

**Human Resources Directorate  
Pay and Employment Unit**

To: **HSS Boards**  
Chief Executive  
Director of Public Health  
Director of Human Resources  
Director of Dental Services

**Circular HSS(TC8) 9/03**

**HSS Trusts**  
Chief Executive  
Director of Human Resources  
Director of Medical Services

Our Ref: BP 585/03

**Special Agencies**  
NI Council for Postgraduate Medical & Dental Education  
British Medical Association  
British Dental Association  
Faculty of Medicine & Health Sciences, QUB  
Central Services Agency

14 November 2003

Dear Colleague

**FURTHER GUIDANCE ON APPRAISAL FOR CONSULTANTS IN PUBLIC HEALTH  
MEDICINE**

**Summary**

1. An appraisal scheme for consultants was introduced under cover of Circular HSS(TC8) 11/01 in May 2001. That scheme and its documentation were a development of a set of principles agreed with the Central Consultants' and Specialists' Committee (CCSC) of the British Medical Association which was published in March 2001 (Circular HSS(TC8) 3/01).
2. Both the agreement in principle and the detailed documentation were designed in broad terms to be used by public health consultants.
3. Agreement has now been reached with the BMA on a national appraisal scheme specifically for all Consultants in Public Health Medicine. The guidance is attached at **Annex A**. The required documentation, based on similar arrangements for consultants, is at **Annex B**. The agreement applies to all Consultants in Public Health Medicine.



4. Appraisal for all non-consultant career grades (NCCGs) was launched on 7 February 2003 under cover of circular HSS(TC8) 1/03. Following agreement with the BMA, I am now writing to confirm that the guidance issued with the above circular should also include doctors in Community (Public Health) Medicine and the Community Health Service.
5. Therefore all Senior Community Health Officers and Community Health Officers should be appraised using the same guidance and timetable to that for Non-Consultant Career Grade doctors set out in HSS(TC8) 1/03. However, the headings of the document *Good Public Health Practice* (FPHM 2001) should be used when appraising CMOs and SCMOs, Associate Specialists and Staff Grades and their equivalents engaged in Public Health Medicine.
6. It is the Departmental policy and in accordance with clinical governance that all HPSS doctors should be appraised. Employers should, therefore, ensure that this appraisal process is completed as a contractual requirement by all Consultants in Public Health Medicine. It also includes any locum doctors who have been in post for more than two months-
7. Employers should now consider how they are going to implement appraisal within the scope of the national agreement. Training for those conducting and participating in appraisal is essential to support the extension of appraisal to these doctors.

#### **Action**

8. Employers should note:
  - the agreement below and consider how appraisal will be implemented;
  - that training and development for all staff involved is essential.

#### **Consistency of local schemes introduced before 1 April 2002**

9. Appraisal must follow a standardised format if it is to be applied consistently and satisfy the GMC's requirements for revalidation. The national appraisal documentation for Consultants in Public Health Medicine will, therefore, replace any existing local documentation.

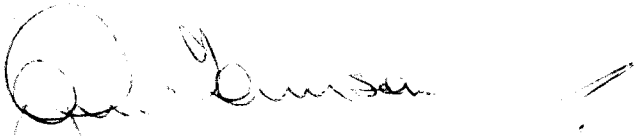
#### **Timing**

10. We expect employers to put in place arrangements which will ensure that all their Consultants in Public Health Medicine are appraised in the year beginning April 2003 and annually thereafter.
11. Chief Executives are accountable for ensuring HSS employing authorities comply with action set out in the circular, through the usual HSS performance management mechanisms.

## Enquiries

12. Employees should direct all enquiries to their employing authorities. Any enquiries that cannot be resolved locally should be directed to Pay & Employment Unit or by e-mail to [p&e@dhsspsni.gov.uk](mailto:p&e@dhsspsni.gov.uk).

Yours faithfully

A handwritten signature in black ink, appearing to read 'J.L. Townson', written over a faint circular stamp or watermark.

**J.L. TOWNSON**  
Deputy Director

## ANNEX A

### ***GUIDANCE ON APPRAISAL FOR CONSULTANTS IN PUBLIC HEALTH MEDICINE***

Appraisal became mandatory for all HPSS consultants from 1 April 2001 including all Directors of Public Health and other consultants in public health medicine. However, the guidance in Circular HSS(TC8) 11/01 refers mainly to consultants employed in HSS Trusts in the clinical specialties and some further guidance to support the implementation of the guidance for those working in public health medicine is therefore required.

