

## Annex A



### NIMDTA ANNUAL GP APPRAISAL FOR ALL GENERAL PRACTITIONERS

#### Introduction

This document is a guide to the completion of the annual Appraisal forms 1-3. It is based on the updated GMC guidance document Good Medical Practice 2024 and aims to help GPs to get the most benefit from their appraisal by focusing on what they actually do as a GP. It will also help to prepare for future GP appraisals and Revalidation.

**It is advisable to have at least one example under each attribute.**

The first papers in the appraisal folder should be the summary of the last appraisal and the Personal Development Plan (i.e. last year's NIMDTA Form 4 and PDP).

If this is the first appraisal post CCT, please include the PDP agreed during your appraisal discussion with your trainer.

Other GPs joining the performers' list to provide evidence as per guidance.

All the evidence that is provided for annual appraisal should also be retained by the appraisee for Revalidation purposes.

You must complete and return Forms 1-3 to your appraiser **at least 2 weeks** before your appraisal.

Supporting documentation can be emailed to your appraiser, shared in an appraisal e-portfolio or brought in a Portfolio of Evidence to the appraisal discussion if the appraisal is face-to-face.

#### Supporting information for GP Appraisal

The table below outlines the supporting information required for GP appraisal in Northern Ireland

**(Please note that this may differ from other areas of the United Kingdom):**

## NIMDTA GP APPRAISAL DOCUMENTATION

Supporting information required for Appraisal		Frequency
<b>General</b>	Fully completed, typed Forms 1-3	Every year
	Last year's Form 4 and PDP	Every year
	CP2A for GPs with extended roles	Every year
	Evidence of professional indemnity and GMC Registration	Every year
	Evidence of inclusion in the Northern Ireland Primary Medical Performers List	Every year
<b>Domain 1 – Knowledge, Skills and Development</b>	Last year's PDP with outcomes clarified	Every year
	Log or diary of educational activities including reflections	Every year
	PBL days with reflection templates	Unspecified
	Face-to-face CPR update for adults and children	Every year Every 15 months
<b>Domain 2 – Patients, Partnership and Communication</b>	Complaints from patients (if any) with reflection(s) template	Every year
	Patient survey questionnaire with reflection templates	Every <b>five</b> years
<b>Domain 3 – Colleagues, Culture and Safety</b>	Significant event analyses	Two every year**
	Clinical Governance Plan	Every year*
	Compass report/Prescribing action plan	Yearly if available* Every year
	Quality Improvement Activity	Every <b>five</b> years
	Colleague feedback with reflection templates	
<b>Domain 4 – Trust and Professionalism</b>	Health Declaration Honesty and Integrity Declaration	Every year

\*May only be available to GP Principals

\*\* **All serious adverse incidents and/or learning events analyses**

## NIMDTA GP APPRAISAL DOCUMENTATION

### ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS FORM 1: BASIC DETAILS

<b>Name</b>	
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<b>General Medical Council [GMC] Registration</b> <a href="https://www.gmc-uk.org/registration-and-licensing/the-medical-register#searchTheRegister">https://www.gmc-uk.org/registration-and-licensing/the-medical-register#searchTheRegister</a> <i>[Doctor needs to be GMC registered to work as a Doctor in the UK]</i>	
<b>GMC Reference Number</b>	
<b>Provisional Registration Date</b>	
<b>Full Registration Date</b>	
<b>Licence To Practise (Since Oct 2005) Date</b>	
<b>GMC GP Register Entry Date</b>	

<b>Northern Ireland Primary Medical Performers [NI PMPL] List Registration</b> <a href="https://bso.hscni.net/directorates/operations/family-practitioner-services/medical-services/contractor-information/northern-ireland-primary-medical-performers-list-pmpl/">https://bso.hscni.net/directorates/operations/family-practitioner-services/medical-services/contractor-information/northern-ireland-primary-medical-performers-list-pmpl/</a> <i>[Doctor needs to be NI PMPL registered to work as a GP in Northern Ireland]</i>	
<b>NI PMPL Registration Date</b>	
<b>Contact Email Address</b>	

<b>Revalidation</b>	
<b>Next Revalidation Date</b>	
<b>Revalidation Designated Body</b>	Strategic Planning and Performance Group (DoH NI)
<b>Revalidation Responsible Officer</b>	Dr Margaret O'Brien

