**Appraiser Review Form**

**Year of Review 20xx - 20xx**

**This review constitutes your appraisal/review as an appraiser since you do not require an NHS appraisal. It will give you feedback on your performance and any areas for further development. Please complete sections 1 - 6 before the review and send back to your Senior Appraiser two weeks before your review**.

**1. Personal Details**

Name of Appraiser………………………………………………..

Date First Appointment…………………………………………...

Senior Appraiser………………………………………………………...

**2. Your Experience**

Number of Appraisals so far this year……. ……And total number last year………

**Workshops attended (local and regional)**

|  |  |  |
| --- | --- | --- |
| Date | Type of Support Meetings (regional or local) | Topics covered |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3. Appraiser Reflection – briefly, what are your strengths as an appraiser; what areas do you feel are a challenge to you?**

|  |  |
| --- | --- |
| Appraiser’s reflections |  |
| What has gone well for you as an appraiser in the last year? |  |
| What areas have you found difficult In your work this year? |  |
| What are your development/training needs for the next year in your appraiser role? |  |

**4. Supporting Information**

|  |
| --- |
| **1. CPD – please describe your CPD and include your reflections on the learning you have achieved during the year (from individual work or attendance at support meetings).** |
| **What are your thoughts on the support meetings? – what works for you; areas that you think could be improved; topics you would like to see covered.** |

|  |
| --- |
| **2. Quality Improvement – Please include three reviews of your appraisals using PROGRESS2 (see below). How else have you reviewed the quality of your work as an appraiser?** |

|  |
| --- |
| **3. Teamwork – please reflect on your feedback from the doctors you have appraised and from the RMS system.** |

|  |
| --- |
| **4. Maintaining Trust – how do you demonstrate the probity requirements in this role e.g. confidentiality; indemnity requirements etc.** |

**5. Complaints and Compliments**

|  |
| --- |
| **Please reflect on any complaints received in the year**  **OR**  **I have not been named in any complaints in my role as appraiser (please tick)**  **Please reflect on any compliments received in the year** |

**6. Declarations**

**Health**

**I declare that I accept the professional obligations placed upon me concerning my personal health where relevant to my role as an appraiser**

**Probity**

**I declare that I accept the professional obligations placed upon me in relation to probity where relevant to my role as an appraiser**

**PDP**

**Please complete at least one topic in your PDP (see below)**

**7. Appraiser Review Discussion**

**Summary of Discussion – to be completed by senior Appraiser/Lead**

|  |
| --- |
|  |

**I confirm this is an accurate record of the discussion of my work and continuing development needs as an Appraiser**

**Signature of Appraiser……………………………………**

**Signature of Senior Appraiser/Lead…………………………………….**

|  |
| --- |
| **Appraiser Reaccreditation Confirmation**  The Appraisal Lead is satisfied that…………………………………….is performing Appraisals to the locally agreed standard, taking account of national guidelines. He/she takes part in local and Regional workshops and study days to the minimum agreed standard, as part of the continuing development of the Appraisal Scheme  Signature of Appraisal Lead…………………………………..  Date………………….. |

### **PERSONAL DEVELOPMENT TEMPLATE – FOR THE PREVIOUS 12 MONTHS**

This should be used to inform discussion on development provided for on **above form**. 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.   
***Please use this template to record your reflections and progress on last year’s PDP entries.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What development needs have I? | How will I address them? | Date to achieve | Outcome | Reflection |
| Explain the need | Explain how you will take action, and what resources you will need? |  | How will your appraisal practice  change as a result? | How useful was the learning? Any future learning needs as a result? |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

### **PERSONAL DEVELOPMENT TEMPLATE – FOR THE COMING YEAR**

This should be used to inform discussion on development provided for on **above form**. 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 to achieve | Outcome | Reflection |
| Explain the need | Explain how you will take action, and what resources you will need? |  | How will your appraisal practice  change as a result? | How useful was the learning? Any future learning needs as a result? |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Appraiser:** | **Quality Assured by:** | | | | **Date** | **1** |
| **2** |
| **3** |
| **PROGRESS QA tool**  Quality assurance and development of post appraisal documentation | Score from 0-2 or 0-4  0=absent ,  1(or 1-3)=room for improvement  2 (or 4)=well done | | | **Comments**  Explain low scores and how the appraiser can improve the appraisal documentation | | |
| **Appraisal identifier (Dr initials)** | **1** | **2** | **3** |  | | |
| **Professional (2)** – is typewritten, objective, free from bias or prejudice, describes a professional appraisal: venue, time taken, good information governance, and confirms no identifiable third party information is included |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Reflects a good appraisal discussion (4)** – demonstrates support, challenge and focus on the reflection and needs of the doctor |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Overview (2)** – includes a description of the whole scope of work and context for the doctor, the appraisal and the revalidation cycle |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Gaps (1)** – identifies in the PDP any gaps in requirements for revalidation, mandatory training or scope of work and specifies how they will be addressed (or states if no gaps) |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Reviews supporting information (SI) and lessons learned (4)** – reviews SI in relation to *Good Medical Practice;* comments on SI not supplied electronically and any information the doctor was asked to bring. Reflects on lessons learned, changes made and actions agreed. |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Encourages excellence (2)** – affirms good practice, celebrates achievements and actions accomplished, gives examples of good practice and records aspirations *(some of which may have a timescale over one year)* |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Sign Offs & Statements (1)** – ensures the input and output statements, including health and probity, have been completed, commented on and, where appropriate, explanation made to the RO |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **Smarter PDP (4)** – PDP objectives clearly arise from the appraisal and *Good Medical Practice*. They are SMARTER (Specific, Measurable, Achievable, Relevant, Time-bound, Economic and Reflective). The demonstration of impact on quality and safety of practice is explicit. |  |  |  | **1** | | |
| **2** | | |
| **3** | | |
| **TOTAL** | **/20** | **/20** | **/20** |  | | |
| **Overall impression:** | | | | | | |