Appraisal is a process of constructive dialogue to help consultants to reflect on their work and identify necessary development needs. It will also provide a structured system for recording progress towards the revalidation process for all doctors. For the purposes of GMC revalidation a consultant on the medical or dental register must undertake the appraisal. The doctor conducting the appraisal should therefore have appropriate training in the appraisal process. The attached documentation explains the position more fully and has been amended for use by Public Health consultants.

Where the appraisee is a consultant in public health medicine employed by a Health and Social Services Board, the appraisal should normally be conducted by the Director of Public Health (trained in the appraisal process). In the case of the Director of Public Health, the Chief Executive should seek a nominee from the Faculty of Public Health Medicine to undertake the appraisal of the Director of Public Health.

Where the appraisee is a consultant in public health medicine employed by a HSS Trust or special agency, and there is no obvious trained individual in that organisation, the Chief Executive of the employing body should approach the relevant Director of Public Health for advice on an appropriate appraiser. A further alternative is to make a similar approach to the Faculty of Public Health Medicine as described for Directors of Public Health Medicine. It is important to achieve a pattern of consistency during any revalidation cycle in regard to the designated appraiser.

## GUIDANCE ON APPRAISAL FOR PUBLIC HEALTH CONSULTANTS

### Introduction

This set of documents reflects Circular HSS(TC8) 3/01 and the generic documentation issued with Circular HSS(TC8) 11/01. It has been revised for public health consultants with the help of the BMA and the Faculty of Public Health Medicine (see the Faculty's *Good Public Health Practice*). Circular HSS(TC8) 3/01 said that:

"Appraisal must follow a standardised format if it is to be applied consistently and satisfy the GMC's requirements for revalidation. Standardised documentation will be issued in time for use as of April 2001. This documentation will support appraisal and will, in due course, be the vehicle for the delivery of the GMC's revalidation requirements. The use of standardised documentation will ensure that information from a variety of HPSS employers will be recorded and expressed consistently.

"Employers, in liaison with the Medical Staff Committee (or equivalent), Local Negotiating Committee and where appropriate the university should consider whether they wish to retain any existing appraisal scheme for continued use after 1 April 2001. They should consider whether the existing scheme complies with the requirements of the attached agreement, bearing in mind the following:

- if local schemes are retained they must be adapted to comply with the requirements of the national agreement or be replaced in full;
- where an existing scheme is retained, it will be necessary to adopt the standardised documentation;
- it will be necessary for the purposes of revalidation that the doctor's work be considered under the headings of the GMC's "Good Medical Practice" set out in paragraph 3 of the attached agreement, and for public health specialists to reflect 'Good Public Health Practice'.

"Exceptionally, where the LNC cannot reach agreement (*i.e. with employers*) on those local schemes departing from the national model, referral should be made to the NHS Executive for advice and guidance. Every attempt should be made to resolve local difficulties before referral is made. While there is scope, within the national agreement, for discretion over the operation of appraisal locally, we intend before April 2001 to issue standardised documentation as described above."

The principles espoused above apply equally to Public Health consultants (and specialists) and the standard documentation set out below has been amended only as far as is necessary to reflect the specific difference between the specialty of Public Health and other clinical specialties

## **Appraisal documentation**

This documentation is part of an overall process which will include training for appraisers and appraisees. Completing the documents is an important facet of appraisal, not least as it provides a written agreement and encourages consistency, but the dialogue between individuals and the exchange of views is equally important. It is not the intention to produce specialty-specific documentation for each individual specialty, although of course it is both likely and welcome that sets of evidence, data and information will come to be regarded as typical both for broad specialty groups and individual specialties.

Every consultant/specialist being appraised should prepare an *appraisal folder*. This is a systematically recorded set of all the documents: information, evidence and data that will help inform the appraisal process. Once the folder has been set up it can be updated as necessary. The documentation will allow access to the original documents in the folder in a structured way, record what the appraisal process concluded from them and, finally what action was agreed as the outcome following discussion.

The appraisal process will not of itself result in the generation of significant amounts of new evidence or information, rather it will capture the information that already exists. What goes into the folder will, for the most part, be available from clinical governance activity, the job planning process and other existing sources. One result of the appraisal process will be to identify areas where there are gaps to be filled or where perhaps data needs to be better collated or presented. This is likely to be more apparent in the early years after appraisal is launched.

