

‘How to...’

A guide for Appraisers

Cambridge University Hospitals NHS Foundation Trust is the designated body for around 1000 doctors. As the designated body we are obliged to provide the doctors who are with us for 9 months+ with an annual appraisal.

Anyone who is with us for a short period, and leaving before an appraisal round, will be issued with an exit report (this is typically requested from the Specialty Lead by the Revalidation Office).

Our Trust has 2 appraisal rounds: 1st April – 30th June
 1st October – 31st December

Which appraisal round an appraisee is put in depends on a number of factors, for instance when they started in the Trust or whether they have had an appraisal before.

The doctors who are ‘connected’ to us as their designated body are Consultants, Associate Specialists, Specialty Doctors, Clinical Fellows, Locum Appointments for Service (which are typically FY1/FY2 and out of training) and a handful of Medical Locums who are providing a certain amount of work for us.

Any doctors who have a training number are connected to a Health Education board such as East of England.

A handful of our doctors are connected to the British Army or the Royal Air Force, but as their clinical work is carried out here, we need to provide them with an appraisal.

Each doctor is appraised on their work, hence if someone is purely research based this is what they need to be appraised on. In such circumstances some parts of the appraisal form may not be applicable and should be marked as not applicable.

Every doctor for whom we need to provide an appraisal should fill out the standard MAG appraisal form.

We use the NHS England appraisal form, so when this changes so does ours.

The appraisal form and all other relevant documents can be found via the Medical Director’s page on Connect <http://connect2/CUHFTAppraisals> or if you are academic everything can be found on RAVEN via the Clinical School’s webpage <https://www.medschl.cam.ac.uk/human-resources/jobplanandappraisal/>

What to expect in the appraisal form

To begin with – please remember to save one version with your comments pre-lock down, and re-name before saving the final locked version. Doing this allows you to go back and correct anything if necessary once the form has been submitted.

IMPORTANT NOTE: As we are regularly audited, any appraisals can be picked out at any time for this purpose. It has been known for NHS England to request that ALL appraisals are re-done again due to poor quality. Please be mindful of this, and ensure that as the appraiser you are documenting the appraisal meeting well, and the appraisal form makes sense to an outsider (take out any guidance texts for example!)

SECTION 1 – WELCOME AND CONTENTS

This first page shows you the contents with hyperlinks to each section for navigation.

SECTION 2 – INSTRUCTIONS ON USING THE FORM

Instructions for using the form are found.

The yellow appraiser comment boxes within the MAG form are to be completed.

The appraiser comments boxes in section 4, 6-12 & 14 are to be used for a brief summary of the matters discussed in the appraisal meeting. This will then pre-populate section 19. You can also enter directly into section 19 if you wish. If these sections are not filled in the form will be returned to you for completion (hence the importance of saving a 'final editable version'): we have to be able to demonstrate that an appropriate discussion took place.

SECTION 3 – PERSONAL DETAILS

The footer of the MAG form is populated by the completion of this section. Therefore if you need to make any adjustments to it, please do this here.

- The designated body should always be listed as is on the doctors 'GMC Online' account (99% of the time this is Cambridge University Hospitals, but it could also be the British Army or Royal Air Force)
- The year of appraisal is listed in the allocation e-mail
- The revalidation date is also listed in the allocation e-mail – please ensure they have checked this.

SECTION 4 – SCOPE OF WORK

Please ensure that the appraisee’s full scope of practice is complete: everything that they do that they require a licence to practise for should be recorded.

Supporting documentation, where applicable, should be attached into section 14 for:

- NHS Consultant – Appraisal - Education and Research
- Academic Consultant – Appraisal - Education and Research
- Academic Consultant – Appraisal - Research and Academic – University
- Managerial – Appraisal Management Leadership
- MD letter of ‘no concerns’ from organisations where the appraisee practises (excluding the Nuffield and Cambridge Spire Lea).

Where a line is not applicable, please delete it via the red box at the end.

19	2b. Educational; academic and research - ad hoc				
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SECTION 5 – RECORD OF ANNUAL APPRAISALS

Please check that a summary from the previous appraisal has been attached if applicable.

If their appraiser was different last year, the details should be stated on the form.

As you will know the Responsible Officer at Cambridge University Hospitals changed in October 2017 and is now Dr John Firth. If an appraisal was had before this time the form should specify that the last Responsible officer was Dr Jagjit Ahluwalia.

If this is their first appraisal please ensure that the box has been ticked to indicate this.

