

# Appraisal Form ‘How to’ Guide for Appraisees

These guidance notes are intended to help navigate the appraisal form and understand what is expected in each section. Please read them thoroughly before completing your appraisal form.

## Contents

Introduction .....	2
Section 1: Welcome and Contents.....	3
Section 2: Instructions for using this form.....	3
Section 3: Personal Details.....	3
Section 4: Scope of Work.....	4
Section 5: Record of Annual Appraisals .....	5
Section 6: Personal Development Plan and Their Review .....	5
Section 7: Continuing Professional Development (CPD) .....	5
Section 8: Quality Improvement Activity.....	5
Section 9: Significant Events .....	6
Section 10: Feedback from Colleagues and Patients.....	6
Section 11: Review of Complaints and Compliments .....	7
Section 12: Achievements, Challenges and Aspirations .....	7
Section 13: Probity and Health Statements.....	8
Section 14: Additional Information.....	8
Section 15: Supporting Information.....	9
Section 16: Review of GMC Good Medical Practice Domains .....	10
Section 17: Appraisal Checklist .....	10
Section 18: The Agreed Personal Development Plan .....	10
Section 19: Summary of the Appraisal Discussion.....	10
Section 20: Appraisal Outputs .....	10
Section 21: Completion – Save, Lockdown and Print .....	10
Reflection.....	12
Further Queries.....	12

## Introduction

Cambridge University Hospitals NHS Foundation Trust is the Designated Body for over 1000 doctors.

## Appraisals

As the Designated Body we are obliged to provide doctors who are attached to us for more than 9 months with an annual appraisal. Our Trust has 2 appraisal rounds: 1<sup>st</sup> April – 30<sup>th</sup> June, and 1<sup>st</sup> October – 31<sup>st</sup> December. Which appraisal round an appraisee is put into 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 provide more than a certain amount of work for us. Any doctors who have a training number are connected to a Health Education board such as 'Health Education 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 sometimes need to provide them with an appraisal.

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.

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

Your appraisal should cover your professional your work since your last appraisal/ARCP, which if you had an 'approved missed appraisal' in 2020/21 means since your 2019/20 appraisal.

Please remember that your final completed and locked down appraisal form may one day need to be reviewed by another Trust, a private practice, auditors, and on (thankfully) rare occasion, the GMC. It is therefore in your best interest to ensure that it all makes sense to an outsider, and contains all relevant information.

## Exit Reports

Anyone who is attached to us as their Designated Body for less than 9 months will not normally have an appraisal, but will be issued with an exit report when they leave. This is a short and simple document which informs future Designated Bodies if there have been any concerns during your time with us, and sometimes also contains useful feedback on your performance. The exit report is typically requested from the Specialty Lead by the Revalidation Office (you do not need to worry about instigating this) and sent to your personal e-mail address after you have disconnected from us. You can add this into your documentation when you next have an appraisal.

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

## Section 1: Welcome and Contents

**Medical Appraisal Guide (MAG)**  
**Model Appraisal Form**  
Version 4.0 (updated 2016)

**Welcome!**

**NHS England**

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

1	Contents
2	<a href="#">Instructions for using this form</a>
3	<a href="#">Personal details</a>
4	<a href="#">Scope of work</a>
5	<a href="#">Record of annual appraisals</a>
6	<a href="#">Personal development plans and their review</a>
7	<a href="#">Continuing professional development (CPD)</a>
8	<a href="#">Quality improvement activity</a>
9	<a href="#">Significant events</a>
10	<a href="#">Feedback from colleagues and patients</a>
11	<a href="#">Review of complaints and compliments</a>
12	<a href="#">Achievements, challenges and aspirations</a>
13	<a href="#">Probity and health statements</a>
14	<a href="#">Additional information</a>
15	<a href="#">Supporting information</a>
16	<a href="#">Review of GMC Good Medical Practice domains</a>
17	<a href="#">Appraisal checklist</a>
18	<a href="#">The agreed personal development plan</a>
19	<a href="#">Summary of the appraisal discussion</a>
20	<a href="#">Appraisal outputs</a>
21	Completion - save, lockdown and print

Doctor's name: \_\_\_\_\_ Year of appraisal: 2017/18 Appraiser's name: \_\_\_\_\_  
Designated body: \_\_\_\_\_ Date of appraisal meeting: DD/MM/YYYY Form status: Unlocked

Above you will see what the appraisal form looks like on opening. This first page shows you the contents with hyperlinks to each section for navigation.

## Section 2: Instructions for using this form

Instructions for using the form are found here. Please read these, especially if this is your first time completing this appraisal form.

Please note that the yellow boxes within the appraisal form are to be completed by the appraiser only.

## Section 3: Personal Details

Here you will need to enter all of your personal details.

Your Designated Body is who you are connected to via your 'GMC Online' account.  
[The GMC is not a Designated Body - they are the regulator]

Your Designated Body is responsible for you. In your case, this is likely to be Cambridge University Hospitals (or you can enter CUHFT). Due to the character limit you will not be able to enter in the full name of our Trust.

Please ensure that you fill out your qualifications including the year attained and the awarding body in the appropriate boxes. If this is not filled out fully your appraiser will not be able to lock down the form.

Please enter your revalidation date as provided to you by the GMC. You should also find this in the allocation e-mail you will have received. This is NOT your appraisal meeting date.

You will need to add in your appraiser's name in the relevant box. These details can be found in the allocation e-mail you will have received prior to the appraisal round.

*If you are a clinical academic who requires a second appraiser under the Follett principles (which requires Academic Institutions and the NHS to exchange information in relation to appraisal and performance review) you will need to click 'Yes' and enter the name of your academic appraiser who is allocated to you by your Head of Department. In section 14 you must attach the summary of your last academic appraisal.*

*If this is your first year as a clinical academic and you have not had an academic appraisal before your NHS appraisal, please ensure that the summary of the academic appraisal is attached into section 14 within next year's appraisal form. In the meantime ask your academic supervisor to provide you with a letter to confirm that they have no concerns about your probity or fitness to practise. This letter is to be attached within section 14. The Trust will feed back to the University if concerns are raised in the NHS appraisal.*

Once this section is completed you will find that the footer on the form has populated automatically.

## Section 4: Scope of Work

All aspects of your professional practice (internal and external, at CUH or other organisations) since your last appraisal must be listed within the table provided. Another row can be added to the table by clicking the plus arrow in the green box located in the 'add row' column.

Your professional practice should be categorised into: -

### Clinical Commitments

List all your clinical commitments including CUH, other NHS organisations and Private Practice within the table.

### MD Letter of No Concerns

With the exception of the Nuffield and Cambridge Spire Lea Hospitals (from which we get direct reports), you will need to obtain a letter confirming no concerns from the MD of any other hospital (NHS or private) where you practice, or you are welcome to use our '[Fitness to Practise Statement](#)' to pass onto all other areas you practise in, and attach this to section 14. Documentation is not required when CUH clinical activity is done in sites other than Cambridge.

Those with educational roles; including supervision, teaching, academic and research, should complete the [Appraisal – Education & Research](#) form and attach into section 14.

Those with managerial and leadership roles should complete the The [Appraisal – Management & Leadership](#) form and attach into section 14.

### Any other role

List all other roles that require you to hold a medical qualification/license to practice in or out of the

Trust e.g. occupational health, appraiser, voluntary roles, sports organisations etc.

Please delete any rows which are not applicable to you via the red box at the end of the row.

## **Section 5: Record of Annual Appraisals**

In this section you should give the date of your last appraisal meeting.

If this is your first appraisal you will need to tick the box stating that 'This is my first appraisal.'

The date of last appraisal box is to then be left blank.

If you have been appraised before you will find this date in your last appraisal form, or you can contact the Revalidation Office for this information.

You will also note that the form asks you to attach your last appraisal. Attaching just the appraisal outputs report (see section 21) would suffice as you will need to be mindful of the file size.

If your appraiser, Designated Body or responsible officer has changed since your last appraisal you will need to answer this question with 'Yes' and complete the relevant box/es. If nothing has changed from the previous appraisal you will need to answer 'No' to this question.

## **Section 6: Personal Development Plan and Their Review**

Please use this space to describe your progress towards achieving the actions and goals set as your personal development plan at your last appraisal. If you already have this information in another format, you can upload it instead.

## **Section 7: Continuing Professional Development (CPD)**

CPD points are obtained through educational seminars/lectures/governance meetings/research time [It is also reasonable to include exam prep as CPD]. Typically, it would be expected for you to have a minimum of 50 CPD points a year, with 1 hour of learning typically equating to 1 CPD point.

If you are a member of a college, please attach your CPD certificate for the current appraisal year, along with your reflection summary. Alternatively you can attach a document/spreadsheet of your CPD activity for the year, ensuring that you include the number of credits per activity. The number of credits for the year still needs to be entered into the 'Credits' section on the appraisal form for clarity.

If this is your revalidation year and you are a member of a college you can attach your 5 year summary CPD certificate. Please ensure that this is recorded as a 5 year summary in the MAG form.

## **Section 8: Quality Improvement Activity**

This section is about encouraging us all to think about the quality of the services we provide, and work at – however good the quality might be - how we might make it even better. We would encourage you to produce and discuss at least two important measures of the quality of the service you work in.

Show supporting information demonstrating how the service you work in performs against those measures in comparison with appropriate peers. Show what involvement you have had in processes that monitor and seek to improve that quality, and - for your PDP for next year - note one thing that you will do to help make your service even better.

Please do not attach copies of minutes from meetings as these are not proof of quality improvement activity.

## Section 9: Significant Events

Please declare if you have been named in any Significant Incidents or Never Events since your last appraisal. You would know this if you had as you would have been copied into correspondence. What's required is a brief description of the incident / event, together with your reflections, which should be discussed with your appraiser. Is there anything that you would do differently if the same situation arose again? It is not appropriate to attach investigation reports etc to the MAG form.

## Section 10: Feedback from Colleagues and Patients

### Feedback from Colleagues

The GMC requirement is that 'a doctor will be expected to provide and discuss (this) at appraisal at least once in each five-year cycle'.

Our CUH requirement is that all doctors obtain 360-feedback to inform the last appraisal before their revalidation date. Please ensure that you initiate this process in good time as responses can take 4-6 weeks to accumulate. It is good practice to inform the colleagues you have nominated that they should be receiving a 'SurveyMonkey' request through CUH, inviting them to take part in colleague feedback – this increases your chances of getting this completed sooner rather than later.

Please make a note to request the results of your 360-feedback 4-6 weeks after submitting your nomination form. We require at least 12 responses before these can be released to you. These should be attached to the appraisal form along with your self-assessment and discussed with your appraiser.

Please do not cancel your appraisal meeting if your 360 feedback responses are not available, or expect to meet with your appraiser again to go over these: they will be accessed by the Responsible Officer separately, and you should attach them to your appraisal next year.

Of course if you wish to seek 360 feedback more often, you are more than welcome to for your further information/development.

The 360 nomination form is available at <http://connect2/article/8238/Colleague-and-Patient-Feedback>

You should always reflect (briefly) on any feedback that you receive i.e. Is this feedback what you expected? Are you pleased about anything in it? Are you disappointed with anything in it? Does it suggest anything that you might be able to do better? Have you learned anything from it? Will you do anything differently in the future?

### Feedback from Patients

The GMC requirement is that 'a doctor will be expected to provide and discuss (this) at appraisal at least once in each five-year cycle'. Ideally the minimum is 35 patients providing feedback over the 5 year cycle, but we are aware that this is not possible for every specialty. Our Trust requirement is that – when practically possible - patient feedback is needed to inform the last appraisal before the revalidation date, but you may request patient feedback at any other time if you wish to do so.

The GMC have been careful not to set clear expectations about patient feedback for the simple reason that some doctors don't see any patients, some doctors see patients who aren't able to give feedback, and doctors who see patients who could give feedback see them in varying numbers. All methods of

obtaining patient feedback have advantages and disadvantages, and any of them can provide information that can be fed into the appraisal process.

The Trust's patient feedback system will prove useful to some colleagues and not to others, and we haven't stated any target or minimum number of patients from whom feedback should be obtained. For more information on this system please visit <http://connect2/article/8238/Colleague-and-Patient-Feedback> where a user-guide is available. Many colleagues who copy their letters to patients routinely include a link that the patients can use to provide feedback.

Some departments have their own systems for obtaining patient feedback.

You are also welcome to direct patients to <https://www.iwantgreatcare.org/> if you wish to. Follow the instructions [bottom left of screen, 'About – For clinicians'] to create yourself an account. This takes about five minutes. 'Business cards' can be printed on ordinary paper and given to patients. All doctors on the GMC register are already listed on the website, and many CUH doctors already have patient feedback there, of which they may be unaware. Although this site is external, please rest assured it is moderated.

You should reflect (briefly) on any feedback that you receive (have you learned anything from it? Will you do anything differently in the future?).

## **Section 11: Review of Complaints and Compliments**

Please declare if you have been named in any complaints since your last appraisal, giving brief details without any patient/colleague identifiable data. You would know if you had been involved in any complaints as you would have been copied into correspondence regarding this. What's required is a brief description of the complaint, together with your reflections, which should be discussed with your appraiser. Is there anything that you would do differently if the same situation arose again? It is not appropriate to attach letters from PALS etc to the MAG form.

Please also add in details of compliments received, and expand without any patient/colleague identifiable data.

Attachments relating to complaints or compliments are generally not encouraged due to potential data protection issues, but if you wish to attach redacted documents as reference, you may do so using the table at the bottom of the section.

## **Section 12: Achievements, Challenges and Aspirations**

Please note any achievements and challenges over the last year, and also career aspirations for the year ahead.

This section can help with discussions during the appraisal meeting, and can be useful for self-reflection.

If you think it would be helpful, please think about discussing your personal and professional wellbeing with your appraiser:

- How has the Covid-19 pandemic impacted on you?
- How are you maintaining your health and wellbeing?
- Have you needed any support, and was any help you needed available?

## Section 13: Probity and Health Statements

Please note the requirement to log whether or not you have received any hospitality at <https://cuh.mydeclarations.co.uk/home> and append a screenshot section 14 of the appraisal form.

For the section "In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal" you will be contacted via email by medical staffing if you have something to declare, in which case 'I have something to declare' is to be selected and the details included. The email from medical staffing should be attached to the section.

Your appraiser will also be notified of the issue, which should be discussed at the appraisal meeting.

## Section 14: Additional Information

The question 'Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?' should be answered 'no' unless you have been contacted by medical staffing via email asking for you to declare in section 13 any suspensions, restrictions on practice, or being subject to an investigation of any kind since your last appraisal, in which case this should be answered 'yes'.

The appraisal form has been pre-populated for guidance with items for which supporting information must be included. If the three rows relating to section 4 and Good Clinical Practice do not relate to you then these can be deleted; once the supporting information location has been selected the minus symbol in a red box appears. Extra rows can be added by clicking the plus symbol in the green box.

**Be careful if you delete a row as this will delete immediately.**

All relevant forms are available on the MDs webpage via <http://connect2/CUHFTAppraisals> and for academics via <https://www.medschl.cam.ac.uk/human-resources/jobplanandappraisal/>

### Additional Information Checklist

The following must be attached: -

#### 1. DOT Training Record

A PDF can be exported from <https://learning.addenbrookes.nhs.uk> .

If you have resus booked for after your appraisal meeting, please make a note of the date this is booked for within the appropriate row, and add in the PDF to show completion status of other modules.

#### 2. Conflicts of Interest and Hospitality declaration

There should be a screenshot of your summary screen on the declarations website (even if you declare nil). Please visit <https://cuh.mydeclarations.co.uk> to do this.

If you have not previously registered then enter your email address and click on 'forgotten your password' and you will be sent one. Any technical issues should be reported to the Declarations office on 01223 256256 or [declarations@addenbrookes.nhs.uk](mailto:declarations@addenbrookes.nhs.uk)

Note:

Conflicts of Interest

- All fees for professional services, such as the provision of advice or other services to external (non CUH) organisations - e.g. commercial companies, educational or research organisations other than the University of Cambridge - should be declared.
- **If you are in doubt as to whether a declaration of Conflict of Interest is required, you should either declare it, or discuss with the MD's office.**

#### Hospitality

- You should be cautious with gifts over £50, which must be declared
- Hospitality of less than £25 does not need to be declared
- Hospitality of £25-50 must be declared, and if over £50 should be discussed with a senior colleague before acceptance.
- Gifts or hospitality should be declared within 28 days of receipt
- If you have received no hospitality please declare 'nil' at the time of completing your appraisal form
- Events sponsored by pharmaceutical companies should be declared.
- Hospitality declaration.

### 3. Education and Research form

You should ensure this is filled out and attached if you are a clinical/educational supervisor.

### 4. Management form

You should ensure this is filled out and attached if you have managerial responsibilities.

### 5. Academic appraisal summary

This must be attached if you are a clinical academic.

If this is your first year as a clinical academic and you have not had an academic appraisal before your NHS appraisal, please ensure that the summary of the academic appraisal is attached into section 14 within next year's MAG form. In the meantime ask your academic supervisor to provide you with a letter to confirm that they have no concerns about your probity or fitness to practise. This letter is then to be attached within section 14 instead.

### 6. Good Clinical Practice

This should be attached in if you are research active. If you need to organize this training please contact [sylvie.robinson@addenbrookes.nhs.uk](mailto:sylvie.robinson@addenbrookes.nhs.uk) If you have booked this, you can note in your appraisal form when this is booked for.

### 7. Immunisation record

This can be obtained by e-mailing [ohschelpline@addenbrookes.nhs.uk](mailto:ohschelpline@addenbrookes.nhs.uk)

NOTE: it is not mandatory to attach this into the appraisal form, but doctors may wish to demonstrate that they follow the guidance as per '[Good Medical Practice](#)'

## Section 15: Supporting Information

This section pre-populates with all documents you have attached throughout the form.

You can use this as an 'At a glance' screen to ensure you have attached all relevant information.

Here you can also see details of the size of each document, and the total.

Please bear in mind you cannot exceed 10MB in attachments.

## **Section 16: Review of GMC Good Medical Practice Domains**

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.

## **Section 17: Appraisal Checklist**

You may find it useful to use the checklist available on this page as a final step, to confirm that you have covered all the aspects that your appraiser will be looking for in order to sign off your appraisal. Just click on the plus sign in the greyed out row to open up the checklist.

You will need to tick the box to confirm your agreement.

## **Section 18: The Agreed Personal Development Plan**

You should agree at least two items with your appraiser. One should relate to a service objective (see section 8) and one to a personal objective.

Please note (1) objectives must be SMART (Specific, Measurable, Achievable, Relevant, Time bound)- they cannot depend on unrealistic provision of finance or time; (2) the nature of an appropriate PDP will vary widely between consultants, depending on their career stage and many other factors.

The correct format as an example:

1. Learning or development need:
2. Agreed action(s) or goal(s):
3. Timescale for completion:
4. How I intend to demonstrate success:

## **Section 19: Summary of the Appraisal Discussion**

This section is completed by the appraiser.

## **Section 20: Appraisal Outputs**

This section is mainly completed by the appraiser. There is a comment box where you can respond to the comments made by the appraiser within this section.

You will need to tick the 'Appraiser' box and complete the detail boxes.

## **Section 21: Completion – Save, Lockdown and Print**

### **Save**

After clicking 'final save of editable version' SAVE A COPY OF THE FORM ON YOUR PC. Please ensure that you have access to an editable version of your appraisal form.

## Lockdown

As the appraiser - please **do not** lock down the form - this is for the appraiser to do once he/she is satisfied with the contents of your appraisal form. He/she will then send the locked version back to you and [cuhdoctorsappraisals@addenbrookes.uk](mailto:cuhdoctorsappraisals@addenbrookes.uk) for safe-keeping.

If you change your Designated Body (DB) you will be contacted by your new DB requesting copies of your previous appraisals. This is to ensure that they can make a revalidation recommendation when the time comes. Remember revalidation is based on a 5 year cycle of appraisal.

The form will not lock down if any of the following information is missing. Please ensure that this information is entered so that the appraiser can lock down the form: -

Section	Detail
3	Applicant name
	GMC Number
	Contact address
	Contact telephone number
	Contact email address
	Designated Body
	Medical qualifications table (one row per qualification must be completed)
	Year of appraisal
	Due date of next revalidation proposal
	Name of appraiser
	17
20	Statement one
	Statement two
	Statement three
	Statement four
	Statement five
	Doctor – please tick here to confirm this
	Date of appraisal meeting

## Print

This section allows for various sections of your appraisal to be printed: -

- Whole form
- Sections 3 Personal details & 4 Scope of Work
- Section 18 The agreed personal development plan
- Appraisal Outputs Report: Sections: -
  - 3 Personal details
  - 4 Scope of Work
  - 18 The agreed personal development plan
  - 19 Summary of the appraisal discussion
  - 20 Appraisal Outputs

In preparation for your next appraisal it is advised that you extract the appraisal outputs report.

To extract the summary only: -

- Open the pdf
- Go to section 21.
- Select 'Print appraisal outputs report'
- Select 'Adobe PDF' in the printer name drop down
- Save the appraisal outputs report in whichever folder is convenient for you

Attach this summary into your MAG form

## Reflection

Reflection is identified by the GMC as a core component of professional practice that underpins safety and quality of patient care. Mindful of discussions about this in relation to the Dr Bawa- Garba case, considered in the High Court in January 2018, appraisees and appraisers should be careful that description of individual cases in appraisal documentation is anonymised, but they should participate fully and openly in discussion about learning that can be drawn from individual cases and quality improvement activity that can usefully result from such discussion.

[Interim guidance on reflective practice](#) has been published (March 2018) by the Academy of Medical Royal Colleges (the [interim guidance](#) can also be downloaded from the MDs webpage on [Connect 2](#)).

## Further Queries

Should you have any further queries about your appraisal please contact either: -

Marlena Judd – Appraisal & Revalidation Advisor

Ext. 596310 or [marlena.judd@addenbrookes.nhs.uk](mailto:marlena.judd@addenbrookes.nhs.uk)

Beverley Collins - Revalidation Manager

Ext. 257109 or [beverley.collins@addenbrookes.nhs.uk](mailto:beverley.collins@addenbrookes.nhs.uk)

Dr John Firth - Deputy Medical Director/Responsible Officer [john.firth@addenbrookes.nhs.uk](mailto:john.firth@addenbrookes.nhs.uk)