

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

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|---------------------------------------|--|
| 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) |
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|-------------------------|
| OUT-PATIENT WORK |
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| OTHER CLINICAL WORK |
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| NON-CLINICAL WORK (e.g. teaching/academic work, management activities research) |
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| STUDY LEAVE |
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| |

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