

APPENDIX



Joint Academic and Clinical Appraisal

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**.

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

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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)

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8. Work for regional, national or international organisations

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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:

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

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.

RESEARCH

The purpose of this section

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:-

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

7. Health

Commentary:

Action agreed:

8. Research

Commentary:

Action agreed:

9. Management Activity

Commentary:

Action agreed:

10. Any other points

Commentary:

PERSONAL DEVELOPMENT TEMPLATE

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

What development needs have I?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed
<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>
1.				
2.				
3.				
4.etc				

SIGN OFF

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

Appraiser 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:

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

The appraisers should record any points

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