

**Welcome!**

Please click on 'Instructions for using this form' for guidance on how to enter the information required for your appraisal into this form.

- 1 [Contents](#)
- 2 [Instructions for using this form](#)
- 3 [Personal details](#)
- 4 [Scope of work](#)
- 5 [Record of annual appraisals](#)
- 6 [Personal development plans and their review](#)
- 7 [Continuing professional development \(CPD\)](#)
- 8 [Quality improvement activity](#)
- 9 [Significant events](#)
- 10 [Feedback from colleagues and patients](#)
- 11 [Review of complaints and compliments](#)
- 12 [Teaching, research, leadership and innovation](#)
- 13 [Achievements, challenges and aspirations](#)
- 14 [Probity and health statements](#)
- 15 [Additional information](#)
- 16 [Personal development plan proposals](#)
- 17 [Supporting information](#)
- 18 [Pre-appraisal preparation](#)
- 19 [Post-appraisal: the agreed personal development plan](#)
- 20 [Post-appraisal: summary of the appraisal discussion](#)
- 21 [Post-appraisal: appraisal outputs](#)
- 22 [Appraisal history](#)

## Instructions for using this form

This form is intended as an example of a repository that holds the information required for a medical appraisal. It has been designed with the appraisal meeting in mind, in a logical manner that mirrors how the appraisal conversation may flow. It is also intended as a practical demonstration of the information in the Medical Appraisal Guide (RST, 2012) which can be viewed [here](#).

All aspects of a medical practitioner's role can be, and should be, detailed within this form, including clinical, managerial and academic work, research, private practice, locum work and voluntary roles.

Doctors should complete up to and including section 18 and submit the package of information to the appraiser by a mutually agreed date. Sections 19, 20 and 21 will be completed during and immediately after the appraisal meeting by both the doctor and the appraiser.

Section 22 is the history section. After a year of using this form, previous appraisal information is archived into this area so that everything is contained within one file.

### How does the form work?

- It is an interactive pdf which allows you to type information into boxes and upload documents into the form.
- Drop down boxes on each of the tables allow you to attach documents or log that you intend to provide a document separately. Documents are attached in the same way as you would attach a file to an email.
- The maximum size of the form cannot exceed 10MB due to restrictions with most email servers. Section 17 lists all of the supporting information that you have said you will provide. In the case of attachments it lists the size of each one and a running total of the space used for your information.
- Carefully check your computer set up against the guidance provided by your organisation before starting to complete the form. It is not always compatible and you may experience issues with features if you are not using the correct software.

### Saving the form

- Before you start completing the form, save a copy onto your computer or personal space, in accordance with your organisation's information governance requirements. Use 'File' on the toolbar and 'Save as' to save the document in the first instance, and then use the 'Save' buttons throughout the document to save your work as you go.
- Clicking 'Save' activates Adobe's 'Save As' function which will ask you if you want to overwrite the current file. It is OK to do this, you do not need to save a new version every time.
- You do not need to save on each page; the form will retain information when you pass from section to section, though it is good practice to save a copy at regular intervals.




### Submitting supporting information

- Many file types can be uploaded as supporting information including Word and Excel documents, PowerPoint slides, pdfs and image files. Some file types may not be compatible with the form. If you try to upload one of these, a warning box will tell you that it is not possible.
- Zip files and webpages cannot be uploaded.

Continued from previous page...

- Some files will be too large. These generally include presentations that include a lot of graphics or some types of scanned documents. These can either be emailed to the appraiser separately by a secure means or submitted in hard copy format, in advance of the appraisal meeting.
- If you intend to provide any files separately you should still list them in the appropriate section, and comment on them. Make sure you remember to click the **Log** button in the table to ensure that this piece of supporting information is listed in the Section 17 cumulative table.
- If you change your mind regarding an attachment, you will need to delete the row in the table and add a new one. You can copy and paste any text that you have written first, and then attach a new document.

### Helpful hints

- An asterisk (\*) next to a question denotes that this field is compulsory and you will not be able to submit the form at the end unless it is completed.
- The  buttons provide more information about what should be included in each section or field. Many contain hyperlinks to further sources of information.
- Hovering the mouse over the numbers at the bottom of each section will show you the name of each section, as listed in the contents page.
- All text boxes expand so you can write as much as you like. Some boxes have restrictions on the amount of information you can add. You can also copy and paste information into them.
- When adding rows to tables using the  button, be sure to complete your writing before adding the attachment or logging the supporting information.
- Be careful when removing rows using the  button, you don't get a reminder, it will delete immediately!