SECTION 6: PERSONAL DEVELOPMENT PLAN AND THEIR REVIEW

Check that a copy of the previous year’s PDP has been attached if applicable. This might be attached as part of the appraisal output report in section 5.

Review if the appraisee has commented on all of last year’s PDP.

If they have not done this, you should query it during the appraisal meeting and add in appropriate comments about this.

SECTION 7: CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Relevant job title or role	Date and brief description of activity provided as supporting information	Outcome of learning and reflection / action taken and next steps	Credits
1a. Clinical - regular	XXXXXX	XXXXXX	25
1a. Clinical - regular	XXXXXX	XXXXXX	10
1a. Clinical - regular	XXXXXX	XXXXXX	35
			70

Has the total number of credits for the year been recorded in each line?

The GMCs requirement that doctors should be up to date is regarded as being achieved by most specialties if the doctor undertakes at least 50 hours of CPD activity per year, and this is what we expect of our doctors.

CPD can be accomplished in a variety of ways: at least half should be by attendance at educational or training meetings, of which at least one day of a meeting external to CUH would normally be expected; some can be obtained through other activities, e.g. writing reviews, reviewing grants, private study.

CPD activity can be documented in a variety of ways: many specialist societies or Colleges provide CPD diaries for their members; simple Excel spreadsheets are an alternative.

In terms of planning CPD activity, it is a good idea for us all to reflect on which areas of our professional work we feel least well informed about, and target some of next year’s CPD activity to these areas.

Attachments of all meetings and training material or certificates are not necessary.

The appraisees guidance does ask them to be mindful of exceeding the amount they attach to the form. Having an excel sheet of all activities and CPD points attached to them is entirely reasonable, as is a download of the GMC/College’s CPD tracker.

SECTION 8 – QUALITY IMPROVEMENT ACTIVITY

Appraisers should encourage discussion with the aim of achieving a useful output, rather than just having a ‘box ticked’.

We do NOT need governance meeting minutes etc attached.

Quality improvement is about monitoring the efficiency of your service and finding ways in which it can improve. It is important that appraisees are encouraged to do this, and think about the quality of their professional work, and how they can make this better.

SECTION 8 – QUALITY IMPROVEMENT ACTIVITY (continued)

What is the measure of a quality service?

Please challenge colleagues to give details of how quality can be recognized in their specialty: does the relevant specialty society provide any guidance? If not, what would they suggest? And then lead the discussion on to how their service in CUH matches up against these quality criteria: do they benchmark against peers?

Some examples of QA's: discussion about measures of service quality should lead on to discussion about how the appraisee can support improvements that will improve that quality, e.g. review and re-write a protocol; improve data collection to measure something that's important for monitoring quality

SECTION 9 – SIGNIFICANT EVENTS

Thankfully, these happen rarely, but when they do, the appraisee involved will have been asked by Medical Staffing to disclose and reflect upon this in their appraisal form, and the appraiser would also be made aware.

Discussion of significant events in appraisal should not be a repeat of any investigation that was undertaken. The key issue is 'has the doctor reflected appropriately on the issue?' Have they thought about their contribution to the event, and what they might do differently in the future?

Please always ensure that there is no patient identifiable data in the appraisal documentation.

If, despite your reasonable encouragement, an appraisee seems reluctant to engage in frank and honest discussion about a significant event, or to play down their role in it, then your appraisal note should simply say this.

SECTION 10 – FEEDBACK FROM COLLEAGUES AND PATIENTS

If this is the last appraisal before their revalidation date, the appraisee should have ideally initiated the 360 process, and have the colleague feedback and self-assessment attached in the form.

We recommend giving 4-6 weeks for enough responses to come back. The results should then be requested by the appraisee via 360appraisal@addenbrookes.nhs.uk

Appraisers should always comment on any feedback received, and ensure it has been reflected upon appropriately.

SECTION 10 – FEEDBACK FROM COLLEAGUES AND PATIENTS (continued)

If this is the last appraisal before their revalidation date and the 360 and self-assessment are not attached, please advise the appraisee to request a 360 as soon as possible, but please do not delay the appraisal or completion of the appraisal form past the deadline unless you have concerns (do let the Revalidation Office know this if that is the case, but in all instances the Revalidation Office will check over the 360 feedback and take action in the unlikely event that this causes concern).

While the Trust awaits its own patient feedback system, doctors are welcome to direct their patients to www.iwantgreatcare.org. This is a moderated site, and each doctor on the GMC register is already listed there.

