



The following forms are for use in the appraisal of all staff of BSMS who also hold an honorary contract with a local NHS Trust. The appraisal will be undertaken jointly by an appraiser from BSMS and an appraiser from the Trust unless exceptionally there has been agreement between the Head of the Medical School and the Chief Executive of the lead NHS Trust and the appraisee that a single appraiser can act on behalf of both.

The forms have been designed (i) to enable the collection of information for joint appraisal in a folder followed by appraisal and job planning discussions leading to agreement on a personal development plan and a job plan and (ii) to be the vehicle in due course for the delivery of GMC revalidation

If any of the documents are to be seen and/or kept by anyone other than the appraiser and appraisee an explicit statement as to who would have access to it is included on the front page of each form.

Further information about the overall scheme is given in the accompanying document **Clinical Academic Staff Appraisal Scheme**.

## APPRAISAL FOLDER - FORM 1 – BACKGROUND DETAILS

*As Form 1 provides the background information to identify the appraisee it may be necessary to attach Form 1 to any forms which are to be seen/kept by anyone other than the appraisee/appraiser.*

*For those doctors who aim to submit appraisal summary forms to secure their revalidation it is envisaged that, for the purposes of revalidation, the doctor would submit Forms 1 – 4 to the GMC for each year of the validation period.*

The aim of this form is to provide:

- the basic background information to identify you individually
- brief details of your career and professional status
- the opportunity for you to supplement this with other information you think is helpful. You can provide at **1ii** any other personal details which help describe your current practice. For example, membership of medical and specialist societies.

### **i. Personal Details**

Name

Registered address (and contact address if different):

Main employer and division

Other employers/places of work including details of honorary contracts stating which is the primary one

Date of primary medical qualification (in the UK or elsewhere)

GMC Registration (Type of registration currently held, registration number and date of first full registration)

*Starting date of first appointment as a substantive consultant in the NHS, including honorary appointment (pre 1997 please also give speciality; 1997 and after, please also give date of specialist registration, and specialties in which registered)*

Date of appointment to post currently held, if different

Title of current post (for example, Senior Lecturer and Honorary Consultant in Respiratory Medicine) including details of any management position held

Date and country of grant of any specialist registration/qualification outside the UK and specialty in which you were registered

Any other specialties or sub-specialties in which you are registered

Has your registration been called into question since your last appraisal? *(If this is the first appraisal, is your registration currently in question?)*

Date of last revalidation (if applicable)

List all the posts in which you have been employed (including honorary and part-time posts) in universities, the NHS and elsewhere in the past ten years

I understand that the Trust(s) and university will need to share information as part of the joint appraisal and confirm that I waive any confidentiality as regards information passing between them.

Signed (Appraisee): .....

Date: .....

**ii. Other relevant personal details**

## FORM 2 – DETAILS OF YOUR CURRENT ACADEMIC AND CLINICAL ACTIVITIES

*For those doctors who aim to submit appraisal summary forms to secure their revalidation it is envisaged that, for the purposes of revalidation, the doctor would submit Forms 1 – 4 to the GMC for each year of the validation period.*

The aim of this form is to provide you with an opportunity to describe your post(s) in BSMS, the NHS, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held, or held in the past year. You should explain what you do and where you do it.

Your descriptions should cover your activity at all locations since your last appraisal. You may wish to comment on the environment in which you work, including:

- factors which you believe affect your ability to undertake teaching and research
- factors which you believe affect the provision of good health care, including your views (supported by information and evidence) on the resources available
- action taken by you to address any obstacles to the provision of good health care.

*You should keep a copy of your job plan (which may be your personal job plan or your departmental job plan) in this section of your folder.*

Please provide:

1. A short description of your academic work, your work in your specialty and your actual clinical practice. What different types of activity do you undertake?