Once you have completed all of the fields, the form can be transferred to your appraiser as per the process agreed within your designated body.

If you have any issues with the form, or queries about how to use it, you should contact the person who distributed the form to you, or your organisation's IT department.

**Remember, you are providing this information to your appraiser.**

**After your appraisal is signed off, your responsible officer will receive a copy of the form, specifically to read the appraiser's statements, the appraisal summary, and your personal development plan. Your responsible officer may also access to the rest of this form and all of your supporting information.**

**You should take care to abide by local confidentiality, data security and information governance protocols. In particular, you should remove all personally identifiable data.**

### Personal details

\* Name

\* GMC number

Contact address

Please ensure that you provide either email address or telephone number (both if possible) to allow your appraiser to contact you.

Contact telephone number

Contact email address

\* Name of designated body



Medical qualifications, UK or elsewhere, including dates where appropriate



\* Year of appraisal

\* Appraiser's name

Are you are a clinical academic or engaged in teaching or research?  
If so you should also complete section 12, whether or not you require a second appraiser



- Yes
- No

Save form

## Scope of work

Please complete the following boxes to cover all work that you undertake. This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles. If the area of work is undertaken less frequently than once each month, it should be listed as an ad hoc commitment.

Types of work should be categorised into:

- clinical commitments
- educational roles, including academic and research
- managerial and leadership roles
- any other roles

Area of work	Detail of work	Qualification/ experience if applicable	How long have you been in this role?	Organisation	Add Row
1a. Clinical - regular					+
1b. Clinical - ad hoc					+
2a. Educational; academic and research - regular					+
2b. Educational; academic and research - ad hoc					+
3a. Managerial - regular					+
3b. Managerial - ad hoc					+
4a. Other roles - regular					+
4b. Other roles - ad hoc					+

Please describe any changes to your scope of work that you have made since your last appraisal.

Please describe any changes to your scope of work that you envisage taking place in the next year.

**Save form**

**Record of annual appraisals**

Please provide the following information:

Date of last appraisal  
(DD/MM/YYYY)

This is my first appraisal

Name of last appraiser

Name of last responsible  
officer

Name of last designated  
body

Please attach a copy of last year's appraisal summary:

Please be mindful of file sizes when uploading documents. If your summary is part of a larger document, it may be wise to print out the summary page, scan it and just upload that one section.

**Please note**, if you have used this particular form for your previous appraisal, your summary may be available in the '[Appraisal history](#)' section. Please tick if your summary is in the appraisal history section.

In 2012/13 you need only provide your most recent appraisal summary for the purposes of revalidation. If you would like to attach further information from previous years, this can be done in Section 15. In future years, all summaries for the current revalidation cycle will need including. Please tick here if you have added additional information in Section 15.

## Personal development plans and their review

Your personal development plan and progression towards achieving the actions you set yourself are an important discussion area at the appraisal meeting. Please use this space to describe your progress towards achieving the actions and goals set in your last appraisal.

If you already have this information in another format, you can upload a copy here: [Attach](#)

**Please note**, if you have used this particular form for your previous appraisal, your personal development plan may be available in the 'Appraisal history' section for reference.

If you do not have a reflection document or similar, please use this space to update your appraiser on your progress against each of the items listed in your last personal development plan.

Learning/development need	Did you address your need? Please give a brief explanation.	Add Row
		-
		+

If you would like to make any general comments to your appraiser about last year's progress, or anything else that was discussed last year for progression this year, please do so here.

[Save form](#)

## Continuing professional development (CPD)


*This is the first type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubble above to access more information on what you should be providing in this section.*

Continuing professional development (CPD) is an essential part of a doctor's career. Your participation in CPD should reflect your entire scope of work, although it is not limited to this. This section allows you to document the CPD that you have participated since your last appraisal.

Are you a member of a royal college or faculty?

- Yes  
 No

Instead of, or in support of, the above attachments you can also record your CPD below. There is no need to duplicate what is written in your attachments.

Purpose	Brief description of activity including dates	Credits	Supporting information location	Attachment	Add Row
Please select...			Please select...		
		0			

Please use the box below to provide a commentary on how your CPD activities have supported the areas described in your scope of work.

You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.







### Quality improvement activity

*This is the second type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubble above to access more information on what you should be providing in this section.*

This is where you should demonstrate that you regularly participate in activities that review and evaluate the quality of your work. You should complete this in relation to your complete scope of work, including any clinical, academic, managerial and educational roles that you undertake.