Where letters from patients may have been attached, please ensure there is no identifiable data.

SECTION 11 – REVIEW OF COMPLAINTS AND COMPLIMENTS

Appraisers should comment on both complaints and compliments received.
Have these been reflected upon appropriately?

Where letters from patients may have been attached, please ensure there is no identifiable data.

If, despite your reasonable encouragement, an appraisee seems reluctant to engage in frank and honest discussion about a complaint, or to play down their role in it, then your appraisal note should simply say this.

SECTION 12 – ACHIEVEMENTS, CHALLENGES AND ASPIRATIONS

Comments made here by the appraisee usually tell you what they would like to discuss during the appraisal meeting.

SECTION 13 – HEALTH AND PROBITY STATEMENTS

For the section "In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since (their) last appraisal" you will be contacted via email by medical staffing if your appraisee has something to declare.

The appraisee will also be emailed separately by medical staffing as a prompt.

Ensure that 'I have something to declare' has been selected if this is the case and details are entered appropriately.

In this circumstance, the question "Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?" is to be answered 'yes'.

SECTION 14 - ADDITIONAL INFORMATION

This section should contain:

1 –

A downloaded PDF of their mandatory training from www.dot-cuh.com. This can be done from their homepage by clicking on the following image and following the instructions given there:



Please DO check that the courses are within date. If not please agree a time by when the appraisee will get this done by and note the plan/discussion in the form. If resus is not completed it is helpful to note the date this is planned for.

2 –

The hospitality register. This should be filled out with any gifts received over £75, or just marked with N/A and signed if nothing had been received. Alternatively a screenshot of the declaration made at <https://cuh.mydeclarations.co.uk> can be attached. It is important that colleagues disclose anything that others might reasonably think could constitute a conflict of interest, e.g. payments of any sort for lecturing or providing expert advice to commercial companies; receiving retainers from commercial companies; holding shares (or equivalent) in commercial companies that compete with CUH or other NHS organisations.

3 -

GCP Form

If an appraisee is involved in research they should have a certificate for 'Good Clinical Practice' attached.

If the training has not yet taken place, the appraisee needs to book a date for this, and the date it is booked for should be mentioned in the appropriate area within section 14.

This training can be arranged via the Research & Development PA who can be contacted on extension 348490.

4 -

ADR Form

These should be added in by DDs and CD's

NOTE: Job plans do not need to be attached into the appraisal form.

6 –

Education and Research form (if applicable)

SECTION 14 - ADDITIONAL INFORMATION (continued)

7 -

Academic and Research staff appraisal form (university only)

8 -

Appraisal Management Leadership form (if applicable)

9 -

MD letter of 'no concerns' from organisations where the appraisee practices (excluding the Nuffield and Cambridge Spire Lea as we get a full report from these)

SECTION 15 - SUPPORTING INFORMATION

This section pre-populates with all documents the appraisee has attached throughout the form.

SECTION 16 - REVIEW OF GMC GOOD MEDICAL PRACTICE DOMAINS

This section is for the appraisee to complete – please ensure they have done this as it should help identify areas for discussion in the appraisal meeting.

SECTION 17 - APPRAISAL CHECKLIST

In this section the appraisee confirms that they have covered all aspects of the appraisal (this is found by clicking on the plus sign):

<input type="checkbox"/>	Previous appraisal record – submitted	?
<input type="checkbox"/>	Scope of work – completed, with reflection, including governance arrangements and conflicts of interest	?
<input type="checkbox"/>	Reflection – present throughout submission	?
<input type="checkbox"/>	Confidentiality – identifiable information removed/redacted	?
Supporting information		
<input type="checkbox"/>	Personal details – completed and up to date	?
<input type="checkbox"/>	Overall – supporting information matches my scope of work	?
<input type="checkbox"/>	Review of last year's PDP – present	?
<input type="checkbox"/>	CPD – listed, compliant with guidance, with reflection	?
<input type="checkbox"/>	Quality improvement activities – listed, compliant with guidance, with reflection	?
<input type="checkbox"/>	Significant events (also known as untoward or critical incidents): all unintended or unexpected events, which could have or did lead to harm of one or more patients – listed, with reflection, or confirmed none to include	?
<input type="checkbox"/>	Feedback from colleagues – submitted, with reflection, or date last submitted	?
<input type="checkbox"/>	Feedback from patients – submitted, with reflection, or date last submitted, or confirmation not necessary (agreed by responsible officer)	?
<input type="checkbox"/>	Complaints and compliments – all complaints listed, with reflection, or confirmed none to include. Compliments listed (optional), with reflection	?

Appraiser's name:
Appraising body: Cambridge University Hospitals

Year of appraisal: 2018/19
Date of appraisal meeting: DD/MM/YYYY

Appraiser's name:
Form status: Unlocked

Section 17 of 21 Appraisal checklist - continued		
<input type="checkbox"/>	Achievements, challenges and aspirations – completed (optional – may be raised verbally at appraisal)	?
<input type="checkbox"/>	Probity declaration – completed: suspensions, restrictions or investigations – listed if present, with reflection	?
<input type="checkbox"/>	Health declaration – completed	?
<input type="checkbox"/>	Additional information – listed, or confirmed none expected, or explanation why absent	?
<input type="checkbox"/>	Review of GMC 'Good Medical Practice' domains – completed	?
<input type="checkbox"/>	New PDP ideas – listed (optional – may be raised verbally at appraisal)	?

SECTION 18 - THE AGREED PERSONAL DEVELOPMENT PLAN

Appraisers should encourage discussion and formulation of sensible PDPs, with the aim of achieving a useful output (rather than just 'having a box ticked').

What would this doctor like to be doing in five years' time?

What could they do in the next year that would help them to achieve this?

How is this doctor going to improve the service that they work in?

'Complete mandatory training' is not an appropriate PDP. Mandatory training is **mandatory**. How will attending a course or obtaining a qualification help with personal development?

You should agree at least two items with your appraisee. One should relate to a service objective (see section 8) and one to a personal objective. Please ensure that the objectives are SMART - specific, measurable, achievable, relevant, time bound - they cannot depend on unrealistic provision of finance or time.

SECTION 19 - SUMMARY OF THE APPRAISAL DISCUSSION

The comments you make in the appraiser comment boxes as you read through the MAG form in preparation for conducting an appraisal will be pre-populated into this section, but you can enter comments directly into here if you did not enter them into each individual section.

You will need to complete the boxes at the bottom recording the summary of the appraisal discussion that you held with the appraisee.

You will find the boxes pre-populated with some guidance text to help you with what your comment should be like – if you use these as guidance please ensure that they are edited appropriately to make sense to other Trusts/Auditors. If you do not wish to use the pre-populated text please delete and insert your own.

Summaries that simply record 'no concerns' are not adequate.

The summaries should reflect the discussion that was held within the appraisal meeting.

If there are any issues that come up during the appraisal or when filling in the form that you are uncertain about, then please don't hesitate to contact either Dr John Firth (as Medical Appraisal Lead/RO) or Alison Risker (as Head of Medical Staffing).

Please ensure that all of these boxes are completed, otherwise the form will be returned to you.

SECTION 20 - APPRAISAL OUTPUTS

For first time appraisee's statement 3 may not apply if they do not have a previous PDP. In this case you will need to select 'disagree'.

Section 21: Completion – save, lockdown and print

PLEASE DO NOT LOCK DOWN THE FORM BEFORE ALL NECESSARY EDITING HAS BEEN DONE

Once you are happy the appraisal form contains all the necessary information, and you have completed all appraiser comment sections please:

1. Click on the green button 'Save form - final save of editable version'
2. **SAVE A COPY OF THE FORM ON YOUR PC e.g. Appraisal Template - Unlocked**
3. Re-open the form and go to Section 21
4. Click on the magenta button that has popped up 'Save Form – Lockdown'
5. **RENAME THE FILE e.g. Appraisal 2018- Locked**
6. **SAVE THIS COPY OF THE FORM ON YOUR PC**

This way you will have two copies of the appraisal form, one is locked down and the other can still be edited.


Please click here to perform a final save of this form:

Save form - final save of editable version

This next step cannot be reversed, so please ensure that all of the information that both parties wish to be documented has been included and that an editable version has been safely stored for future reference.


The appraiser should then lock the form to send a 'read only' version that cannot be edited to the responsible officer.

Do not email the form onwards using the Adobe Reader menu bar: 'File', 'Send File...', nor the 'Send file as email attachment' icon. This will result in a warning message and the form will not transfer as an attachment into your email application. You should instead save and close the form, open your email application and attach the form directly from where it is filed.

You will not be able to lockdown the form until all mandatory fields have been completed. 
An error box will list any that you have missed.

Please click here to perform lockdown of this completed form:

SAVE FORM - LOCKDOWN

Once the form has been locked down, you may use the following options to print the respective information for your own use or to provide to others as appropriate eg other employers, if you prefer not to show them all your information. If you have installed/available a basic pdf writing software on your computer, you can also save these print views as well as print them out. 

COMPLETED APPRAISALS

Please send the final locked-down version to cuhdoctorsappraisals@addenbrookes.nhs.uk

Send copies of the two MAG forms to the appraisee for their records - one locked, one editable.

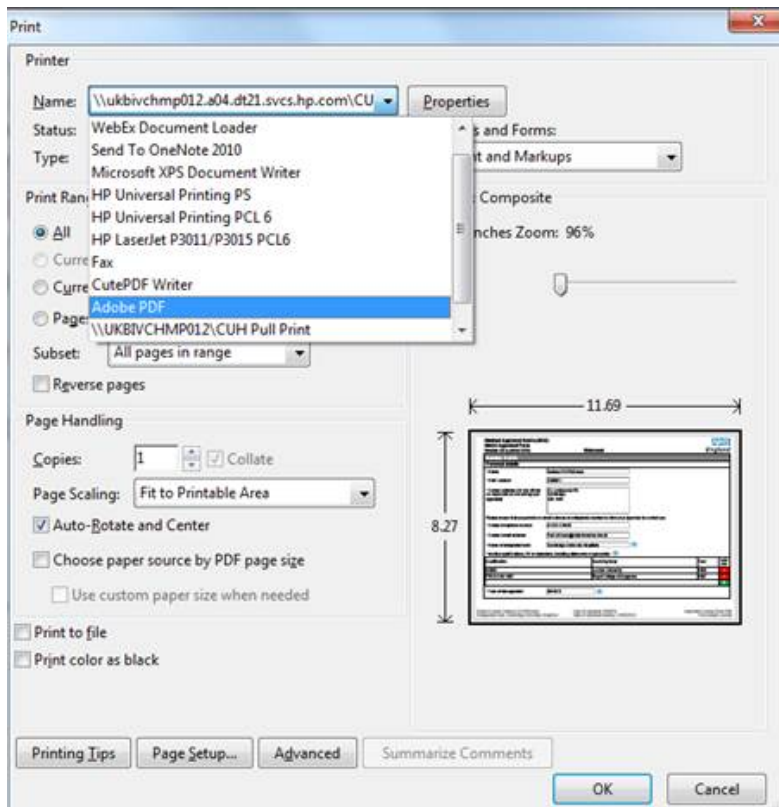
EXTRACTING A SUMMARY

If you practise privately, it is likely that your private practice will require a copy of your annual appraisal or at least a summary of it. To do this, please follow the instructions below:

- Scroll to the end of Section 21
- Click Print on the section which looks like the image below:



- This will come up with the usual 'Print' box. Select Adobe PDF from the drop down menu as seen in the image below:



- Press Ok
- You should then be asked to save the new document, and once done you should find your summary exported at the destination you saved to.

ROOM BOOKINGS

We appreciate that it can be difficult to find a meeting room these days.

Availability of meeting rooms around the Trust can be checked at:

- 1 - <http://roombooking.media-studio.co.uk/BookWiseEducationWeb/>
- 2 – Deakin Centre (Extension 257140)
- 3 – Clinical School (E-mail ms2297@medschl.cam.ac.uk)
- 4 – Some Monday's or Friday's Medical Staffing may have a free office to use so please do check.

APPRAISER PAYMENTS

'Deputy Medical Directors', 'Divisional Directors' and 'Clinical Directors' are expected to carry out 5 appraisals for the Trust as part of their role, and any more than that can be claimed for.

Other appraisers can claim up to 4 hours for each completed appraisal. The rate for this is £62.50 per hour.

To be eligible for payment, you will be confirming (on the claim form) that:

- 1 - The appraisal time did not displace any DCC time
- 2 - You were unable to perform these within the SPA time allocated in your job plan
- 3 - You have submitted a full and satisfactorily completed appraisal form.

Claim forms for Round 1 will be sent to you around the end of July

Claim forms for Round 2 will be sent to you around the end of January

When you receive the claim form, you will notice that there is the opportunity to have the payment go straight into a research fund of your choice if you wish. Whilst a receipt cannot be issued for this, you will notice a 'credit' on your fund's statement.

As this is a very new process, the timing of how soon the payment is received is not known.

APPRAISER FEEDBACK

At the end of 'Round 2' all appraisers should expect to receive some anonymised feedback based on reviews by their appraisees. The amount of feedback will of course be dependent on how many take part in the questionnaire.