Medical appraisal template 2022

Supporting professional appraisal providers

Covering Statement

The Medical Appraisal Guide Model Appraisal Form (MAGMAF) developed by the NHS Revalidation Support Team (RST) and hosted on the NHS England and NHS Improvement (NHSE&I) website, now in version 4.2, has served a dual purpose both illustrating the specification of a suitable appraisal format for providers of appraisal platforms and acting as a potential stopgap form for doctors to use for their appraisal. Indeed, it has met the latter function for longer than originally expected. There has been a growing realisation that it should be retired in favour of online appraisal formats, which have matured considerably since the MAGMAF was first created. This has been brought to a head with the emergence of Appraisal 2020, and the difficulty of incorporating this into the MAGMAF.

This AoMRC Medical Appraisal Template 2022 should be seen as the successor to the MAGMAF in providing an illustrative specification of the prompts to indicate the key elements of information and focused written reflection to be completed by each doctor at appraisal. Providers of appraisal toolkits should use this template, which is based on the updated AoMRC Medical Appraisal Guide 2022, in the further development of their electronic appraisal platforms. Doctors in England and Northern Ireland should all now   
have access to the technology to support the use of an electronic appraisal platform, in a similar way to doctors in Scotland and Wales, who are fortunate to have well-developed national systems (SOAR and MARS respectively). Providers that do not already include  
all the elements of the template are asked to develop ways of meeting these minimum requirements to enable all doctors to make a full transition to the updated appraisal process.

This Medical Appraisal Template differs from the MAGMAF in that it is not expected to function as a standalone appraisal form. A functional appraisal platform also needs to include the ability to carry key demographic and historic information forward from year to year to prevent duplication of effort, share the previous appraisals and PDPs for that doctor, and attach supporting information. It must be possible to respond to sign off statements and capture a new agreed PDP and appraisal summary, and the appraisal output statements, including comments to the responsible officer if appropriate. Importantly, there must be the facility to lock down, save and share the final mutually signed off version.

Many doctors find embedded ‘help’ information and guidance notes and links to resources useful, and we encourage toolkit providers to continue to offer these, providing they are optional and do not add to the administrative burden on doctors.

1. Personal details

Name: **(Required)**

Address: **(Required)**

Preferred e-mail contact details: **(Required)**

Preferred phone contact details: **(Required)**

GMC Number: **(Required)**

Qualifications: **(Required)**

Indemnity arrangements: **(Required)**

Appraisal details

Appraiser: **(Required)**

Appraisal date: **(Required)**

This is my first appraisal: **(Yes/No (Required)**

Date of last appraisal (if applicable): **(Required if Yes above)**

Designated body (if applicable):  **(Required)**

Responsible Officer or Suitable Person: **(Required)**

Revalidation recommendation due date: **(Required)**

I require a second appraiser: **(Yes/No (Required)**   
(e.g. under the Follett principles)

If Yes, Name of second appraiser: **(Required if Yes above)**

## Whole scope of work

*Describe your whole scope of work and provide contact details for the places where you have worked in the period since your last appraisal (at the level of the overarching organisation, not every site you have visited)*

**(Required)**

*Describe any significant changes since your last appraisal or anticipated changes you wish to prepare for.*

**(Required)**

## Previous appraisals in this revalidation cycle

## *The portfolio should provide all the previous appraisal documentation relating to this revalidation cycle. If this is your first appraisal in this cycle, as a minimum, you must provide your most recent appraisal outputs, or post-CCT PDP. No further commentary is needed unless there is a gap in the appraisal record which requires a note of explanation.* **(Required)**

## PDP review

*What progress, if any, have you made with your previous PDP? Are there goals you want to carry forward?***(Required)**

1. Challenges, achievements and aspirations

*What personal and professional challenges or constraints have you faced?*

**(Required)**

*What have been your greatest achievements?*

**(Required)**

*What do you hope to achieve in the future, personally and professionally?*

**(Required)**

1. Personal and professional wellbeing

Health

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

**(*Yes/No* (Required)** *If applicable, please give context to your health declaration and describe any adjustments you are required to make to your practice to protect yourself or your patients here:*