2. Sub-specialist skills and commitments

3. Details of emergency, on-call and out-of-hours responsibilities

4. Details of out-patient work

5. Details of any other clinical work

6. In which non-NHS hospitals and clinics do you enjoy practising privileges? To which hospitals and clinics do you have admitting rights and what is the nature of those rights? *If your practice differs from your NHS practice at some or all of these locations please give details*

7. Details of any other work not described above that you undertake as an academic member of staff or in the NHS (for example, management activities, examining)

8. Work for regional, national or international organisations

9. Other professional activities.

### **FORM 3 – RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL AND REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR**

*For those doctors who aim to submit appraisal summary forms to secure their revalidation it is envisaged that, for the purposes of revalidation, the doctor would submit Forms 1 – 4 to the GMC for each year of the validation period.*

The aim of this form is to record the background evidence and information that will help to inform your appraisal discussions. You should list, at the places indicated, the documents in your appraisal folder; these provide evidence in the terms set out in the GMC's *Good Medical Practice*. You should also set out as indicated your personal development activity for the past year which will provide a baseline for discussion of future needs.

You should do this for all fields of practice within which you work for BSMS and the NHS. You will note that, in relation to your academic work, the teaching and training component features as a separate heading in *Good Medical Practice* whereas the research component does not. You should include information regarding your research activity under each of the *Good Medical Practice* headings. However, in view of the importance of research, there is also space on the form to provide extra information on your research activity as a separate item. If you have management responsibilities or if you work in more than one specialty, then you will need to include information - under the headings of *Good Medical Practice* - for each field.

You should include relevant information and evidence from any activities outside BSMS and NHS which are relevant to your BSMS work or NHS practice to help give an overall picture of you and your development needs.

#### **RECORD OF REFERENCE DOCUMENTATION**

##### **GOOD MEDICAL PRACTICE**

###### **1. Good medical care**

Examples of documentation which may be appropriate:

- current job plan/work programme (*this will be kept behind Form 2 in your folder*)
- indicative information regarding annual caseload/workload;
- up to date audit data including information on audit methodology if available;
- record of how results of audit have resulted in changes to practice (if applicable);
- results of clinical outcomes as compared to relevant royal college, faculty or specialty association recommendations where available;
- evidence of any resource shortfalls which may have compromised outcomes;



- evidence of how any in-service educational activity may have affected service delivery;
- records of outcome of any investigated formal complaints in which the investigation has been completed in the past twelve months, or since your last appraisal;
- a description of how the outcome of any complaints has resulted in changes to practice;
- outcome of external reviews in relation to clinical practice (peer and otherwise);
- a description of any issues arising in relation to adherence to NHS clinical governance policies;
- record of how relevant clinical guidelines are reviewed by the appraisee and his/her team and how these have affected practice;
- records of any relevant critical incident reports;
- any other routine indicators of the standards of your care which *you yourself* use.

	<i>List below each document, in the order they appear in your folder.</i>
1	
2	
3	
4	
5 etc	

## 2. Maintaining good medical practice

The purpose of this section is to record CPD/CME activities undertaken since the last appraisal. Any difficulties in attending CPD/CME activities should be recorded, with reasons.

Examples of documentation which may be appropriate (*if available*):

- examples of participation in appropriate Continuing Professional Development. This might include individual development activity, locally-based development and participation in royal college or specialty association activities.
- List all CPD courses attended, and points awarded for each attendance.

	<i>List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary</i>
1	
2	
3	
4	
5 etc	

### 3. Working relationships with colleagues

The purpose of this section is to reflect on your relationships with your colleagues, within the universities, within the NHS and across both. The topics to consider will include collaborative and team working, multidisciplinary work (both academic and clinical) and effective communication.

Examples of documentation which may be appropriate:

- a description of the settings and the team structures within which you work
- any other documentary evidence that may be available (such as records of any formal peer reviews or discussions) should be included here, otherwise a record of the discussion and any action agreed should form part of the summary in **Form 4**.

	<i>List below each document, in the order they appear in your folder.</i>
1	
2	
3	
4	
5 etc	

### 4. Relations with patients

The purpose of this section is to reflect on your relationships with your patients.

Examples of documentation which may be appropriate:

- any examples of good practice or concern in your relationships with patients
- a description of your approach to handling informed consent.

This might include validated patients surveys, your assessment of any changes in your practice as a result of any investigated complaint, compliments from patients, peer reviews/surveys.