Please detail below the quality improvement activities that you have undertaken or contributed to over the last year, including team-based activities where appropriate.

Description of activity provided as supporting information	Supporting information location	Attachment	Add Row
	Please select...		
			

Please describe your personal participation in the above activities, including how you evaluated and reflected on the results of the activity and any action taken. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice. 

**Save form**

## Significant events

*Significant events are discussed as the third type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubbles to access more information on what you should be providing in this section.*

Please select one of the following:

- I **have not** been named in, or carried clinical or managerial responsibility for, any significant events in the last year.
- I **have** been named in, or carried clinical or managerial responsibility for, one or more significant events in the last year.

If you have not been named in any significant events but wish to share learning of some that you were aware of, please record this under Section 8: Quality improvement activity. **Please note:** you do not need to include those where your only involvement was in the investigation of the significant event.

Save form

**Feedback from colleagues and patients** 

*Colleague and patient feedback are the fourth and fifth types of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubbles to access more information on what you should be providing in this section.*

As part of appraisal and revalidation, you should seek feedback from colleagues and patients and review and act upon that feedback where appropriate. Feedback will usually be collected using standard questionnaires that comply with GMC guidance.

The GMC state that you should seek feedback at least once per revalidation cycle, normally every five years. Please note that if you have already presented such reports within this revalidation cycle, you do not need to present them again, please just include the year in the comment boxes below.

Have you been involved in any **colleague** feedback within the last appraisal period?

- Yes  
 No

Have you been involved in any **patient** feedback within the last appraisal period?

- Yes  
 No

Save form

## Review of complaints and compliments

Complaints and compliments are the sixth type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. Please use the help bubbles to access more information on what you should be providing in this section.

### Complaints

Please select one of the following:

- I **have not** been named in, or carried clinical or managerial responsibility for, any complaints in the last year.
- I **have** been named in, or carried clinical or managerial responsibility for, one or more complaints in the last year.


If you have not been involved personally in a complaint but wish to share learning of some that you were aware of, please record this under Section 8: Quality improvement activity. **Please note:** you do not need to include those where your only involvement was in investigation.

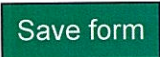
### Compliments

Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received to be discussed in your appraisal.

Attachments relating to complaints or compliments are generally not encouraged due to potential data protection issues however if you wish to attach documents as reference, you may do so using the table below. You are reminded that patients, colleagues and other third parties should not be identifiable. If in doubt, you should consult your local organisation's information management guidance.


Please also be mindful of attachment sizes and the limitations of this form.

Description of activity provided as supporting information	Supporting information location	Attachment	Add Row
	Please select...		
			



## Teaching, research, leadership and innovation

Please detail below the teaching, research, leadership and innovation activities that you have undertaken or contributed to over the last year, including team based activities where appropriate.

Description of activity provided as supporting information	Supporting information location	Attachment	Add Row
	Please select...		
			

Please describe your personal participation in the above activities, including learning.



## Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to have the opportunity to discuss your achievements over the past year, your aspirations for the future and any challenges you may currently be facing with your appraiser.

Appraisal is a formative process and therefore you are encouraged to discuss these topics.

If you wish to include documents in support of your comments below, you can do so in Section 15. Please tick here if you have done so:

### Achievements and challenges

You can use this space to detail notable achievements or challenges since your last appraisal, across all of your practice.

### Aspirations

You can use this space to detail your career aspirations and what you intend to do in the forthcoming year to work towards this.

### Additional items for discussion

You can use this space to include anything additional that you would like to discuss with your appraiser.

## Probity and health statements

Please read and respond to the following statements:

### Probity

"I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity."

Please tick here to confirm.

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

Continued from previous page...

**"In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal:**

- I have nothing to declare."
- I have something to declare."

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

- Yes
- No

**Health** 

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

Please tick here to confirm.

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

If you would like to make any comments to your appraiser regarding either of these topics, please do so here.

Save form

**Additional information**

This page is for you to include any specific information that your organisation requires you to include in your appraisal (e.g. mandatory training records). This additional information may or may not form part of the information needed for revalidation. You may also record here information that is particular to your circumstance, which you do not feel belongs in any other section. This would also be the place to share your job plan, if you wish to do so.

You should seek guidance from your organisation as to what additional information they require you to include here, if anything.