Consultants/specialists will need to consider which documents they will need to collect for the appraisal process, in the light of this guidance. Documents issued prior to the publication of this guidance may no longer be accessible and may, therefore, not be available for the first appraisal under this scheme.

## **Preparing for appraisal**

Successful appraisal depends on both the parties giving their contribution some thought beforehand. Both parties should give themselves enough time to produce, exchange and consider any documents necessary for the appraisal - a few weeks rather than a few days in advance is best. Where, for whatever reason, a third party needs to contribute to an appraisal - or, indeed, where a special appraiser has to be called in - this should also be discussed and agreed well in advance.

We suggest that it would greatly help the process if both the appraiser and the appraisee thought through the following questions before the interview:

- how good a public health specialist am I?
- how well do I perform?
- how up to date am I?
- how well do I work in a team?

- what resources and support do I need?
- how well am I meeting my service objectives?
- what are my development needs?

It is very important that the discussion, a vital component of appraisal, is planned in diaries well ahead and protected. Ad hoc arrangements will fail the appraisee and the appraiser.

Essentially, the timing, location and people involved in the appraisal need to be discussed and confirmed about a month beforehand.

Circular HSS(TC8) 3/01, paragraph 13, explains that “To be successful, the appraisal scheme must be introduced with an appropriate level of support to appraisers and appraisees. Adequate time should be allocated for the preparation...”. It is essential, therefore, that adequate time is allocated for preparation, both for the appraiser and the appraisee. Employers must recognise that preparation time and time for carrying out the appraisal are instead of, rather than additional to the consultant’s/specialist’s existing duties and workload, and therefore should take place during usual working hours. In order to prepare for appraisals individuals should be explicitly released from other duties for a specified period of time. In the first year of the scheme it must be recognised that appraisees will require further time for work involved in setting up their appraisal folders.

### **Using the documentation**

The Chief Executive has overall accountability for ensuring appraisal takes place and will receive copies of the forms *summarising* the outcome of the appraisal. This means that Appraisal **Forms 1-4** only will be forwarded to the Chief Executive.

### **Job planning and comparative data**

The introduction of an appraisal scheme for consultants is linked closely with job planning arrangements (or in Public Health, the arrangements for setting objectives). The appraisal process and the interview provide an important opportunity to draw together information and data from which the job plan and a work programme are shaped. The documentation here - **Form 5** - provides for a record of the basic information underpinning discussion of the job plan - including any pertinent internal and external comparative information - so that it can be used as a cross-reference between this and the other parts of the appraisal process.

### **Should concerns arise during appraisal**

Both the appraiser and the appraisee need to recognise that as registered medical or dental practitioners they must protect patients when they believe that a colleague's health, conduct or performance is a threat to patients (*GMC Good Medical Practice paragraph 23; GDC Maintaining Standards*)

*paragraph 2.4, and Good Public Health Practice*). If, as a result of the appraisal process the appraiser believes that the activities of the appraisee are such as to put individuals or communities at risk, the appraisal process should be stopped and action taken. If the situation is then remedied the appraisal process can continue. Nothing in the operation of the appraisal process can over-ride the basic professional obligation to protect patients.

We provide at appropriate points on **Forms 4 and 6** space for public health consultants to comment on and record action against any other headings of *Good Public Health Practice* not covered elsewhere.

## **GMC Revalidation**

The documentation has been prepared in the light of proposals by the GMC to introduce revalidation for all doctors.

Briefly, the GMC's proposals call for a five-yearly demonstration of all doctors' fitness to practise. Under the scheme currently being proposed, this will be based on information and evidence to be seen by GMC panels. As far as is possible, we have designed the documentation to allow the information and evidence gathering processes of appraisal and the summaries of outcomes to fulfill the requirements of revalidation as soon as it is introduced. This means that doctors will be able to produce the evidence they need for revalidation as part of a seamless process which avoids complexity and duplication. For example, **Forms 1-4** should be able to provide the evidence required for revalidation.

While there is a clear connection between revalidation and appraisal there are also differences. In general, revalidation concerns itself with a standard measured against the framework of the GMC's guidance *Good Medical Practice* while appraisal takes, in addition to this, a broader look at a doctor's work and service delivery. For Public Health practice this needs to be interpreted in the light of *Good Public Health Practice*.