	<i>List below each document, in the order they appear in your folder.</i>
1	
2	
3	
4	
5 etc	

### 5. Teaching and training

The purpose of this section is to reflect on your teaching and training activities since your last appraisal. You should include information on courses taught, the number of contact hours at undergraduate and postgraduate level, and examining duties both internally and externally. Other topics to consider will include: developments and innovations in teaching such as method, content, use of materials and technology; curriculum development.

Any difficulties in arranging cover for your clinical work whilst undertaking teaching and training (including educational activities for the NHS generally) should be recorded.

Examples of documentation which may be appropriate:

- A summary of formal teaching/lecturing activities, supervision/mentoring duties
- Recorded feedback from those taught.
- List of any publications relating to teaching.

	<i>List below each document, in the order they appear in your folder.</i>
1	

2
3
4
5 etc

**6. Probity     }**

**7. Health     }**

You should note here any concerns raised or problems encountered during the year on either of these issues and include any records.

<i>List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary</i>
Probity
1
2
3 etc
Health
1
2
3
4
5 etc

## RESEARCH

The purpose of this section is to reflect on your research activity since your last appraisal. Topics to consider include: any notable achievements; the volume and range of publications; the quality and impact of research undertaken; research leadership and project management; external funding awards; participation in the research assessment exercise; supervision and completion rate of research students.

Examples of documentation which may be appropriate:

- evidence of formal research commitments;
- record of any research ongoing or completed in the previous year;
- record of funding arrangements for research;
- record of noteworthy achievements;
- confirmation that appropriate ethical approval has been secured for all research undertaken.

You will already have covered some of your research activity earlier on **Form 3**. To avoid duplication you should cross-reference here any documents already listed which refer to your research activity.

	<i>List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary</i>
1	
2	
3	
4	
	see also documents... .. above.

## MANAGEMENT ACTIVITY

Examples of documentation which may be appropriate:

- information about your formal management commitments, records of any noteworthy achievements and any recorded feedback if available.

You will already have covered much or all of your management activity in earlier sections of **Form 3**. This section provides an opportunity to add any further

information about your academic and/or NHS management activity, including any difficulties in arranging cover for your clinical work whilst undertaking management activity (including activities for the NHS regionally and nationally). To avoid duplication you should cross-reference here any documents listed earlier which refer to your management activity.

	<i>List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary</i>
1	
2	
3	
4	
	see also documents... .. above.

**REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR**

You should summarise here the development action agreed at the last appraisal (or at any interim meeting) or include your personal development plan. This will facilitate discussion on progress towards development goals. You should record where it is agreed that goals have been achieved or where further action is required. It is assumed that where a development need has not been met in full it will remain a need and will either be reflected in the coming year's plan or have resulted in other action.

**SIGN OFF**

We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee's position with regard to development action in the course of the past year.

Signed:

Appraisee:

Appraiser on behalf of BSMS:

Appraiser on behalf of NHS Trust(s):

Date:

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

*Copies of this completed form should be given to:-*

- *Dean or representative,*
- *Head of Division (if not one of the appraisers)*
- *Trust Chief Executive*
- *Medical Director*
- *Clinical Director (if not one of the appraisers).*

*For those doctors who aim to submit appraisal summary forms to secure their revalidation it is envisaged that, for the purposes of revalidation, the doctor would submit Forms 1 – 4 to the GMC for each year of the validation period.*

The aim of this section is to provide an agreed summary of the appraisal discussion based on the documents listed in **Form 3** and a description of the action agreed in the course of the appraisal, including those forming the personal development plan.

This form should be completed by the appraisers and agreed by the appraisee. Under each heading the appraisers should explain which of the documents listed in **Form 3** informed this part of the discussion, the conclusion reached and say what if any action has been agreed.

