



Appraisal for Doctors in Training in Health and Social Care, Northern Ireland

**A framework to incorporate existing educational
processes of Colleges, Faculties and Deaneries**



20 November 2009

**Appraisal for Doctors in Training in Health and Social Care (HSC),
Northern Ireland**

Contents

- **Introduction**
- **Glossary**
- **Summary of the Assessment and Appraisal Process**
- **Appraisal Flow Chart – Foundation Training**
- **Appraisal Flow Chart – Post-Foundation Training**
- **Structure of the appraisal portfolio**
- **Section 1** Personal details (Form R) with any amendments to Personal Details.

A current CV should be included in this section.

Conditions of joining a training programme(Form 1)
- **Section 2** Current medical activities
- **Section 3** Guidance on the data and evidence required to support appraisal framework and review, and the evidence needed regarding teaching and training, relationships with patients and working with colleagues. (Form 3)
- **Section 4** Multi-source Feedback (Form 4)
- **Section 5** Summary of Appraisal Discussion (Form 5) and Personal Declarations (Forms 5A, B &C)
- **Section 6** Personal Development Plan (PDP). (Form 6)
- **Section 7** Additional documents used to support current or previous appraisals and annual reviews.
- **Section 8** Reflective notes.
- **Section 9** Archive for old documents.

Introduction

In line with similar initiatives throughout the UK, the consultation document *Confidence in the Future – for patients, and for doctors*, (DHSSPS 2000), sets a wide-range of proposals to assist doctors and help prevent them developing problems. Key among these proposals was that a system of appraisal should be introduced for all doctors. The aims of appraisal are: -

- To set out personal and professional development needs, career paths and goals
- To agree plans for them to be met
- To review the doctors' performance
- To consider the doctors' contribution to the quality and improvement of local healthcare services.

Appraisal is being introduced within the health and social care services (HSC) in Northern Ireland.

Appraisal has been an important part of Medical Education for many years – "education appraisal" is a vital part of a doctor's development. The drive for a formal appraisal process came from the introduction of the concept of Clinical and Social Care Governance outlined in the 2001 consultation document *Best Practice – Best Care*.

Appraisal is based around the GMC's document "*Good Medical Practice – (GMC 2001)*", which describes the principles of Good Medical Practice, and the standards of competence, care and conduct expected of doctors in all aspects of their professional work. These are: -

- Good Clinical Care
- Maintaining Good Medical Practice
- Teaching and Training
- Relationships with patients
- Working with colleagues
- Probity
- Health

Framework for Appraisal and Assessment Derived from *Good Medical Practice*

1. The GMC, in consultation with key interest groups, has translated GMP (2006) into a framework which will support annual appraisal of individual doctors (by the NHS and other employing or contracting bodies), and provide a sound basis for GMC decisions about their re-licensing through the utilization of a standardised module that will be incorporated into all appraisal systems.

2. Domains

The framework is organised under four domains, which broadly fit with the approach taken by other UK inspection and regulatory bodies' regimes. *Good Medical Practice*, with its wider purposes, continues to use the existing seven headings.

3. Attributes

The attributes define the scope and purpose of each domain. The majority relate to practices or principles that apply to the profession as a whole. A minority relate specifically to care of, or relationships with, patients.

Revalidation of practising doctors

The licence to practise

Over the next few years, the General Medical Council will be changing the way doctors within the UK are regulated to practise medicine.

On 16 November 2009 the GMC introduced the licence to practise. To practise medicine in the UK all doctors are required by law to hold both registration and a licence to practise. This applies whether they practise full time, part time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

Licensing is the first practical step towards the introduction of a new system called revalidation. This will require doctors to renew their licence to practise periodically. The purpose of revalidation will be to give patients regular assurance that doctors registered with a licence are up to date and fit to practise.

Doctors work in many different environments. Those who treat patients must be registered with a licence to practise. Only doctors who are registered with a licence to practise can, for example:

- Work as a doctor in the NHS
- Write prescriptions

- Sign death or cremation certificates

Revalidation

Revalidation is the process by which doctors will, in future, demonstrate to the GMC on a regular basis that they remain up to date and fit to practise.

Revalidation will have three elements:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards.
- To confirm that doctors on the GMC's specialist register or GP register continue to meet the standards appropriate for their specialty.
- To identify for further investigation, and remediation, poor practice where local systems are not robust enough to do this or do not exist.

Relicensing

All licensed doctors will need to demonstrate to the GMC that they are practising in accordance with the generic standards of practice set by the GMC (as described in *Good Medical Practice*).

For most doctors, they will need to do this every five years. This is the process known as relicensing.

In order to relicense, doctors will need to collect a folder of information about their practice. This will include, for example, information about appraisal, CPD, audit, and patient and colleague feedback.

Relicensing will have three main elements:

- Participation in annual appraisal within the workplace (based on the doctor's folder of information).
- Participation in an independent process for obtaining feedback from patients (where applicable) and colleagues.
- Secure confirmation from the 'Responsible Officer' (usually the Medical Director) in their local healthcare organisation that any concerns about their practice have been resolved.

Most doctors already participate in annual appraisal and obtain feedback from patients and colleagues. Relicensing will build on what they are already doing.

The Responsible Officer will provide a recommendation to the GMC, on the basis of which we will make a decision whether the doctor's licence should be renewed.

Recertification

The second element of revalidation is recertification.

This will apply only to those doctors who are on the GMC's specialist register or GP register. These doctors will need to demonstrate, through recertification, that they continue to meet the particular standards that apply to their specialty or area of practice.

Revalidation – The Responsible Officer

The role of Responsible Officer is a new role created under the provisions of the Health and Social Care Act 2008.

There are some differences in the role in England, Scotland, Wales and Northern Ireland. However, the Responsible Officer will generally be a senior doctor in a healthcare organisation, such as the medical director. For GPs, the Responsible Officer is likely to be from the primary care organisation on whose performers list they are included.

The Responsible Officer will have specific responsibilities relating to the evaluation of the fitness to practise of doctors connected with that organisation. Every licensed doctor will be linked with a named Responsible Officer. One of the Responsible Officer's key roles will be to recommend to the GMC whether or not a doctor should be revalidated.

Appraisal as part of the training programme

All doctors in training will be required to participate in the appraisal process which will encompass the educational processes and documentation already in place within a recognised training programme. This portfolio provides the framework into which documentation required for the certificate of completion of training (CCT) can be inserted or collated both for appraisals within the training programme and to support the Record of in-Training Assessment (RITA)/ Annual Review of Competence Progression (ARCP). All trainees should therefore use this portfolio in conjunction with their College Logbook, and other information to collate evidence and documentation. The portfolio is not an end in itself, it is a means to an end; it is a framework into which relevant information can be placed or appended and to give a structure to its presentation.

Glossary

Appraisal	A process to provide feedback on doctors' performance, chart their continuing professional development, and identify their developmental needs.
Appraisee	The doctor undergoing appraisal.
Appraiser	A doctor who possesses the skills and has undergone appropriate training to carry out appraisal.
Assessment	A formal process which examines performance. A variety of assessment methods will be used to cover all of the areas of Good Medical Practice and will include for example: examinations, structured observation, simulation, 360-degree peer feedback, patient surveys etc.
Clinical Governance	A system through which Health Care Organisations are responsible for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.
Criteria, Standards & Evidence Documents	These give guidance on the criteria that can be applied to the different specialties to determine whether doctors have the required attributes; the standards expected of the work they do and the kind of evidence doctors should provide to show that they are meeting the standards.
Educational Appraisal	A process, which involves a trainee and an Education Supervisor, which is personal and reviews progress and plans future training. Such meetings take place at the start of each placement.
Multi-Source Feedback (MSF)	A tool to obtain the views of patients or colleagues on a doctor's performance. This is usually a questionnaire circulated

to a group of patients or colleagues with whom the doctor works on a regular basis. The summary of the data can then be used as part of the information to inform appraisal.

Review of the Record of in-Training Assessments (RITA) (for current SpRs)

RITA reviews take place on an annual basis and examine the evidence documenting progress and performance. Various assessment methods are used to gather this evidence.

Annual Review of Competence Progression (ARCP) (for StRs)

Annual assessment process for Specialty training which will be based on the more explicit use of evidence to inform the annual assessment outcome of progress

Relicensure

Renewal of licence to practice, every five years based upon information about performance derived from the workplace.

Recertification

A specific component of revalidation. Doctors on the GMC's specialist register or GP register will need to demonstrate, through recertification, that they meet the standards that apply to their specialty or area of practice.

SUMMARY OF THE ASSESSMENT AND APPRAISAL PROCESS

INTRODUCTION

All doctors in training within the Northern Ireland Deanery are required to be assessed and appraised in accordance with the principles of *Good Medical Practice* as determined by the General Medical Council. The standards of competence, care and conduct expected of doctors in all aspects of their professional work relate to the following:

- *Good Clinical Care*
- *Maintaining Good Medical Practice*
- *Teaching and Training*
- *Relationships with patients*
- *Working relationships with colleagues*
- *Probity*
- *Health*

ROLES AND RESPONSIBILITIES

Responsibility rests with each of the following to ensure that doctors in training are supervised, assessed and appraised.

The Employer is responsible for identifying named clinical and educational supervisors for all doctors in training and confirming that they have been appraised in accordance with clinical governance arrangements. The GMC will require a number of statements from the employer to ensure that:

- *the doctor is partaking in a quality assured appraisal process within the framework of clinical governance*
- *there are no concerns about the doctor's day-to-day medical practice*
- *there are no concerns about an individual's health or probity*
- *a personal development plan has been established as a consequence of the appraisal process*

Whilst titles for the following roles may differ, depending on the Trust and specialty, it is important to focus on the responsibilities of the designated individuals and not on their job titles.

The Clinical Supervisor is responsible for ensuring that appropriate clinical supervision of the trainee's day-to-day clinical performance occurs at all times with regular feedback and that workplace assessments are carried out and signed off. The clinical supervisor is required to bring any concerns in relation to a trainee to the attention of the educational supervisor.

The Educational Supervisor is responsible for overseeing training and carrying out regular educational reviews with the trainee at the start, middle and end of each training placement. The educational supervisor is responsible for the educational appraisal of trainees and for a review of their performance based on *Good Medical Practice* allied to the Framework documentation. The educational supervisor will ensure that the trainees under his/her jurisdiction are aware of the appraisal process and have been provided with guidance on the roles of appraiser and appraisee. On appraising the trainee the educational supervisor will forward a copy of the appraisal discussion (Form 5) together with personal declarations on Licence status, Health and Probity and a draft personal development plan (PDP) to the assessment panel for the annual review of competence progression (ARCP/RITA).

The Training Programme Director is responsible for managing the regional specialty training programme and for reviewing, in conjunction with the Head/Deputy Head of School, the assessment and appraisal documentation and confirming the trainee's personal development plan. Where targeted or remedial training is required the Training Programme Director will work with the educational supervisor to agree the monitoring arrangements.

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is responsible for providing guidance and training to enhance awareness of the assessment and appraisal processes. NIMDTA is responsible for quality assuring the process and ensuring that the review outcomes are made known to both the current and next employer.

The Trainee is responsible for initiating the workplace based assessments and for fully participating in the assessment and appraisal process. The trainee is required to collate and retain the evidence and documentation required to support revalidation in line with the principles set out in the GMC's *Good Medical Practice*. If a doctor does not participate meaningfully in revalidation the licence to practise will be withdrawn by the GMC.

THE APPRAISAL PROCESS

Appraisal is about monitoring professional, educational and personal development. It provides an opportunity to give and/or receive feedback on important aspects of training and highlight areas of excellence as well as any difficulties the trainee may have.

The existing educational processes must encompass the annual appraisal. The collated records of assessment throughout training will provide an essential part of the evidence leading to Revalidation by the General Medical Council. The collated documentation will be held together in the HSC Appraisal for Doctors in Training Portfolio.

As the appraisals will be held throughout the year, the assessment documentation and personal development plan derived from the assessment process may not be available for the first appraisal but will be available for subsequent years.

Appraisal Portfolio

Maintaining a personal portfolio will enable the trainee to provide clear evidence that learning has taken place, as it will document learning activities and provide a systematic record of the trainee's progress and achievements. It is not necessary to display the entire content of the portfolio at any time and components may be chosen for certain events. The following are examples of what should be included in the portfolio:

- Personal details
- GMC certificate of Licence Status
- Updated Curriculum Vitae including examinations and other qualifications
- College log book (where relevant)
- RITA/ARCP forms
- Appraisal forms
- Personal Declarations on Health and Probity
- Personal development plans
- Record of study leave and continuing professional development
- Record of teaching activity and evaluations
- Research experience
- Publications
- Case presentations
- Audit projects undertaken and planned
- Teaching notes and critique
- Reading lists
- Memorable events and patients including complaints with outcomes

- Anything that the trainee feels is relevant to demonstrate how a trainee has learned and made improvements to his/her practice

Personal Details

All doctors in training are required to complete and return to the Northern Ireland Medical and Dental Training Agency (NIMDTA) a personal information form (Form R) of the documentation contained within the Appraisal for Doctors in Training Portfolio). NIMDTA must be notified of any subsequent changes to personal details.

Conditions of joining a specialty training programme

On receipt of a trainee's personal details an agreement will be issued by NIMDTA for signature by the trainee. This agreement will apply to the specific programme of training.