**NIMDTA GP APPRAISAL DOCUMENTATION**

<b>Medical Qualifications With Dates</b>	
<b>Primary Medical Qualification</b>	
<b>Other Medical Qualifications</b>	
<b>Certification Completion GP Training [CCT] Date</b>	

<b>General Practice Role[s]</b>					
		<b>Sessions Per Week</b>	<b>Employing Body</b>	<b>Start Date</b>	<b>Annual CP2A Date</b>
<b>Main Current</b>					
<b>Other Current</b>					
<b>Previous</b> <i>[Last 5 years including Locum appointments lasting more than 1 month]</i>					

<b>Other Relevant Professional Details</b> <i>[Any other brief information that helps to describe your GP role e.g. Membership of Professional Groups or Societies]</i>

**ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS**  
**FORM 2: CURRENT MEDICAL ACTIVITIES ACROSS ROLE[S]**

*Provide a brief factual description work you do in current General Practice roles listed above*

**Average Total Hours Worked Per Week**

- 7 clinical GP GMS sessions
- 1 OOH session

**Summarise Activities Undertaken In Main Role** *[e.g. GMS Services, Minor Surgery, Subdermal Implant Service etc]*

- GMS services with provision of TeleCare and f2f consultations and ensuing paperwork e.g. patient referrals
- Women's Health/Cervical screening/Coil fitting
- Home visits
- Management of test results
- Management of hospital letters

**Summarise Emergency & On-Call & Out-Of-Hours Activities** *[if applicable e.g. OOHs Sessional GP]*

<https://www.nimdt.gov.uk/gp-appraisal-revalidation-and-mentoring/gp-appraisal/> CP2as are required for all roles requiring a Licence To Practice outside of normal In-Hours GMS work and completion enables information to be shared and discussed annually at appraisal

On-call for one day per week within the practice – includes the management of any emergencies within the practice and staff queries on the day.  
Provide telephone consultations/triage, base visits and home visits in OOH setting.

**Summarise Activities Undertaken In Other Non-GMS Roles** *[if applicable e.g. NIMDTA GP Trainer, QUB Undergraduate Tutor, Forensic Medical Officer etc]*

<https://www.nimdt.gov.uk/gp-appraisal-revalidation-and-mentoring/gp-appraisal/> CP2as are required for all roles requiring a Licence To Practice outside of normal In-Hours GMS work and completion enables information to be shared and discussed annually at appraisal

GP tutor for medical students attending the practice

**Summarise Other Professional Activities** *[if applicable including regional, national or international organisations e.g. LMC, GPC, BMA, RCGP]*

<https://www.nimdt.gov.uk/gp-appraisal-revalidation-and-mentoring/gp-appraisal/> CP2as are not required where a GP solely fulfils a leadership and management role e.g. sitting on a federation board or executive committee

N/A

**Brief Description Typical Working Day**

GP partner working in a four-partner rural practice providing GMS services to approximately 3,800 patients. Operate a hybrid system with telephone appointments and some booked f2f appointments. For patients who telephone first and require f2f assessment we aim to provide same day appointments. Paperwork and medication requests are managed after the morning session and prior to starting the afternoon session. Home visits are completed during lunch time.

**Review Your Supporting Information [SI]**

Please use the table below to detail what SI you will be supplying for your appraisal.

<u>SI Provided</u>		<u>SI Reviewed</u>
<b>TO BE COMPLETED BY APPRAISEE</b>		<b>TO BE COMPLETED BY APPRAISER</b>
Please check if presenting at your appraisal as appropriate		Please check if seen +/- discussed at appraisal as appropriate
<b>Previous PDP</b>	<input checked="" type="checkbox"/>	
<b>Proposed PDP</b>	<input checked="" type="checkbox"/>	
<b>Education CPD Annual Log</b>	<input checked="" type="checkbox"/>	
<b>CPR Certification [15 monthly]</b>	<input checked="" type="checkbox"/>	
<b>Prescribing Activity</b>	<input checked="" type="checkbox"/>	
<b>Two SEAs*</b>	<input checked="" type="checkbox"/>	
<b>Quality Improvement [QI] Activity</b>	<input checked="" type="checkbox"/>	
<b>Complaints</b>	<input type="checkbox"/>	
<b>Patient Colleague Feedback [5yearly]</b>	<input type="checkbox"/>	
<b>Health Declaration</b>	<input type="checkbox"/>	
<b>Honesty &amp; Integrity Declaration</b>	<input type="checkbox"/>	
<b>CP2As Provided</b>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	
*All serious adverse incidents and/or learning events analyses		

**Previous PERSONAL DEVELOPMENT PLAN**

<b>PERSONAL DEVELOPMENT PLAN 23/24 – Formulated 17/07/23 – Reviewed 11/06/24</b>				
<b>What development needs have I?</b>	<b>How will I address them?</b>	<b>Date</b>	<b>Outcome</b>	<b>Completed</b>
1. Domain 1 – Update knowledge and skills	Attend Hot Topics course	May 2025	Enhanced patient care through application of current guidelines	
2. Domain 2 – patients, partnership and communication	Annual review of practice complaints and lessons learned. Update whole practice at monthly practice meeting	May 2025	Robust complaints procedure in place	
3. Domain 3 – Colleagues, culture and safety	Completion of SEAx2 and involvement in audit/QI  Specifically complete an audit on topical oestrogen to ensure that patients are also taking progestogen if appropriate	May 2025	Enhanced patient care and safety	
4. Domain 4 – Trust and Professionalism	Start couch to 5km training	May 2025	Attend to personal health and well-being to enhance professional well-being	



### PERSONAL DEVELOPMENT PLAN

Using the template provided here, the appraisee should identify key development objectives for the year ahead, which relate to their stage of personal and/or professional development.

They will include action identified in the summary above but may also include other development activities agreed or decided upon in other contexts. It is important to identify timescales for achievement.

**In preparation for their PDP GPs should consider their development needs for the next year.**

**It can be helpful to consider the following questions:**

- What will I be doing over the next year?
- Where are my 'gaps'?
- What are my aspirations over the next 5 years?
- What do I need to include in my PDP to ensure those aspirations become a reality?

#### **Development needs**

**Be specific** - it is not enough to take big broad topics; what are the particular areas that **need** addressed?

For example: Family planning could be

- a) An overview of what contraceptives can be used in GP and how to access them in different areas
- b) Insertion and removal of implants/coils

GPs approaching retirement age may wish to consider their retirement intentions and actions that could be taken to retain their contribution to the HSC.

The important areas to cover are:

- action to maintain skills and the level of service to patients
- action to develop or acquire new skills

action to change or improve existing practice.

**Proposed PERSONAL DEVELOPMENT PLAN**

<b>PERSONAL DEVELOPMENT PLAN 23/24 – Formulated 11/06/24</b>				
<b>What development needs have I?</b>	<b>How will I address them?</b>	<b>Date</b>	<b>Outcome</b>	<b>Completed</b>
1. Domain 1 – Knowledge, Skills and development	Update CPR training  Update adult and child safe-guarding	May 2025	Update knowledge and skills of emergency care  Updated safe-guarding knowledge	
2. Domain 2 – patients, partnership and communication	Complete GPNI webinar on MHO mental capacity	May 2025	Enhancing patient care through increased knowledge	
3. Domain 3 – Colleagues, culture and safety	Working alongside colleagues to deliver monthly in house CPD	May 2025	Peer support and sharing of knowledge within the practice	
4. Domain 4 – Trust and Professionalism	To take a 15-minute walk at lunchtime – time/home visits permitting	May 2025	Present “reset” button for increased attentiveness for afternoon surgery.	

## NIMDTA GP APPRAISAL DOCUMENTATION

For further detail, double click on the domain titles below to take you directly to Good Medical Practice 2024 in relation to each domain area

### [DOMAIN 1 – Knowledge, Skills and Development](#)

(Click on the Domain title to access the relevant section of Good Medical Practice 2024)

Remember to include at least one example under each attribute

#### **1.1 Being competent and providing good clinical care**

**Discuss your educational activity since last appraisal.**

**What development needs have you, if any, in this area?**

**Consider maintenance of skills in adult and paediatric resuscitation**

Familiarise self with Encompass/Epicare.

Develop skills in the use of photodermatology.

Respond to new guidance and SPPG circulars e.g. management of suspected pertussis and prescribing in the present of clarithromycin suspension shortage. Prescribing within the NI formulary.

Peer assisted learning through discussion of the clinical management in the presence of diagnostic or management uncertainty.

Attendance and participation at educational meetings: see learning log in supporting information

Adult and paediatric CPR completed.

#### **1.2 Maintaining, developing and improving your performance**

**How do you keep your professional knowledge and skills up to date?**

**What development needs have you, if any, in this area?**

I aim to watch GPNI webinars on a Thursday but due to workload this is often not possible and I catch up on them outside of work. This flexibility is very useful and allows me to tailor CPD to my learning needs.

Daily I use websites such as GP Notebook and NICE/CKS to provide up to date information. This is very useful when guidance is new or for less commonly seen problems.

Journals read on a regular basis: BMJ, BJGP, Faculty of Family Planning Journal and MPS casebook.

**1.3 Managing resources effectively and sustainably**

**How do you make good use of the resources available to you and provide the best service possible?**

**Are you involved in any initiatives to reduce the environmental impact of healthcare?**

**What development needs have you, if any, in this area?**

I prescribe according to the NI formulary. When starting patients on medication I have found "Optimise" a useful tool for cost effective prescribing. I would however be reluctant to make a cost effect swap if a patient has already been taking medication.

I try to ensure that patients have all annual blood tests completed on a single visit to the treatment room. This is also an effective use of the treatment room and patient time.

As a practice we are trying to reduce the CFC burden when prescribing inhalers.

We aim to use practice notes and tasks to correspond with each other. Accurx has been a game changer in terms of communicating with patients. It has also reduced printing and postage costs.

**Development Needs in Domain 1 for the next year**

It is important for you to fill this in so that you and your appraiser can reach agreement on your PDP for the next year.

Update CPR training

Update Safeguarding training

**[DOMAIN 2 – Patients, Partnership and Communication](#)**

(Click on the Domain title to access the relevant section of Good Medical Practice 2024)

Remember to include at least one example under each attribute

**2.1 Treating patients fairly with kindness and courtesy and respecting their rights.**

**Consider the following:**

**Chaperone policy**

**Patient confidentiality**

**Conscientious objection**

**Being open if things go wrong**

**Complaints from patients**

All of our policies and procedures are reviewed to ensure that they remain fit for purpose. A complaint would trigger a review of the relevant policy. For example, if a patient feels that their confidentiality has been breached we would review the policy as well as dealing with the complaint as per our complaints procedure.

I work within the good medical practice guidance (2024).

I keep clear and contemporaneous notes following patient contacts. If I have undertaken a home visit on the way home from work I will write up the notes when I am next in practice. If I am not in work the following day I and I feel that there may be more patient contact I would log onto the system remotely.

I have not received any complaints since my last appraisal.

**What development needs have you, if any, in this area?**

Continued attention to communication.

**2.2 Supporting patients holistically to make decisions about treatment and care. Sharing information with patients and those close to them.**

**Consider the following:**

**Decision making, consent, vulnerability and capacity**

**Issues around end of life care**

**Caring for the whole patient**

Although many consultations start as a telephone call I have a low threshold for converting to f2f consultations. I encourage patient engagement in the decision-making process although at times patients do ask “what would you do doctor”. I think it is important that we respect this question and help the patients to navigate the options, choosing the most appropriate solution for them at that particular time. It is important that I adapt each consultation to suit each

patient. I often follow up consultations with an Accurx message containing PILs or links to websites. Patients can then refer back to this information at any time.

Where possible I use professional interpreters, either f2f or via BigWord.

**What development needs have you, if any, in this area?**

Continued attention to use of language ensuring it is inclusive to the patient in front of me.

**2.3 Safeguarding children and adults who are at risk of harm.**

**Consider knowledge and application of local and practice safeguarding policies.**

I am attentive to safe-guarding needs of both children and vulnerable adults. It can be useful to discuss concerns with colleagues.

**What development needs have you, if any, in this area?**

Update child and adult safe-guarding knowledge.

**2.4 Helping in emergencies**

**Consider maintenance of skills in adult and paediatric resuscitation (reviewed in Domain 1).**

I complete CPR annually – both adult and paediatric.

I have not had to deliver CPR in the community.

I am familiar with the location of our emergency trolley. Each room has an anaphylaxis kit and panic button.

Other emergencies include helping my colleagues if I have completed my telephone call list and f2f consultations.

**What development needs have you, if any, in this area?**

Update CPR training.

**Development Needs in Domain 2 for the next year**

It is important for you to fill this in so that you and your appraiser can reach agreement on your PDP for the next year.

Complete CPD within child and adult safe-guarding

Update CPR training.

### [DOMAIN 3 – Colleagues, Culture and Safety](#)

(Click on the Domain title to access the relevant section of Good Medical Practice 2024)

Remember to include at least one example under each attribute

#### **3.1 Treating colleagues with kindness, courtesy and respect**

**Consider how you develop and maintain effective teamworking and professional relationships.**

Each morning we meet for a brief “huddle”. This is an opportunity to update the team regarding any significant patient developments, workforce sickness on the day etc.