### SUMMARY OF APPRAISAL DISCUSSION

#### 1. Good medical care

Commentary:

Action agreed:

**2. Maintaining good medical practice**

Commentary:

Action agreed:

**3. Working relationships with colleagues**

Commentary:

Action agreed:



**4. Relations with patients**

Commentary:

Action agreed:

**5. Teaching and training**

Commentary:

Action agreed:

**6. Probity**

Commentary:

Action agreed:

**7. Health**

Commentary:

Action agreed:

**8. Research**

Commentary:

Action agreed:

**9. Management Activity**

Commentary:

Action agreed:

## 10. Any other points

Commentary:

Action agreed:

### PERSONAL DEVELOPMENT PLAN

In this section the appraisers and appraisee should identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met on the template provided here.

Staff approaching retirement age may well wish to consider their retirement intentions and actions which could be taken to retain their contribution to the university and/or the NHS.

The important areas to cover are:

- action to maintain or develop academic excellence
- action to maintain skills and the level of service to patients
- action to develop or acquire new skills
- action to change or improve existing practice.

**PERSONAL DEVELOPMENT TEMPLATE**

*This should be used to inform discussion on development provided for on **Form 4**. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.*

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

**SIGN OFF**

We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Appraiser for BSMS:  
(Quote GMC Number if appropriate)

Appraiser for NHS Trust(s):  
(Quote GMC Number if appropriate)

Appraisee:

Date:

**Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so:**

## FORM 5 - PERSONAL AND ORGANISATIONAL EFFECTIVENESS

*Copies of this completed form should go to:-*

- *Dean*
- *NHS Trust Chief Executive*

The aim of this form is to describe your effectiveness on a personal level and within the universities and NHS organisations where you work, with a view to informing job plan review. For example:

- the contribution you make to academic development and the development of clinical services;
- the delivery of service outcomes;
- your identification of the resources needed to improve personal effectiveness;
- any actual or potential conflict between academic activity and service requirements.

The appraisers should prepare workload summary with the appraisee.

Examples of documentation which may be appropriate:

- agreed academic objectives;
- agreed service-related objectives and work programme (if not included elsewhere);
- relevant comparative performance data;
- any advice from the appropriate royal college, faculty or specialty association on workload or productivity;
- nationally or locally agreed comparators or performance standards;
- current available waiting list data;
- any local policies, goals or service standards which influence or affect performance;
- a note of any difficulties you may have had in obtaining your entitlements to annual leave, leave in lieu of bank holidays worked and free time when not on leave and appropriate staff to cover such absences;
- a note of any changes in the job plan proposed either by the appraisee or the appraisers (but other changes may, of course, emerge during the discussion).

*Documents listed here may be introduced into the discussion by either the appraisee or the appraisers.*

	<i>List documents here:</i>
1	
2	
3	
4	
5 etc	

The appraisers should record any points of agreement or concern not covered elsewhere, for example, specific to academic or service objectives and any other agreed action not included in the personal development plan.

**Signed**

Appraiser for BSMS:

Appraiser for the NHS Trust(s):

Appraisee:

Date:

## **FORM 6 - DETAILED CONFIDENTIAL ACCOUNT OF APPRAISAL INTERVIEW**

**This form is confidential and is not intended to form part of the documentation going to the Dean and Chief Executive (see the accompanying document **Clinical Academic Staff Appraisal Scheme**). However, as is made clear in that document, there is a duty to pass on any serious concerns arising during appraisal that could affect patient care.**

The purpose of this form is to provide the opportunity, *if required*, to record a fuller, more detailed account of the appraisal discussion than is recorded on **Form 4** and which both parties feel may inform or help the next appraisal round.

You should exercise great caution in commenting on third parties. Any comments you make about third parties should be supported by firm evidence. You should not use this form to record concerns about the performance of colleagues for which action should be taken under a separate procedure, for example, GMC fitness to practise procedures (see accompanying document, paragraph 15.2).

*Completion of this form is not obligatory.*

### **1. Good medical care**

### **2. Maintaining good medical practice**

### **3. Working relationships with colleagues**

### **4. Relations with patients**

### **5. Teaching and training**



**6. Probity**

**7. Health**

**8. Research**

**9. Management Activity**

**10. Any other points**

Signed

Appraiser for BSMS:

Appraiser for NHS Trust(s):

Appraisee:

Date: