**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.** |

|  |
| --- |
| **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 (tick box)**  **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**

|  |
| --- |
| **Date of meeting:**  **Venue:** |

**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 |

### **PERSONAL DEVELOPMENT TEMPLATE**

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:** | | | | | | |