In addition, we have a 20-minute slot after phone calls and prior to f2f appointments events where we meet for coffee. I have found this immensely helpful and acts as a ‘reset’ prior to commencing f2f consultations. It is useful to debrief with colleagues and tease out any tricky consultations from earlier in the morning.

All GPs are part member of the same WhatsApp group. This is useful for communication and the sharing of CPD. It also acts as a library of CPD that can I can refer back to.

**What development needs have you, if any, in this area?**

#### **3.2 Contributing to a positive and inclusive environment, demonstrating leadership and delegating appropriately.**

**Consider how your behaviour contributes to the creation of a respectful, fair, supportive and compassionate working and training environment.**

**Consider how you respond when you witness unprofessional behaviour and how this may impact on patient safety.**

**Consider how you demonstrate leadership behaviour in your working environment.**

Within my CPD I completed EDI training since my last appraisal.

It is important that the practice creates a positive impression of being a GP to medical students as this is an opportunity to recruit our future GPs. I am mindful of the language that I use with medical students when discussing patients and try to be positive without being unrealistic.

I consider myself accessible to colleagues and manage queries as they present themselves. I think it is important that the most appropriate person completes tasks. For example, if a query is about an alternative drug due to a supply problem I will signpost staff to our practice pharmacist.

**What development needs have you, if any, in this area?**

**3.3 Contributing to continuity of care, recording your work clearly accurately and legibly.**

**Consider how you ensure:**

**Continuity of care for your patients.**

**Medical records are clear, accurate and contemporaneous.**

**Communications from third parties are appropriately filed, coded and highlighted in the patient record.**

My record keeping is clear and contemporaneous. I am mindful of GDPR and keep third party information as anonymous as possible. I acknowledge that this is not always possible. I aim to document my working diagnosis and management plan so that any clinician in subsequent contact with the patient understands the situation. I encourage patients to make follow-up appointments with me if necessary. Within the practice we try to ensure that patients receive continuity of care by seeing one doctor.

**What development needs have you, if any, in this area?**

Continued attention to documentation in patient records.

**3.4 Keeping patients safe, responding to safety risks, managing risks posed by your health.**

**How does clinical governance fit into your work as a GP, including significant event analysis, adverse incident reporting, contribution to confidential inquiries and other investigations?**

**What quality improvement activity have you undertaken?**

**How do you ensure a safe environment?**

I am involved in clinical governance within the practice. I have completed two personal SEAs and completed an audit. See supporting information.

We have meetings one afternoon per month. The first part is clinical and all staff attend. SEAs, patient complaints, CPD and any workload issues are all shared at this time. This is followed by a business meeting attended by GP partners and the Practice Manager.

**What development needs have you, if any, in this area?**

Participate in clinical governance through SEA and audits/QI.

**Development Needs in Domain 3 for the next year**

It is important for you to fill this in so that you and your appraiser can reach agreement on your PDP for the next year.

Continued involvement in clinical governance.



**[DOMAIN 4 – Trust and Professionalism](#)**

(Click on the Domain title to access the relevant section of Good Medical Practice 2024)

Remember to include at least one example under each attribute

**4.1 Acting with honesty and integrity**

**What safeguards are in place to ensure propriety in your financial and commercial affairs, research work, use of your professional position etc? Have there been any problems?**

I use an accountant to manage my annual accounts/tax submissions.  
Payment for HGV medicals are paid to the practice.  
I have appropriate medical indemnity.  
I am happy to completed the probity form.

**What development needs have you, if any, in this area?**

Continued use of external support in account management.

**4.2 Maintaining professional boundaries and communicating as a professional**

**Consider your public and professional communication.**

**Consider [GMC guidance on use of social media](#) and [GMC guidance on maintaining professional boundaries](#)**

I am a member of GP survival NI. I am conscious of the need to be professional in any posts made.

I have completed feedback for colleagues undergoing appraisal.

**What development needs have you, if any, in this area?**

Continued attention to communication.

**How do you ensure that any personal health issues do not adversely impact patient care?**

I am registered with a local GP practice. I am up to date with vaccinations.

**Development Needs in Domain 4 for the next year**

It is important for you to fill this in so that you and your appraiser can reach agreement on your PDP for the next year.

Ensure that I have time for sport to maintain personal health.

