for submission, the appraiser should save a final version.

Please click here to perform a final save on this completed file: Final save of editable version

<< First < Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 **20** 21 Next > Last >>

Final steps to lock the document should be taken after all sections have been completed and the appraiser has made a 'final save of editable version' which is an option at the bottom of section 20 (see blue box above).

Once this has been done, the box 'lockdown for submission' appears, but this can only been done if all the RED BOXED sections of the form have been completed (and it lists those that have been missed). Once locked down, this renders the form in a fixed state ensuring it cant be edited or added to APART FROM A SMALL SECTION RIGHT AT THE END WHICH GIVES THE DOCTOR ONE LAST CHANCE OF EXPRESSING TO THE RO WHY THEY MIGHT BE UNHAPPY WITH WHAT HAS BEEN DOCUMENTED IN THE FORM OR ABOUT THE APPRAISAL(S) AS A WHOLE.
The document is now ready for review by the RO and should be transferred to secure data storage at the designated body's

Finally a 'create a new form' option allows you to do just this, exporting all relevant information into a form for the next years appraisal. Uploaded documents are not transferred across when a new form is created, only the list of documents is preserved (so it is important to save the new form with a new name).

Section 21 of 21

Appraisal history

This section holds a copy of information submitted in previous appraisals.

Information will **only** be available in this section if **this particular form** has been used for previous appraisals.

Information is only archived into this area once the form has been locked down and a 'new' appraisal form has been created. Both these functions are in Section 20 and occur post-appraisal.

Due to file size limitations, it is not possible to view the documents that were attached in previous years however both the doctor and the designated body would be able to provide them if required.

To view copies of the previous years' information, please click the blue links below.

Supporting information

Back

This table gives details of the Supporting Information from year 2010/11

Submitted	Supporting Information Details

Save form

<< First < Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 **21**

This final page acts as a summary of all the essential information from previous years' appraisals using this form.
Any evidence is just listed by title and cant be opened for examination in detail (so it is important that the files and entries have short but helpfully descriptive titles and that Appraisers try and summarise)
It is possible (if the information is available) to look back through previous years forms and by clicking on the correct link view any of the 4 areas of information

Supporting information
Personal development plans
Summary of the appraisal discussion
Appraisal outputs.

This is so that appraisers can check that supporting information and PDP entries aren't merely being recycled and that there is a sense of progression and development throughout the revalidation cycle.