

APPRAISAL DATE**2018****FORM 4: SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN**

Name of AME being appraised	Dr
Name of Appraiser	Dr
Date of appraisal	
Next GMC revalidation	
Designated body	Faculty of Occupational Medicine
Responsible officer	Suitable Person (SP) – Dr Bruce Alexander

Revalidation evidence

1. Continuing Professional Development –Y/N
2. Quality Improvement Activity or Audit –Y/N
3. Significant Event/Case discussed – Yes/No
4. Colleague Feedback – Yes/No (date)
5. Patient Feedback – Yes/No (date)
6. Review of Complaints/Compliments – Y/N

The appraiser makes the following statements to the responsible officer/suitable person:

An appraisal has taken place that reflects the doctor's scope of work and addresses the principles and values set out on 'Good Medical Practice' (2013). **The appraisal covers all roles.**

1. 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.
2. A review of progress against last year's personal plan (PDP) has taken place.
3. An agreement has been reached with the doctor about a PDP for the coming year.
4. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice. And I am not aware of any other concerns from elsewhere.

Domain 1 - Knowledge, skills and performance

(Evidence-based practice. Reflecting on & improving performance. Keeping and securing documents.)

1.1: Maintaining your professional performance

Knowledge & Skills

CPD & Educational Activities

Audits, Appraisals & Performance Reviews

1.2: Applying knowledge and experience in practice

Teaching, Research & Management

Supporting Clients' self-reliance

Assessing, advising & investigating

Referral facilities

1.3: Documentation

Ensuring clinical records are up-to-date & accurate

MARS uploads & casework

Privacy & Security

Evidence provided and seen at appraisal: *(e.g. Education courses & PDP, Audits of practice, Significant Event audit, complaints, Documentation to support requirement for 20 hours of approved education every three years.)*

Action agreed:

Domain 2 - Safety and quality

2.1 Quality of Practice: *(Practice procedures, standardisation, hygiene)*

2.2: Safety of Clients *(client safety issues and confidentiality, privacy arrangements, security of premises and records)*

Chaperone Availability

2.3: Risks Posed by your Own Health *(own health maintenance, known issues and their management)*

Evidence provided and seen at appraisal: *(Calibration and maintenance documents, photographs, significant events log, health certificate)*

Action agreed:

Domain 3 – Communication, partnership and teamwork

3.1: Relations with Clients *(Professional working relationships with clients, complaints procedures, feedback, significant events)*

3.2: Working with Colleagues *(within own practice, aeromedical advisers and AMS doctors, and local consultant colleagues to who pilots are referred)*

3.3: Partnerships with Clients *(efforts to foster self-reliance and responsibility)*

Evidence provided and seen at appraisal: *(e.g. 360⁰ feedback, protocols for the use of locums, referral letters and responses.)*

Action agreed:

Domain 4 – Maintaining Trust

4.1: Respect and Fairness: *(Professional conduct and honesty, justifiable claims about services provided)*

4.2: Indemnity, Honesty, Probity *(Professional standing, financial and commercial, research ethics)*

Evidence provided and seen at appraisal:

Action agreed:

Personal Development Plan 2017 - 18 - Dr

This plan should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for discussion at the next appraisal.

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

4.					
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5.					
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Sign off (*please print and complete by hand*)

Appraiser: I understand 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.

Both: We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed Personal Development Plan.

Signed (appraiser)			
Appraiser's name:		GMC Number	
Signed (appraisee)			
Appraisee's name			
Date of appraisal			

Please record here the names of any third parties that contributed to the appraisal and indicate the capacity in which they did so

This form should be retained by the appraisee, and by the appraiser (with the consent of the appraisee, in an appropriate appraisal and revalidation file. It will be required to be released, with consent, to appropriate persons or authorities, for the purposes of revalidation and the issue of a licence to practice.