It is UK Health Departments' policy to support the GMC's plans to introduce revalidation and to make sure that the practical arrangements are as simple and straightforward to operate as possible. Further guidance will be issued by the GMC on revalidation before its scheme is introduced.

**Public Health Physicians**

**APPRAISAL FOLDER**

**FORM 1 - BACKGROUND DETAILS**

The aim of this form is to provide:

- the basic background information to identify you individually
- brief details of your career and professional status
- the opportunity for you to supplement this with other information you think is helpful. You can provide at **1ii** any other personal details that help describe your current practice. For example, membership of medical and specialist societies.

**i. Personal Details**

Name

Registered address (and contact address if different)

Main employer

Other employers/places of work

Date of primary medical or dental qualification (in the UK or elsewhere). GMC/GDC Registration (Type of registration currently held, registration number and date of first full registration)

*Starting date of first appointment as a substantive consultant in the HPSS, including honorary appointment (pre 1997 please also give specialty; 1997 and after, please also give date of specialist registration, and specialties in which registered)*

Date of appointment to post currently held, if different

Title of post currently held (for example, consultant in public health medicine with a special interest in .....)

Date and country of grant of any specialist registration/qualification outside the UK and specialty in which you were registered

Any other specialties or sub-specialties in which you are registered

Has your registration been called into question since your last appraisal? *(If this is the first appraisal, is your registration currently under question?)*

Date of last revalidation (if applicable)

List all the posts in which you have been employed (including honorary and part-time posts) in the HPSS and elsewhere in the past five years.

**ii. Other relevant personal details**

## **FORM 2 - DETAILS OF YOUR CURRENT PUBLIC HEALTH ACTIVITIES, INCLUDING CLINICAL PRACTICE**

The aim of this form is to provide you with an opportunity to describe your post(s) in the HPSS, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held, or held in the past year. You should explain what you do and where you practice.

Your descriptions should cover your practice at all locations since your last appraisal. You may wish to comment on the environment in which you practice, including:

- factors which you believe affect the promotion and protection of good health and provision of good health care, including your views (supported by information and evidence) on the resources available;
- action taken by you to address any obstacles to promoting and protecting good health the provision of good health care.

*You should keep a copy of your job plan in this section of your folder*

Please provide:

1. A short description of your work in your specialty and your actual practice. What different types of activity do you undertake?
2. Sub-specialist skills and commitments
3. Details of emergency, on-call and out-of-hours responsibilities
4. Details of any other work including non-HPSS practice
5. Details of work that you d undertake as a consultant, for example, teaching/academic work, management activities, research, examining
6. Work for regional, national or international organisations
7. Other professional activities

## **FORM 3 - RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL AND REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR**

The aim of this form is to record the background evidence and information that will help to inform your appraisal discussions. You should list at **3i** the documents in your appraisal folder, these provide evidence in the terms set out in the FPHM's Good Public Health Practice. You should at **3ii** set out your personal development activity for the past year, this will provide a baseline for discussion of future needs.

You should do this for all fields of practice within which you work for the NPSS. If you have management or research responsibilities or if you work in more than one specialty then you will need to include information - under the headings of *Good Medical Practice* - for each field.

You should include relevant information and evidence from your practice outside the HPSS; this should cover activities relevant to your HPSS role, to help give an overall picture of you and your development needs.

### **RECORD OF REFERENCE DOCUMENTATION**

#### **GOOD PUBLIC HEALTH PRACTICE**

##### **1. Good Public Health Practice**

**This will be defined with reference to the ten key areas of Good Public Health Practice [FPHM (2001 Good Public Health Practice)]**

Examples of documentation which may be appropriate:

- current objectives (*this will be kept behind Form 2 in your folder*).
- annual work programme.
- workload/caseload
- up to date audit data including information on audit methodology if available.
- record of how results of audit have resulted in changes to practice (if applicable).
- evidence of any resource shortfalls that may have compromised outcomes.
- evidence of how any in-service educational activity may have affected service delivery.
- records of outcome of any investigated formal complaints in which the investigation has been completed in the past twelve months, or since your last appraisal.

- a description of how the outcome of any complaints has resulted in changes to practice.
- outcome of external reviews (peer and otherwise).
- a description of any issues arising in relation to adherence to employer clinical governance policies.
- record of how relevant good practice guidelines are reviewed by the appraisee and his/her team and how these have affected practice.
- records of any relevant critical incident reports.
- any other routine indicators of the standards of your care which *you yourself* use.