**(Optional)**

*On a scale of 1 (most negative) to 10 (most positive), how are you?*

**(1/2/3/4/5/6/7/8/9/10 (Required)**

*You may wish to consider:*

*How has the period since your last appraisal impacted on you?*

*Have you needed any support, and was the help you needed available?*

*How have you maintained your health and wellbeing, and what do you need, or wish, to do differently, if anything?*

**(Optional)**

1. CPD, QIA, and feedback from colleagues and patients,   
   including compliments

*Include a brief commentary, covering the period since your last appraisal, which considers your most important learning, quality improvement activities and feedback:*

Keeping up to date – maintaining and enhancing the quality of your professional work

*What have you done to keep up to date across the whole of your scope of work?*

*What are the most significant things you have learned?*

*Have you identified any learning needs that you need, or want, to address, or key learning to be shared? If so, what action have you taken as a result?*

**(Required)**

Reviewing your practice - evaluating and improving the quality of your   
professional work

*What have you learned from reviewing your practice across the whole of your scope of work?*

*What are the most significant things you have changed as a result and how effective have those changes been?*

*What else do you want to change (if anything)?*

**(Required)**

Feedback – seeking and acting on feedback about the quality of your   
professional work

*What have you learned from any feedback, solicited and unsolicited, you have had about your practice, both individually and as part of the teams you work   
in (if any)?*

*From your patients and/or their carers (where applicable)*

*(use ‘N/A’ if your scope of practice is not patient facing and you have   
no-one for whom you provide medical services)*

**(Required (N/A is fine)**

*From any other group you provide medical services to, including teaching, training and appraising*

*(use ‘N/A’ if your scope of practice is solely clinical, you do no formal teaching, training or appraising and you have no-one other than patients for whom you provide medical services)*

**(Required (N/A is fine)**

*From your colleagues*

**(Required)**

*From any compliments you have been personally named in*

**(Required)**

*What have you changed, or do you want to change (if anything) because of any feedback you have received?*

**(Required)**

1. Significant events, serious incidents and/or complaints since your  
   last appraisal

*I have been named in one or more significant events or serious incidents in the period since my last appraisal*

**(Yes/No (Required)**

*If Yes, please provide a brief commentary here. You will be able to describe and discuss it in more detail with your appraiser.*

**(Required if Yes above / Optional if No)**

*I have been named in one or more complaints in the period since my last appraisal*

**(Yes/No (Required)**

*If Yes, please provide a brief commentary here, including your participation in the investigation, your response and any actions taken. You will be able to describe and discuss it in more detail with your appraiser.*

**(Required N/A is fine)**

1. Probity and items you have been asked to bring to your appraisal

*I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately*

**(Yes/No (Required)**

*If no, for whatever reason, please explain why here:*

**(Required if Yes above, Optional if No)**

*In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal, I have something to declare*

**(Yes/No (Required)**

*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 include a brief commentary here. You will be able to describe and discuss it in more detail with your appraiser.*

**(Required if Yes above, Optional if No)**

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

**(Yes/No (Required)**

*If you have, please include a brief commentary here. You will be able to describe and discuss it in more detail with your appraiser.*

**(Required if Yes above, Optional if No)**

1. Your Personal Development Plan themes

*What are your initial thoughts on your goals for the period until your next appraisal?*

**(Optional)**

*“I confirm that I have completed this form and reflected on the supporting information 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. **(Required)**

1. Any other comments

*Is there anything else that you wish to discuss during your appraisal?*

**(Optional)**

Note:  
Attachments, apart from reflective notes, relating to significant events, serious incidents, complaints or compliments are generally not encouraged due to potential data protection issues, although, if you wish to attach documents as reference, you may do so. You are reminded that patients, colleagues and other third parties should not be identifiable. If in doubt, you should consult your local organisation’s information management guidance.