ASSESSMENT OF PROGRESS

Foundation Training

The procedures for the assessment of Foundation Programme trainees are based on the *Curriculum for the Foundation Years in Postgraduate Education and Training* and are contained within the *Foundation Learning Portfolio*. The attainment of F1 and F2 competencies will be signed off by the educational supervisor and foundation programme director and ratified by the Foundation School Director. Failure to achieve the requirements of the Foundation Programme will result in appropriate action being taken which may include a further period of training. The Medical Director and Director of Medical Education of both the current and receiving Trust/Employer will be notified of the review outcomes and particularly in relation to unsatisfactory progress or any concerns relating to a trainee. Further information on the assessment of foundation trainees is available from NIMDTA or can be downloaded from its website www.nimdta.gov.uk

Specialty Training

The procedures for the assessment of trainees occupying core and specialty training programmes, fixed term specialist training posts and locum appointments for training are contained within the *Guide to Postgraduate Specialty Training in the UK (Gold Guide)*. For existing SpRs the *Guide to Specialist Registrar Training (Orange Guide)* sets out the arrangements for assessment.

The crucial elements relating to the assessment process are outlined as follows:

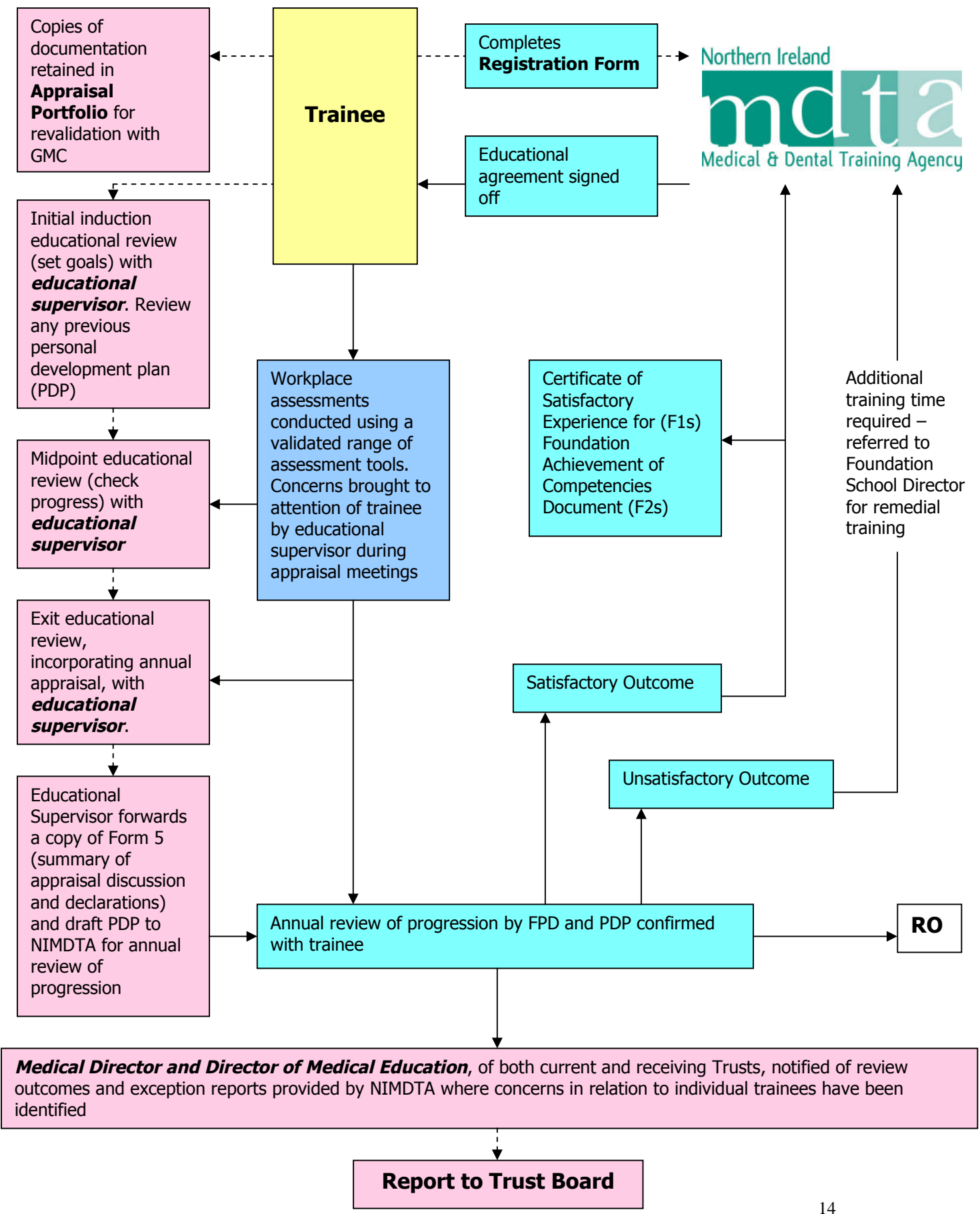
- The trainee must have a named clinical supervisor and educational supervisor for each placement
- The trainee must receive regular educational reviews by his educational supervisor at appropriate intervals. The required reviews are an induction meeting to set educational goals; a mid point review to check progress; and an exit assessment encompassing workplace based appraisal.
- The educational reviews must be recorded using appropriate documentation as required by the Northern Ireland Medical and Dental Training Agency.
- The documentation from the educational reviews must be signed off by both educational supervisor and trainee and forwarded by the educational supervisor, together with a summary of the appraisal discussion, personal declarations and the draft personal development plan to the RITA/ARCP panel for the annual review of competence progression.
- The review will be held annually, normally in April/May. The panel will agree the training goals required for the next rotation.
- The outcome recommended by the panel will be communicated to the trainee by NIMDTA and the PDP confirmed by the Head of School/Training Programme Director. Where an unsatisfactory outcome is anticipated the trainee must meet with the panel.
- Copies of all assessment and appraisal documentation must be retained by the trainee for inclusion in his/her appraisal portfolio.

ARCP/RITA Process

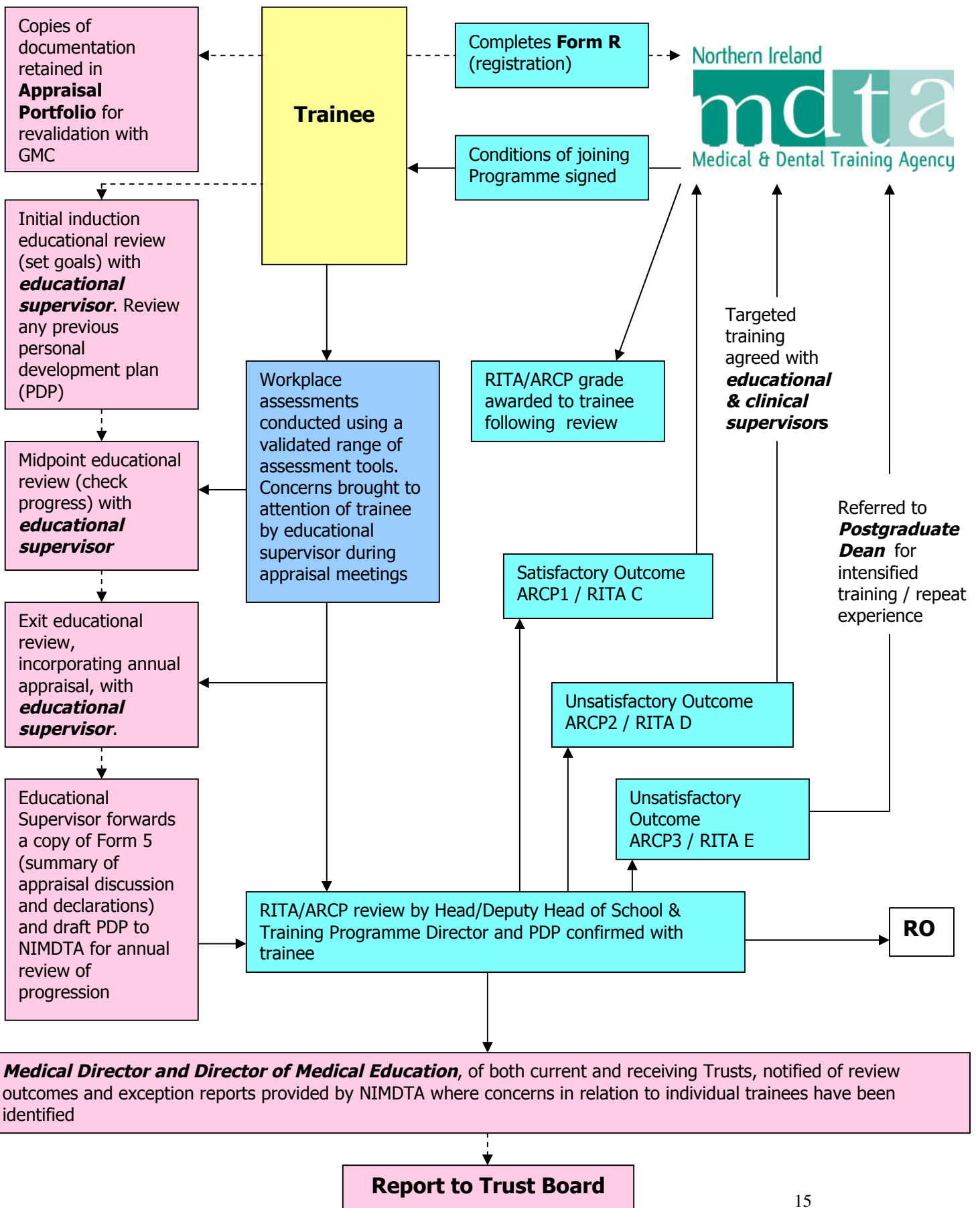
ARCP Outcomes		RITA Process	
Satisfactory Progress			
1	Achieving progress and competences at the expected rate	RITA C	the trainee has progressed and achieved the competences at the expected rate
Unsatisfactory or insufficient evidence			
2	Development of specific competences required – additional training time not required	RITA D	Recommendation for targeted training – stage 1 of required additional training
3	Inadequate progress by the trainee – additional time required	RITA E	Recommendation for intensified training/repeat experience – stage 2 of required additional training
4	Released from training programme with or without specified competences		
5	Incomplete evidence presented – additional training time may be required		
Recommendation for completion of training			
6	Gained all required competences	RITA G	Final record of satisfactory progress
Outcomes for trainees out of programme or not in run-through training			
7	Fixed-term specialty outcome – competences achieved identified above	RITA F	Report of out of programme training/experience
8	Out of programme experience for approved clinical experience, research or career break		
9	Top-up training		
Withdrawal of NTN			
The trainee is required to leave the training programme before its completion.			

The assessment outcomes will be forwarded by NIMDTA to the Medical Director and Director of Medical Education of both the current and receiving Trust/Employer for retention. Where progress has not been satisfactory a report will be produced on each trainee highlighting the specific concerns.

SUMMARY OF THE PROCESS OF ASSESSMENT AND APPRAISAL
FOR DOCTORS IN TRAINING IN HEALTH AND SOCIAL CARE
 (Foundation Training)



**SUMMARY OF THE PROCESS OF ASSESSMENT AND APPRAISAL
FOR DOCTORS IN TRAINING IN HEALTH AND SOCIAL CARE
(Specialty Training)**



STRUCTURE OF THE APPRAISAL PORTFOLIO

The portfolio is divided into nine sections with advice on what each should contain and, if appropriate, templates that can be used to record information in a standard format.

- **Section 1** Section 1 contains your up to date personal details.
 - Form R is a template for your current personal details
 - Form 1 – Conditions of joining training programme
- **Section 2** Section 2 contains details of your current medical activities.
 - Form 2 is a template to describe all your medical activities.
- **Section 3** Section 3 relates to GMC Framework based upon the Standards of Good Medical Practice and gives specific guidance on the data and evidence required to support appraisal and review and on providing evidence regarding teaching and training, relationships with patients and working with colleagues
 - Form 3 is a template summarising the documents you put in this section.
- **Section 4** Section 4 concerns multi-source feedback (msf)
 - Form 4 is a template for msf pending final agreement of format
- **Section 5** Section 5 contains the summary of your Appraisal discussion
 - Form 5 is a template of the headings that should be covered in an appraisal. . Forms 5A and B and C are personal declarations on Licence to practice, Health and Probity
- **Section 6** Section 6 contains the Personal Development Plan (PDP). The PDP is both helpful and important, and, in discussion with your Educational Supervisor, will identify your developmental needs and plan the training in your next post.
 - Form 6 is a template for your PDP; it will be required by your next Educational Supervisor to plan the next stage of your training.
- **Section 7** Section 7 is for the storage of additional documentation needed to support the current appraisal process.

- **Section 8** Section 8 is for reflective notes. This section is the most personal part of your portfolio which is used to document your reflections on training and development and should contribute to the PDP.
 - Form 8 is a template for reflective notes.
- **Section 9** Archive for old documents.

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 1 PERSONAL DETAILS

Instructions for completing Form R

- Enter your personal details on Form R
- Include a current CV in this section.
- Please sign the conditions of joining training programme (Form1) and return to NIMDTA
- Update the form as your career develops e.g. you acquire a new qualification.
- If any details change during the course of your training amend them and make a note of the change in the amendment box e.g. change of name or grade.

Form R: Registering for Postgraduate Specialty Training

(to be confirmed on appointment to/on entering specialty training and before a National Training Number NTN) is issued, where this is appropriate. Must be updated and submitted annually with the Postgraduate Dean in order to renew registration for specialty training)



1. Full name:	1. Deanery:
3. Primary contact address in UK: *email address (essential):	4. Home/other address:
5. Medical School awarding primary qualification: (name and county and date)	6. Immigration status (resident/settled/work permit required)
7. GMC registration no:	8. GDC registration no (if applicable):
9. National Training Number [NTN] (on first registration to be completed by the Postgraduate Deanery): I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress <input type="checkbox"/>	10. PMETB programme approval number (to be completed by Postgraduate Dean)
11. Specialty 1 for award of CCT: (as used to derive NTN except where core NTN allocated - e.g. CMT, CPT, CST)	12. Specialty 2 for award of CCT: (if appointed to a dual certification programme)
13. Royal College/Faculty assessing training for the award of CCT where trainee is undertaking a full prospectively approved programme:	14. Date of entry to grade/programme (dd/mm/yy)
15. Initial appointment to programme (full or part time - express part time training as a % of full time training)	16. Provisional date from deanery for award of CCT/CESR/CEGPR (dd/mm/yy)
17. Confirmation from trainee that he/she will be seeking entry to the register through Article 11 (CEPGR) or Article 14 (CESR) I confirm that I will be seeking specialist registration by application for a CESR or CEGPR <input type="checkbox"/> Expected date for completion of training:	18. I confirm that I have <i>not</i> been awarded a NTN but that I am undertaking a Fixed Term Training Appointment: Confirmed <input type="checkbox"/> Specialty:

I confirm that the information recorded in Form R is correct.

Specialty Trainee (signature) Date:

Postgraduate Dean (signature) Date:

Form 1

Conditions of joining a specialty training programme (Note: this is NOT an offer of employment)

Dear Postgraduate Dean

On accepting an offer to join a specialty training programme in the Northern Ireland Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care. . Trainees should be aware that *Good Medical Practice* (2006) requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a doctor in training with other employers involved in my training and with the Postgraduate Dean on a regular basis
- to maintain regular contact with my Training Programme Director (TPD) and the Deanery by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual PMETB/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment.

Yours sincerely

Trainee's signature

Trainee's name (printed)

Date

PREVIOUS HOSPITAL PLACEMENTS (including locum posts and time out)
(In chronological order)

From	To	Hospital	Grade	Full/Part-time (%)

ANY OTHER EMPLOYMENT

From	To	Appointment	Level of Commitment

INCLUDE A CURRENT CV IN THIS SECTION

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 2 DETAILS OF YOUR CURRENT MEDICAL ACTIVITIES

The purpose of this Section is to provide you with an opportunity to describe your post(s) in the national health service, in other public sector bodies, including titles and grades of any posts currently held, or held in the past year. You should explain what you do and where you train. Your descriptions should cover your training and practice at all locations since your last appraisal. You may wish to comment on the environment in which you train, including:

- The quality of training in your post during the year.
- Level of supervision.
- Factors which you believe affect the provision of good health care, including your views (supported by information and evidence) on the resources available.
- Action taken by you to address above issues.

Instructions for completing Form 2

1. Obtain a copy of your job description .
2. Fill out the sections with the help of the Job Description , relevant College derived CCT guidance from add any supplementary information, which may be missing from the Job Description.
3. Do not include items from the Job Description if they do not really happen in your post. Form 2 should reflect what you actually do (training/non-training/locums).
4. In "Details of emergency, on-call and out-of-hours responsibilities" include a description of your rota (e.g. 1:6) and whether you are full or less than full-time training (LTFT) (including %). Note whether the post is compliant or not with the approximate number of hours worked.
5. Record evidence evidence of certificates confirming acquisition of Specialty Specific Competencies, completion of Basic/Core Training, Intermediate and Higher Training where relevant.

6. Complete Form 2 each year for each post, and archive the previous Form 2 (with a copy of the relevant job description if that has changed).
7. Two versions of the logbook summary should be included; one covering the year under review and the second covering your whole training career.

Form 2

Current hospital & Address	
Current rotation	
Date of appointment	
Full-time, <i>LTFT</i> %	

Grade	StR1/CT1	StR 2/CT2	StR 3/CT3	StR 4	StR 5
		StR 6	FTSTA	LAT	Other

If Other, Please specify	
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EMERGENCY AND OUT OF HOURS DUTIES FOR LAST 12 MONTHS (Details of particular rota, frequency and workload)

OUT-PATIENT WORK

OTHER CLINICAL WORK

NON-CLINICAL WORK (e.g. teaching/academic work, management activities research)

STUDY LEAVE

WORK FOR REGIONAL, NATIONAL OR INTERNATIONAL ORGANISATIONS AND OTHER PROFESSIONAL ACTIVITIES

Logbook Summary

Two versions of the logbook summary should be included; one covering the year under review and the second covering your whole training career.

Training Summary

This Section of the Form should record evidence of certificates confirming acquisition of Specialty Specific Competencies, completion of Basic/Core Training, Intermediate and Higher Training where relevant.

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 3

RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL FRAMEWORK

The purpose of this Section is to record the background evidence and information that will help to inform your appraisal discussions. You should use the GMC Appraisal Framework to list the evidence used to populate Form 3. Guidance relevant to the GMC Framework Domains precede each itemization of evidence.

You should include relevant information and evidence from your training and practice, including outside the NHS, to help give an overall picture of you and your development needs. All current records of workplace assessment must be included in this section.

Archiving Assessment documents that have led to the award of a Basic or Intermediate Training Certificate can be archived after the appraisal and Annual Review have been completed.

Domain 1 – Knowledge, Skills and Performance

Numbers following generic standards in this framework refer to paragraph numbers in GMP, except where preceded by MfD which refers to our booklet *Management for Doctors*; or Research which refers to *Research: the role and responsibilities of doctors*

Attributes	Generic Standards	Possible sources of evidence
Maintain your professional performance	<p>All doctors</p> <ul style="list-style-type: none"> • Maintain knowledge of the law and other regulation relevant to practice (13) • Keep knowledge and skills up to date (13) • Participate in professional development and educational activities (12). • Take part in regular and systematic audit (14) 	Evidence from training or assessment of skills; logbook, RITA/ARCP forms Examinations obtained, Study leave Audit + reflections + change of practice Validated tools for feedback about doctors' practice ,
Apply knowledge and experience to practice	<p>All doctors</p> <ul style="list-style-type: none"> • Recognise and work within the limits of your competence (3a) <p>Doctors with management, teaching or research roles</p> <ul style="list-style-type: none"> • Follow appropriate national research governance guidelines (71) • Apply the skills, attitudes and practice of a competent teacher/trainer (16) • Work effectively as a manager (MfD 12, 17) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> • Adequately assess the patient's conditions (2a) • Provide or arrange advice, investigations or treatment where necessary (2b) • Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) • Provide effective treatments based on the best available evidence (3c) • Take steps to alleviate pain and distress whether or not a cure may be possible (3d) • Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) • Support patients in caring for themselves (21e) 	Evidence from training or assessment of skills; logbook, RITA/ARCP forms Audit + reflections + change of practice Validated tools for feedback about doctors' practice Record of Research activities, ethical submissions and outcomes Record of Teaching Activities, additional qualifications, courses attended , evaluations and other feedback Previous PDP's Publications Reflections on your training and progress
Keep clear, accurate and legible records	<p>All doctors</p> <ul style="list-style-type: none"> • Keep clear, accurate and legible records (3f) • Make records at the same time as the events you are recording or as soon as possible afterwards (3f) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> • Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	Anonymised records Evidence from training or assessment of skills; logbook, RITA/ARCP forms

**FORM 3: RECORD OF DOCUMENTATION SUPPORTING APPRAISAL
FRAMEWORK.**

Domain1 – Knowledge, Skills and Performance

List below each document, in the order they appear in your folder.

Maintain your professional performance.

1.
2.
3.
4.
5.

Apply knowledge and experience to practice

6.
7.
8.
9.
10.

Keep clear, accurate and legible records

11.
12.
13.
14.
15.

Domain 2 – Safety and Quality

Attributes	Generic Standards	Possible Sources of Evidence
Put into effect systems to protect patients and improve care	<p>All doctors</p> <ul style="list-style-type: none"> • Respond constructively to the outcome of audit, appraisals and performance reviews (14e) • Take part in systems of quality assurance and quality improvement (14) • Comply with risk management and clinical governance procedures • Co-operate with legitimate requests for information from organisations monitoring public health (14i) • Provide information for confidential inquiries, significant event reporting (14g) <p>Doctors with management roles</p> <ul style="list-style-type: none"> • Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised. (17) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> • Report suspected adverse drug reactions (14h) • Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Evidence from training or assessment of skills; logbook, RITA/ARCP forms Record of Clinical Governance Activities including Audit + reflections + change of practice Participation in National /Deanery surveys. Validated tools for feedback about doctors' practice</p> <p>Response to previous PDP's</p> <p>Complaints / outcomes / reflections Critical incidents + reflections</p>
Respond to risks to safety	<p>All doctors</p> <ul style="list-style-type: none"> • Report risks in the health care environment to your employing or contracting bodies. (6) • Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) • Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> • Respond promptly to risks posed by patients • Follow infection control procedures and regulations 	<p>Personal Statement Statements from Educational supervisors, trainers, work colleagues Patient questionnaires Complaints / outcomes / reflections Critical incidents + reflections</p>
Protect patients and colleagues from any risk posed by your health	<p>All doctors</p> <ul style="list-style-type: none"> • Make arrangements for accessing independent medical advice when necessary. (77) • Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Statement about registration with GP, appropriate immunisation etc – verifiable if need arises Validated tools for feedback about doctors' practice</p>

Domain 2 – Safety and Quality

List below each document, in the order they appear in your folder.

Put into effect systems to protect patients and improve care

- 1.
- 2.
- 3.
- 4.
- 5.

Respond to risks to safety

- 6.
- 7.
- 8.
- 9.
- 10.

Protect patients and colleagues from any risk posed by your health

- 11.
- 12.
- 13.
- 14.
- 15.

Domain 3 – Communication, Partnership and Teamwork

Attributes	Generic Standards	Possible Sources of Evidence
Communicate effectively	<p>All doctors</p> <ul style="list-style-type: none"> • Communicate effectively with colleagues within and outside the team (41b) • Explain to patients when something has gone wrong (30) <p>Doctors with management roles</p> <ul style="list-style-type: none"> • Encourage colleagues to contribute to discussions and to communicate effectively with each other (MfD 50) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> • Listen to patients and respect their views about their health (22 a 27a). • Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) • Respond to patients' questions (22c, 27 b) • Keep patients informed about the progress of their care (22c) • Treat those close to the patient considerately. (29) • Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Validated tools for feedback about doctors' practice</p> <p>Statement about team structure and role within.</p> <p>Statements from Educational supervisors, trainers, work colleagues</p> <p>Patient questionnaires</p> <p>Complaints / outcomes / reflections</p> <p>Critical incidents + reflections</p>
Work constructively with colleagues and delegate effectively	<p>All doctors</p> <ul style="list-style-type: none"> • Treat colleagues fairly and with respect (46) • Support colleagues who have problems with their performance, conduct or health (41d) • Act as a positive role model for colleagues (41) • Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) <p>Doctors with management roles</p> <ul style="list-style-type: none"> • Provide effective leadership (MfD 50) 	<p>Validated tools for feedback about doctors' practice</p> <p>Statement about team structure and role within.</p> <p>Statements from Educational supervisors, trainers, work colleagues</p>
Establish and maintain partnerships with patients	<p>Doctors with clinical roles</p> <ul style="list-style-type: none"> • Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) • Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	<p>Validated tools for feedback about doctors' practice</p> <p>Patient Questionnaires</p> <p>Statement about adherence to consent guidelines</p>

Domain 3 – Communication, Partnership and Teamwork

List below each document, in the order they appear in your folder.

Communicate effectively

- 1.
- 2.
- 3.
- 4.
- 5.

Work constructively with colleagues and delegate effectively

- 6.
- 7.
- 8.
- 9.
- 10.

Establish and maintain partnerships with patients

- 11.
- 12.
- 13.
- 14.
- 15.

Domain 4 – Maintaining Trust

Attributes	Generic Standards	Possible Sources of Evidence
Show respect for patients	<p>All doctors</p> <ul style="list-style-type: none"> Implement and comply with systems to protect patient confidentiality. (37) <p>Doctors with research roles</p> <ul style="list-style-type: none"> Respect the rights of patients participating in research. (Research 2, 5) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Validated tools for feedback about doctors' practice</p> <p>Confirmation that appropriate ethical approval has been secured for all research undertaken</p> <p>Patient questionnaires</p> <p>Thank You letters</p>
Treat patients and colleagues fairly and without discrimination	<p>All doctors</p> <ul style="list-style-type: none"> Be honest and objective when appraising or assessing colleagues and when writing references (18-19) Respond promptly and fully to complaints. (31) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Validated tools for feedback about doctors' practice</p> <p>Completion of equalities training</p> <p>Complaints / outcomes / reflections</p>
Act with honesty and integrity	<p>All doctors</p> <ul style="list-style-type: none"> Ensure you have adequate indemnity or insurance cover for activities (34) Be honest in financial and commercial dealings (73) Ensure any published information about your services is factual and verifiable (60, 61) Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) <p>Doctors with research roles</p> <ul style="list-style-type: none"> Obtain appropriate ethical approval for research projects (Research 5). Be honest in undertaking research and reporting research results (71 b) Ensure that your research is audited regularly. (research 43) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> Inform patients about any fees and charges before starting treatment (72a) 	<p>Certificate of Medical Insurance</p> <p>.</p> <p>Validated tools for feedback about doctors' practice</p> <p>Practice leaflets etc</p> <p>Evidence of compliance with research Governance Framework to include Record of Research activities, ethical submissions and outcomes</p> <p>Records of funding arrangements for research.</p> <p>Publications</p>

Domain 4 - Maintaining Trust

List below each document, in the order they appear in your folder.

Show respect for patients.

- 1.
- 2.
- 3.
- 4.
- 5.

Treat patients and colleagues fairly and without discrimination

- 6.
- 7.
- 8.
- 9.
- 10.

Act with honesty and integrity

- 11.
- 12.
- 13.
- 14.
- 15.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland**

SECTION 4

MULTI-SOURCE FEEDBACK

Record of In Training Assessment: Assessment of Professional Attitudes and Behaviour

Name: _____ GMC number: _____ Current post: _____ Commencement Date: _____

Are this trainee's attitudes or behaviour of concern? If enough observers regard a trainee as giving any cause for concern, the trainee will be offered help and support. Please use the free text part of this form to congratulate good behaviour. Give specific examples, if you can, of good or worrying features.

ATTITUDE AND/OR BEHAVIOUR	No Concern	You have some concern	You have a major concern	Comments. <i>Anything especially good?</i> If you cannot give an opinion due to lack of knowledge of the trainee say so here. You must specifically comment on any concern or behaviour, and this should reflect the trainees behaviour over time – not usually just a single incident
Maintaining trust/professional relationships with patients Listens, is polite and caring. Shows respect for patients' opinions, dignity and confidentiality. Is unprejudiced and dresses appropriately				
Verbal communication skills Gives understandable information. Speaks good English, at the appropriate level for patients.				
Team working/Working with colleagues Respects others' roles and works constructively in the team. Hands over effectively and communicates well. Is unprejudiced, supportive and fair.				
Accessibility Is accessible. Takes proper responsibility. Only delegates appropriately Does not shirk duty. Responds when called. Arranges cover for absence				

Name of Assessor:

Post/designation:

Signature:

Date:

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 5

SUMMARY OF APPRAISAL DECISION & PERSONAL DECLARATIONS

This section includes the signed off Summaries of your Appraisals using Form 5.

It is based the GMC Framework document based upon *Good Medical Practice* and it should be agreed and signed by your Appraiser.

The Summary of Appraisal will be the basis of the evidence to be submitted to the GMC for Revalidation purposes.

If the outcome of an appraisal cannot be agreed this must be recorded as a matter of fact, signed by the appraiser and appraisee and filed in this Section.

FORM 5: SUMMARY OF APPRAISAL DISCUSSION

Domain1 – Knowledge, Skills and Performance

Commentary

Action Agreed

Domain 2 – Safety and Quality

Commentary

Action Agreed

Domain 3 – Communication, Partnership and Teamwork

Commentary

Action Agreed

Domain 4 - Maintaining Trust

Commentary

Action Agreed

SIGN OFF

We agree that the information in Form 5 is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Appraiser: _____
(GMC Number) _____

Appraisee: _____
(GMC Number) _____

Date: ___/___/___

Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so:

PERSONAL DECLARATION FOR ARCP PANELS, RITA PANELS AND END-OF-POST ASSESSMENTS

This declaration should be completed by all junior doctors in training posts (including locum posts) in Northern Ireland. A new signed declaration should be produced with other evidence for the ARCP/RITA panel every year, and may be required by employers for appointments to locum posts.

Form 5 A: A Licence to Practice

The GMC introduced the licence to practise on 16 November 2009. Licensing is the first step towards the introduction of **revalidation**.

To practise medicine in the UK after licensing is introduced, doctors will, by law, need to be both registered and hold a licence to practise. This will apply to doctors practising full time, part time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

Doctors need a licence if they undertake any form of medical practice for which UK law currently requires them to hold GMC registration. These include, but are not limited to, writing prescriptions, holding a post as a doctor in the NHS, and signing death and cremation certificates.

I confirm that I am both registered with the GMC and hold a licence to practice.

NAME (print):.....

GMC number:.....

SIGNATURE:.....

NTN(if applicable):.....

PMETB Trainee Survey

As a doctor in training you are required to support the development and evaluation of this training programme by participating actively in the national annual PMETB/COPMeD trainee survey and any other activities that contribute to the quality improvement of training.

Did you participate in the above survey? **Yes** **No**

If no , please explain:

Probity – Guidance

Good Medical Practice: Being honest and trustworthy

56. Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.

57. You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.

58. You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.

59. If you are suspended by an organisation from a medical post, or have restrictions placed on your practice you must, without delay, inform any other organisations for which you undertake medical work and any patients you see independently.

Providing and publishing information about your services

60. If you publish information about your medical services, you must make sure the information is factual and verifiable.

61. You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

62. You must not put pressure on people to use a service, for example by arousing ill-founded fears for their future health.

Writing reports and CVs, giving evidence and signing documents

63. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.

64. You must always be honest about your experience, qualifications and position, particularly when applying for posts.

65. You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.

66. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

67. If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.

68. You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in *Confidentiality: Protecting and providing information*.

69. You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

Research

70. Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.

71. If you are involved in designing, organising or carrying out research, you must:

- a. put the protection of the participants' interests first
- b. act with honesty and integrity

Financial and commercial dealings

72. You must be honest and open in any financial arrangements with patients. In particular:

- a. you must inform patients about your fees and charges, wherever possible before asking for their consent to treatment
- b. you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services
- c. you must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you
- d. you must not put pressure on patients or their families to make donations to other people or organisations
- e. you must not put pressure on patients to accept private treatment

f. if you charge fees, you must tell patients if any part of the fee goes to another healthcare professional.

73. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:

a. before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction

b. if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.

Conflicts of interest

74. You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.

75. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.

76. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser.

PERSONAL DECLARATION FOR ARCP PANELS, RITA PANELS AND END-OF-POST ASSESSMENTS

This declaration should be completed by all junior doctors in training posts (including locum posts) in Northern Ireland. A new signed declaration should be produced with other evidence for the ARCP/RITA panel every year, and may be required by employers for appointments to locum posts.

Form 5 B: Probity Declaration

Notes:

- If you are able to sign both of the following declarations then you do not need to complete the rest of the pro-forma.
- If you are not able to sign both declarations then you will need to complete the full pro-forma.

Professional obligations

I accept the professional obligations placed upon me in paragraphs 56 to 76 of *Good Medical Practice*.

NAME (print):..... GMC number:.....

SIGNATURE:..... NTN(if applicable):.....

Convictions, findings against you and disciplinary action

Since my last appraisal **I have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practise.

NAME (print):..... GMC number:.....

SIGNATURE:..... NTN(if applicable):.....

Probity declaration pro forma

(To be completed if you are unable to sign the Probity declaration)

Convictions, findings against you and disciplinary action

1. Since your last appraisal¹, have you been convicted of a criminal offence either inside or outside the UK? **Yes** **No** If yes, please give details:

.....
.....

2. Do you have any criminal proceedings pending against you inside or outside the UK?
Yes **No** If yes, please give details:

.....
.....

3. Since your last appraisal , have you had any cases considered, heard and concluded against you by any of the following: -
- a. The General Medical Council.
 - b. Any other professional regulatory or other professional licensing body within the UK.
 - c. A professional regulatory or other professional licensing body outside the UK.
- Yes** **No** If yes, please give details:

.....
.....

4. Are there any cases pending against you with any of the following organisations:
- a. The General Medical Council.
 - b. Any other professional regulatory or other professional licensing body within the UK.
 - c. A professional regulatory or other professional licensing body outside the UK.
- Yes** **No** If yes, please give brief details:

.....
.....

¹ If this is your first appraisal then please fill in the pro-forma answering the questions as they apply to you at the current time.

5. Since your last appraisal¹, have there been any disciplinary actions taken against you by your employer or your contractor – either in the UK or outside - that have been upheld: **Yes** **No** If yes, please give brief details:

.....
.....

6. Since your last appraisal¹, has your employment or contract ever been terminated or suspended – in the UK or abroad - on grounds relating to your fitness to practise (conduct, performance or health): **Yes** **No** If yes, please give details:

.....
.....

7. All the information in this declaration is true to the best of my knowledge.

NAME (print):.....

GMC number:.....

SIGNATURE:.....

NTN(if applicable):.....

PERSONAL DECLARATION FOR ARCP PANELS, RITA PANELS AND END-OF-POST ASSESSMENTS

This declaration should be completed by all junior doctors in training posts (including locum posts) in Northern Ireland. A new signed declaration should be produced with other evidence for the ARCP/RITA panel every year, and may be required by employers for appointments to locum posts.

Form 5 C: HEALTH DECLARATION:

Notes:

- If you are able to sign both of the following declarations then you do not need to complete the rest of the pro-forma.
- If you are not able to sign both declarations then you will need to complete the full pro-forma.

Professional obligations

The GMC's guidance *Good Medical Practice* and *Serious communicable diseases* says that if a doctor has a serious condition which they could pass on to patients or colleagues they must have any necessary tests and act on the advice given to them by a suitably qualified colleague about necessary treatment and/or modifications to their clinical practice. Moreover, if their judgment or performance could be significantly affected by a condition or illness, they must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways they should modify their practice.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and *Serious communicable diseases*.

NAME (print):..... GMC number:.....

SIGNATURE:..... NTN(if applicable):.....

Regulatory and voluntary proceedings

Since my last appraisal **I have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness of physical condition.

NAME (print):..... GMC number:.....

SIGNATURE:..... NTN(if applicable):.....

Health declaration pro forma

(To be completed if you are unable to sign the Health declaration)

Your own health

The GMC acknowledges that medicine can be a demanding profession and that doctors who become ill deserve help and support. Doctors also have to recognise that illness can impair their judgment and performance and thus put patients and colleagues at risk (this is particularly so in the case of psychiatric conditions, drug and alcohol abuse). The GMC therefore encourages doctors to reflect on their own health, seek professional advice if necessary and consider whether, for health related reasons, they should modify their professional activities.

1. Do you have any illness or physical condition that has since your last appraisal² resulted in your restricting or changing your professional activities?

Yes **No** If yes, please give details of the changes in your professional activities, which it is - or was - necessary for you make:

.....
.....

Regulatory and voluntary proceedings

2. Are you - or have you been since your last appraisal been the subject of any proceedings under the GMC's Health Procedures or Health Committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad? **Yes** **No** If yes, please give details:

.....
.....

3. Are you currently or since your last appraisal been subject to medical supervision, voluntary or otherwise, and/or any restrictions voluntary or otherwise, imposed by your employer or contractor resulting from any illness or physical condition within the UK or abroad?

Yes **No** If yes, please give details:

.....
.....

4. All the information in this declaration is true to the best of my knowledge.

NAME (print):..... GMC number:.....

SIGNATURE:..... NTN(if applicable):.....

² If this is your first appraisal then please fill in the pro-forma answering the questions as they apply to you at the current time.

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 6 PERSONAL DEVELOPMENT PLAN (PDP)

In Section 6 the appraiser and appraisee should identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met on the template provided here.

The PDP is essential for planning the training in the next post. You should agree your PDP with your current appraiser / educational supervisor and take it with you to the next post. It is the basis for the initial meeting with your educational supervisor in the next post.

It should cover development in the areas of GMP but will also cover aspects of training such as examinations and study leave.

If a PDP cannot be agreed this must be recorded as a matter of fact, signed by the appraiser and appraisee and filed in this Section.

Form 6 - Personal Development Plan

This should be used to inform discussion on development. 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?	Outcome	Target Date	Completed
<i>Explain the need.</i>	<i>How you will take action, and what resources you will need.</i>	<i>How will your practice change as a result of the development activity?</i>	<i>Agreed with your appraiser for achieving the development goal.</i>	<i>Agreement from your appraiser that the development need has been met.</i>

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 7 PROFESSIONAL DEVELOPMENT ADDITIONAL EVIDENCE, CERTIFICATES & PUBLICATIONS

Section 7 can be used to collate and archive any additional documentation, which supports the current Appraisal process.

Examples include the following: -

- | | |
|---------------------|------------------------|
| - Assessment Record | Publications / Papers |
| - College curricula | - letters |
| - RITA/ARCP forms | - presentations |
| - Objectives met | - audits |
| - Diplomas | Research |
| - Certificates | - completed |
| - Courses | - ongoing |
| | - aspirations |
| | Trainer assessments |
| | Examinations pass/fail |

Much of above may already be held elsewhere in the Portfolio or in your College log book

Divider Sheet

HSC Appraisal Portfolio for Doctors in Training in Northern Ireland

SECTION 8 REFLECTIVE NOTES

This is the most personal section of your portfolio. You should take the time to make some brief notes about your progress, learning, training, assessment, appraisal, trainers etc. In fact this section can include personal views on any aspects of your learning and development.

You may choose to keep this section separately or you may wish to share it with friends, colleagues or trainers.

Reflective Practice: Using Experience for Learning

Trainee: _____

Date: _____

Location: _____

An "experience" might be a particularly interesting/difficult case or critical incident

Describe the case/incident, its outcome and why it is significant to you
Patients must be identified by age and gender only

What were the contributing factors?

What did you learn from this experience?

What would you do differently next time?

What additional service experience/training/education do you need?

Reflective Practice: Transferring Education into Practice

Trainee: _____

Date: _____

Location: _____

Here "Education" includes: training sessions, lectures, study leave courses, conferences, work based projects, audits, research and open learning activities.

Title and brief description of the Educational Activity

What were the main learning points?

What would you do differently in practice as a result?

What additional service experience/training/education do you need to strengthen your practice in this area?

Reflective Practice: About yourself

Over the last 6 months/1 year:

How well do you think you are doing?

What was the "high-point" of the last period?

What was the " Low-point" of the last period?

What could you have done better?

What can you do better in the future?

What additional help and support do you require / from whom?

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 1**

Documentation used to support a previous appraisal and review may be stored here.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 2**

Documentation used to support a previous appraisal and review may be stored here.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 3**

Documentation used to support a previous appraisal and review may be stored here.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 4**

Documentation used to support a previous appraisal and review may be stored here.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 5**

Documentation used to support a previous appraisal and review may be stored here.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 6**

Documentation used to support a previous appraisal and review may be stored here.

Divider Sheet

**HSC Appraisal Portfolio
for
Doctors in Training in Northern Ireland
ARCHIVE STACK – YEAR 7**

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