*List below each document, in the order they appear in your folder*

- 1.
- 2.
- 3.
- 4.
- 5.etc

## 2. Maintaining good public health practice

The purpose of this section is to record CPD/CME activities undertaken since the last appraisal. Any difficulties in attending CPD/CME activities should be recorded, with reasons.

Examples of documentation which may be appropriate (*if available*):

- examples of participation in appropriate Continuing Professional Development, this might include individual development activity, locally based development and participation in Faculty of Public Health Medicine activities. List all CPD courses attended, and points awarded for each attendance.

*List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary*

- 1.
- 2.
- 3.
- 4.
- 5.etc

### 3. Working relationships with colleagues

The purpose of this section is to reflect on your relationships with your colleagues. Examples of documentation which may be appropriate:

- a description of the setting within which you work and the team structure within which you practice.
- any other documentary evidence that may be available (such as records of any formal peer reviews or discussions) should be included here, otherwise a record of the discussion and any other action agreed should form part of the summary in **Form 4**.

*List below each document, in the order they appear in your folder*

- 1.
- 2.
- 3.
- 4.
- 5.etc

#### **4. Relationships with patients/the public**

The purpose of this section is to reflect on your relationships with your patients/the public.

Examples of documentation that may be appropriate:

- any examples of good practice or concern in your relationships with individuals/the public.
- a description of your approach to handling informed consent.

This might include validated patient surveys, your assessment of any changes in your practice as a result of any investigated complaint, compliments from individuals, the public, other agencies and peer review/surveys.

*List below each document, in the order they appear in your folder*

- 1.
- 2.
- 3.
- 4.
- 5.etc

## 5. Teaching and training

The purpose of this section is to reflect on your teaching and training activities since your last appraisal. Any difficulties in arranging cover for your clinical/professional work whilst undertaking teaching and training (including educational activities for the HPSS generally) should be recorded.

Examples of documentation that may be appropriate:

- A summary of formal teaching/lecturing activities, supervision/mentoring duties, any recorded feedback from those taught.

*List below each document, in the order they appear in your folder*

- 1.
- 2.
- 3.
- 4.
- 5.etc

**6. Probity**

**7. Health**

You should note here any concerns raised or problems encountered during the year on either of these issues and include any records.

*List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary* **Probity**

- 1.
- 2.
- 3.
- 4.
- 5.etc

**Health**

- 1.
- 2.
- 3.
- 4.
5. etc

## MANAGEMENT ACTIVITY

Examples of documentation that may be appropriate:

- information about your formal management commitments, records of any noteworthy achievements and any recorded feedback if available.

You will already have covered much or all of your management activity in earlier sections of **Form 3**. This section provides an opportunity to add any further information, including any difficulties in arranging cover for your clinical/professional work whilst undertaking management activity (including activities for the HPSS regionally and nationally). To avoid duplication you should cross-reference here any documentation listed earlier which refer to your management activity.

*List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary*

- 1.
- 2.
- 3.
- 4.
- 5.etc

see also documents... .. above.

## RESEARCH

Examples of documentation that may be appropriate:

- evidence of formal research commitments.
- record of any research ongoing or completed in the previous year.
- record of funding arrangements for research.
- record of noteworthy achievements.
- confirmation that appropriate ethical approval has been secured for all research undertaken.

You will already have covered much or all of your research activity earlier on **Form 3**. To avoid duplication you should cross-reference here any documents already listed that refer to your research activity.

*List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary*

- 1.
- 2.
- 3.
- 4.
- 5.etc

see also documents... .. above.

## **REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR**

You should summarise here the development action agreed at the last appraisal (or at any interim meeting) or include your personal development plan. This will facilitate discussion on progress towards development goals. You should record where it is agreed that goals have been achieved or where further action is required. It is assumed that where a development need has not been met in full it will remain a need and will either be reflected in the coming year's plan or have resulted in other action.

### **SIGN OFF**

We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee's position with regard to development action in the course of the past year.

Signed:

Date:

**Appraisee**

Signed:

Date:

**Appraiser**

## **FORM 4 - SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN**

The aim of this section is to provide an agreed summary of the appraisal discussion based on the documents listed on **Form 3** and a description of the action agreed in the course of the appraisal, including those forming the personal development plan.

This form should be completed by the appraiser and agreed by the appraisee. Under each heading the appraiser should explain which of the documents listed in **Form 3** informed this part of the discussion, the conclusion reached and say what if any action has been agreed.