Description of supporting information	Supporting information location	Attachment	Add Row
	Please select...		
	+		

Save form



## Personal development plan proposals

If you have ideas for this year's personal development plan, please use this space to record them. You will need to discuss this with your appraiser during your appraisal.

Save form

**Supporting Information**

The following is a self-populating list of all of the documents that you have attached within this form, agreed to email to your appraiser in advance or provide in hard copy format. If you cannot see a particular item in this list, go back to the section and check the document attached, or that you clicked the 'Log' button to add a listing to this table.

Please be mindful of attachment sizes. Scroll down to the bottom of the table to see the total size of attachments in this form; please ensure it is under 10MB to enable easy file transfer.

Should you wish to add any further documentation or delete any attachments, please return to the appropriate section.

Details	Size (MB)	Attachment
Total attachments:		

Save form

## Pre-appraisal preparation

In preparation for your appraisal you should consider how you are meeting the requirements of Good Medical Practice. This reflection will help you and your appraiser to prepare for your appraisal and will help your appraiser summarise the appraisal discussion.

### Domain 1: Knowledge, skills and performance

### Domain 2: Safety and quality

### Domain 3: Communication, partnership and teamwork

### Domain 4: Maintaining trust

**“I confirm that I have completed this form and compiled the supporting information listed in Section 17 to support this appraisal. I am responsible for the contents and confirm that it is appropriate for this information to be shared with my appraiser and responsible officer.”**

Please tick here to confirm your agreement.

This is the final page of the pre-appraisal portion of this form. Once all pre-appraisal sections have been completed, please ensure that this form and any additional information that you have said you will supply separately, is passed to your appraiser in accordance with your organisation’s guidelines for appraisal.

Sections 19, 20 and 21 will be completed during and after the appraisal meeting in conjunction with your appraiser.

Save form

## The agreed personal development plan

The personal development plan is a record of the agreed personal and/or professional development needs to be pursued throughout the following year, as agreed in the appraisal discussion between the doctor and the appraiser.

Learning / development needs	Agreed action or goal	Date this will be achieved by	How will you be able to demonstrate that your need has been addressed	Add Row
				-
				+

Save form

## Summary of the appraisal discussion

The appraiser must record here a concise summary of the appraisal discussion, which should be agreed with the doctor, prior to both parties signing off the document.

Summaries should be recorded in accordance with the four domains of Good Medical Practice. The appraiser should be aware of the attributes within each of the domains and ensure that this, and future appraisals, are in accordance with Good Medical Practice.

### Domain 1: Knowledge, skills and performance

### Domain 2: Safety and quality

### Domain 3: Communication, partnership and teamwork

### Domain 4: Maintaining trust

### General summary

Save form

## Appraisal outputs

The **appraiser** makes the following statements to the responsible officer:

1. \* An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.  Agree  Disagree
2. \* Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work.  Agree  Disagree
3. \* A review that demonstrates progress against last year's personal development plan has taken place.  Agree  Disagree
4. \* An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.  Agree  Disagree
5. \* No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.  Agree  Disagree

The **appraiser** should record any comments that will assist the responsible officer to understand the reasons for the statements that have been made.

The **appraiser** should record any other issues that the responsible officer should be aware of that may be relevant to the revalidation recommendation.

The **doctor** may use this space to respond to the above comments made by the appraiser. The responsible officer will review comments made in this space.

Both the doctor and the appraiser are asked to read the following statements and sign below to confirm their acceptance:

**"I confirm that the information presented within this submission is an accurate record of the documentation provided and used in the appraisal."**

**"I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."**

## Appraisal history

This section holds a copy of information submitted in previous appraisals.

Information will **only** be available in this section if **this particular form** has been used for previous appraisals.

Information is only archived into this area once the form has been locked down and a 'new' appraisal form has been created. Both these functions are in Section 21 and occur post-appraisal.

Due to file size limitations, it is not possible to view the documents that were attached in previous years however both the doctor and the designated body would be able to provide them if required.

To view copies of the previous years' information, please click the blue links below.

### Supporting information

[Supporting Information](#)

### Personal development plans

### Summary of the appraisal discussion

### Appraisal outputs

Save form

Continued from previous page...

Doctor - please tick here to confirm this

Full name of doctor  
accepting the declaration  
above

Doctor GMC number

Appraiser - please tick here to confirm this

Full name of appraiser  
accepting the declaration  
above

\* Appraiser GMC number

Date of appraisal meeting

Once this document is completed and ready for submission, the appraiser should save a final version.

Please click here to perform a final save on this completed file: [Final save of editable version](#)