### **SUMMARY OF APPRAISAL DISCUSSION**

#### **1. Good public health practice**

Commentary:

Action agreed:

#### **2. Maintaining public health practice**

Commentary:

Action agreed:

#### **3. Working relationships with colleagues**

Commentary:

Action agreed:

#### **4. Relations with individuals and communities**

Commentary:

Action agreed:

## **5. Teaching and training**

Commentary:  
Action agreed:

## **6. Probity**

Commentary:  
Action agreed:

## **7. Health**

Commentary:  
Action agreed:

## **8. Any other points**

Commentary:  
Action agreed:

## **PERSONAL DEVELOPMENT PLAN**

In this section the appraiser and appraisee should identify key development objectives for the year ahead, which will relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met on the template provided here.

Public Health physicians approaching retirement age may well wish to consider their retirement intentions and actions that could be taken to retain their contribution to the HPSS.

The important areas to cover are:

- action to maintain skills and the level of service to patients/the public.
- action to develop or acquire new skills.
- action to change or improve existing practice.

## PERSONAL DEVELOPMENT TEMPLATE

*This should be used to inform discussion on development provided for on Form 4. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.*

|                         | <b>What development needs have I? How will I address them?</b>             | <b>Date by which I plan to achieve the development goal</b>                    | <b>Outcome</b>  | <b>Completed</b>   |
|-------------------------|--|--|---|--|
| <i>Explain the need</i> | <i>Explain how you will take action, and what resources you will need.</i> | <i>The date agreed with your appraiser for achieving the development goal.</i> | <i>How will your practice change as a result of the development activity?</i> | <i>Agreement from your appraiser that the development need has been met.</i> |

1.

2.

3.

4. etc

### SIGN OFF

We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Appraiser:

GMC/GDC Number:

Date:

Appraisee:

Date:

**Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so.**

## FORM 5 - PERSONAL AND ORGANISATIONAL EFFECTIVENESS

The aim of this form is to describe your effectiveness on a personal level and within the HPSS organisation where you work, with a view to informing job plan review. For example:

- the contribution you make to the development of services.
- the delivery of service outcomes.
- your identification of the resources needed to improve personal effectiveness.

The appraiser should prepare workload summary with the appraisee.

Examples of documentation that may be appropriate:

- agreed service-related objectives and work programme (if not included elsewhere).
- relevant comparative performance data.
- any advice from the appropriate royal college, faculty or specialty association on workload or productivity.
- nationally or locally agreed comparators or performance standards.
- current available waiting list data.
- any local policies, goals or service standards which influence or affect performance.
- a note of any difficulties you may have had in obtaining your entitlements to annual leave, leave in lieu of bank holidays worked and free time when not on leave and appropriate staff to cover such absences.
- a note of any changes in the job plan proposed either by the appraisee or the appraiser (but other changes may, of course, emerge during the discussion)

*Documents listed here may be introduced into the discussion by either the appraisee or the appraiser.*

*List documents here*

- 1.
- 2.
- 3.
- 4.
- 5.etc

The appraiser should record any points of agreement or concern not covered elsewhere, for example, specific to service objectives and any other agreed action not included in the personal development plan.

Signed:

Date:

**Appraiser**

Signed:

Date:

**Appraisee**

## **FORM 6 - DETAILED CONFIDENTIAL ACCOUNT OF APPRAISAL INTERVIEW**

Aim - to provide the opportunity, *if required*, to record a fuller, more detailed account of the appraisal discussion than is recorded on **Form 4** and which both parties feel may inform or help the next appraisal round.

**This form is confidential and is not intended to form part of the documentation going to the Chief Executive (see Introduction). However, as is made clear in the Introduction there is a duty to pass on any serious concerns arising during appraisal that could affect patient care.**

You should exercise great caution in commenting on third parties. Any comments you make about third parties should be supported by firm evidence. You should not use this form to record concerns about the performance of colleagues for which action should be taken under a separate procedure, for example, GMC fitness to practise procedures (see Introduction, "Should concerns arise during appraisal").

*Completion of this form is not obligatory.*

### **1. Good medical care**

### **2. Maintaining good medical practice**

### **3. Working relationships with colleagues**

### **4. Relations with patients/public**

**5. Teaching and training**

**6. Probity**

**7. Health**

**8. Any other points**

Signed:

**Appraiser**

Date:

Signed:

**Appraisee**

Date: