NHS England

NHS England
South Yorkshire & Bassetlaw

Medical Appraisal & Revalidation

FAQs for Appraisers & Doctors

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Q1. Where can I access general information about revalidation for licensed doctors?

The following web links provide some invaluable information for both doctors and their appraisers:

http://www.gmc-uk.org/doctors/revalidation.asp
http://www.revalidationsupport.nhs.uk/index.php
http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation/
http://www.sheffield.nhs.uk/gpappraisal/indexnew.php

Q2. Who is the South Yorkshire & Bassetlaw area team Responsible Officer?

The RO for the area team is David Black.

Responsible officers are linked to individual doctors within a designated geographical footprint, where doctors have a formal connection (or 'prescribed connection') to this organisation. This organisation is called the 'designated body' and provides the doctor with a regular appraisal and support with revalidation.

Q3. Can a doctor choose their appraiser?

Yes. NHS England (South Yorkshire & Bassetlaw) has approximately 100 appraisers to support the process. A doctor may choose any appraiser in the apprasier pool and must contact the appraiser directly to arrange a suitable date and time two months prior to the actual appraisal due date. Please contact the SYB Revalidation Team via england.sybappraisal@nhs.net for a list of appraisers.

Appraisers may limit their availability depending on how far they are prepared to travel.

A doctor cannot choose an appraiser who:

- they are in partnership with; or
- they have a close personal or family relationship with; or
- has already carried out their appraisal for 3 consecutive years in the same revalidation cycle; or
- may appear biased or indicate a conflict of interest

Q4. How can the area team's Revalidation Team be contacted?

The area team is NHS England (South Yorkshire and Bassetlaw). Within this is the Revalidation Team, they can be contacted by:

Email: England.sybappraisal@nhs.net
Phone: 01709 428 730
Post: Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY
Click here to view the Medical Directorate organisational chart.

Q5. If a doctor is currently suspended, can they go ahead with their appraisal?

Yes, however this is voluntary, if the doctor would like to have their appraisal it should go ahead. In particular, this may be an opportunity for the appraiser to review and encourage the doctor's upkeep of professional self development throughout the period of suspension.

Q6. If a doctor is currently on Maternity/Paternity Leave, can they go ahead with their appraisal?

Doctors may request a voluntary postponement of an appraisal due to:

- Breaks in practice due to sickness or maternity leave
- Breaks in practice due to absence abroad or sabbaticals
- Delay of an appraisal beyond the last day of their appraisal month due to unforeseen personal or work related issues

As a general rule it is advised that doctors having a career break:

- In excess of 6 months - should aim to be appraised within 6 months of returning to work.

- Less than 6 months - should aim to be appraised at their usual date, and no more than 18 months after the previous appraisal.

If the length of time the doctor is away from practice would mean they were unable to provide enough supporting information for them to be revalidated, their revalidation date can be deferred.

Pre-appraisal

Q7. What happens if an appraiser does not receive the pre-appraisal documentation by the agreed date?

Pre-appraisal information should be submitted electronically, preferably using the MAG appraisal form, 14 days prior to the agreed appraisal date or an alternative suitable date agreed between doctor and appraiser. Where a doctor is not able to meet the deadline they should contact the appraiser to

negotiate a later date. The appraiser can postpone the appraisal where they feel more time is required to prepare or they can choose to go ahead with the appraisal if they feel they have sufficient time to prepare.

Q8. What happens if the appraisal is delayed beyond the set appraisal month?

The appraiser must notify the area team's Revalidation Team to acknowledge the circumstances and advise of the new date. The delay will NOT carry over into the next appraisal year; the appraisal month will remain the same as it was originally. For example in the case of a 3 month delay, the doctor will need to complete a subsequent appraisal after a nine month gap.

Q9. What happens if all or part of the Supporting Information is missing from pre-appraisal documentation?

The appraiser should postpone the appraisal until all the relevant and required information has been submitted from the doctor in an electronic, compliant format. If the doctor does not have copies of the previous year's Appraisal Summary and PDP for example, the doctor (not the appraiser) should contact the area team's Revalidation Team who may be able to provide a copy of the previous year's documentation.

The minimum Supporting Information needed by the appraiser:

- Last year's Appraisal Summary and PDP
- This year's Appraisal Forms (submitted electronically)
- Health and Probity statement signed (these statements are contained within the form)
- CPD log with some evidence of reflection
- Reflection on Significant Untoward Incidents (SUIs) and Complaints, or statement of none

The following are required as a minimum once per revalidation cycle:

- Evidence of a Quality Improvement activity (i.e. Clinical audit cycle or a service change in response to a significant event. See also Q17)
- Colleague and Patient multi-sourced feedback, including the doctor's reflection on feedback

Q10. Can an appraisal still go ahead if pre-appraisal documentation does not include sufficient reflection?

The aim of CPD is to improve the quality of a doctor's practice. The range of experience recorded and reflected upon should reflect the doctor's working practice.

Doctors vary in their ability to both record CPD and also their ability to record their reflections about its impact for their practice. Appraisers may wish to postpone the appraisal to give the doctor time to evidence their reflection. Appraisers may also choose to go ahead with the appraisal in order to discuss the merits of reflection during the interview. It is not uncommon to identify episodes of reflection verbally during the appraisal with the view to formally recording this during or after the appraisal. In this case the doctor would be expected to provide evidence of appropriate reflection pre-appraisal for future years.

Q11. Can a doctor choose an appraiser who they have had a close personal relationship with given that the partnership was some time ago?

A doctor cannot choose an appraiser who:

- they are in partnership with; or
- they have a close personal or family relationship with; or
- has already carried out their appraisal for 3 consecutive years in the same revalidation cycle; or
- may appear biased or indicate a conflict of interest

Given this, it is at the discretion of the doctor and appraiser to decide if there is any genuine conflict of interest or bias when considering whether to go ahead. If there are any doubts on objectivity by either party then an alternative appraiser is required.

Instances where conflict of interest or appearance of bias between a doctor and appraiser are for example:

- Personal or family relationship;
- Close business or financial interests (including being a partner in the same general practice);
- Inverted line management relationship (for example where the doctor is the clinical director/responsible officer/employer to the appraiser in the doctors main role or in any other place of work;
- Line management relationship (for example a doctor's employer or responsible officer should not act as their appraiser).

Appraisal information

Q12. What defines 'satisfactory reflection' following CPD activities, in order to meet revalidation and appraisal approval?

Reflection is how a doctor might consider the supporting information which they have provided and come to some conclusions about what this says about their practice. Part of the process is about using this consideration to plan, develop or modify their practice, view or behaviour as a result. Reflection is

therefore the sum of personal thought which leads to positive action and development.

Doctors may find that reflection is helped by using a reflective template. An example of one such template is available by clicking on the following link reflection template.

Q13. What is the revalidation process and what kind of information or evidence will a doctor need to provide to be successfully revalidated in the first year?

The revalidation cycle is made up of 5 annual medical appraisals. At the point of revalidation, the doctor will need to:

- be participating in an annual appraisal process which has Good Medical Practice as its focus and which covers all of their medical practice
- have completed at least one appraisal, with Good Medical Practice as its focus, which has been signed off by the doctor and their appraiser
- have demonstrated, through appraisal, that they have collected and reflected on the information as outlined in the GMC's guidance 'Supporting Information for appraisal and revalidation'

Licensed doctors will need to bring a portfolio of supporting information to their appraisal which shows how they are meeting the professional values set out in Good Medical Practice. Appraisers will be interested in what doctors think the supporting information says about their practice (reflection) and how they plan to develop or modify their practice as a result (action).

GMC guidance gives more information on the six types of supporting information doctors need to collect and how often they should collect it. Employers should ensure they have clinical governance systems and other types of support in place that can provide doctors with the information they need.

There are six types of supporting information that doctors will be expected to provide and discuss at their appraisal:

1. Continuing professional development (Annual Compliance)
2. Quality improvement activity (Annual Compliance)
3. Significant events (Annual Compliance)
4. Feedback from colleagues (1 in 5 year revalidation cycle)
5. Feedback from patients (1 in 5 year revalidation cycle)
6. Review of complaints and compliments (1 in 5 year revalidation cycle)

The GMC has published a detailed guide covering SI. For more information: http://www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf

Continuing professional development

Q14. How many CPD credits need to be accrued during an appraisal year?

Continuing Professional Development is a learning process which enables doctors to maintain and improve their performance across all areas of their practice through the development of knowledge, skills, attitudes and behaviours. It covers all learning activities, both formal and informal, by which doctors keep up to date.

The GMC has outlined requirements for doctors in its guidance 'Supporting Information for Appraisal and Revalidation'. It recommends that doctors in specialist practice should consult the supporting information guidance provided by their college or faculty. The GMC has not stipulated the number of hours needed per year, but does indicate that doctors should follow the guidance set out by their individual Colleges. Best practice suggests doctors should aim to provide 50 credits of CPD per year. The value of the credits provided should be agreed between the appraiser and the doctor as part of the appraisal process.

The RCGP provides a very useful guide as to what a 'credit' is (please see link below). Essentially one hour spent studying/participating in a learning activity is equivalent to 'one credit'.

A doctor could double this credit where they are able to demonstrate the CPD has had an impact on their practice. For example, a doctor reads that a medical condition should have an annual blood test. They know this is not routinely done in their workplace. The doctor as a result searches for all patients with this condition, arranges the test to be complete and arranges an annual recall.

Summary of CPD credits:

- 50 credits is suggested per year
- a broad range of CPD relevant to the doctor's practice should be covered in 250 credits over 5 years
- the range of experience should reflect the doctors working practice
- credits should be self-assessed through a process of reflection and verified at appraisal

(Please also refer to Q14 regarding recording CPD).

Further details can be found at:
http://www.rcgp.org.uk/revalidation-and-cpd/cpd-credits-and-appraisal.aspx

One example of a reflection template is available by clicking on the following link reflection template.

Q15. How should credits and CPD history be documented?

Individuals should document their CPD in a way that is most useful for them. The appraiser will need to see evidence that the doctor is participating in CPD activities and that these activities cover the full spectrum of the doctor's role. Doctors do not have to comment / reflect on every single activity; instead they should choose a selection where they feel the experience was valuable.

The CPD log should demonstrate the type of CPD activity highlighting key reflections and changes in practice, indicating the time spent on each. Revalidation requires the doctor to be actively participating in CPD that enables them to maintain and improve their practice.

The appraiser should be looking for the doctor's detailed reflection of the experience and how they will endorse this in general day to day practice, and where appropriate put changes in place, giving real examples.

Please see Q13 for information in how much CPD is required.

A blank CPD template can be downloaded and saved from:
Blank CPD Template

Q16. During the appraisal, how many PDP objectives should be set?

There are no set rules however best practice recommends that between 3-5 objectives are set in order to be fair and realistic. The PDP should cover the whole scope of a doctor's practice.

Appraisal objectives should be set using SMART methodology – Specific, Measurable, Attainable, Realistic and Timely.

Collecting 50 CPD credits is not an acceptable PDP item.

Quality improvement

Q17. What type of activities can a doctor carry out to demonstrate satisfactory quality improvement in practice?

Doctors should aim to carry out or contribute towards one major piece of quality improvement activity each revalidation cycle, for example a full audit cycle. It is good practice to also carry out a QI activity annually, for example case reviews alongside Significant Event Analyses.

A blank SEA template can be downloaded and saved from:
Blank SEA Template

For more information please read the GMC guidance of supporting information:
http://www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf

Significant events

Q18. What are Significant Events and how are they relevant to appraisal?

In the context of this document, the term 'Significant Event' refers to critical or serious untoward incidents (SUIs) in a secondary care setting. The GMC definition refers to SUIs as being incidents where an external review takes place.

In general practice the term 'Significant Event Auditing' (SEAs) is used to describe case reviews as described in Q16. SEAs are used to illustrate events that may not have had a serious outcome but highlight issues which could be handled with greater clinical effectiveness and patient safety, and from which lessons can be learnt.

Doctors will need to show reflection and learning from SUIs and SEAs during their appraisal. Information should be provided to the appraiser prior to the appraisal as part of pre-appraisal documentation.

Q19. What are Serious Incidents and Serious Events? What guidance is there on how a practice should oversee these, and how should they be reflected on in preparation for an appraisal?

It is good practice to record and report all significant incidents (SUIs) where harm has, or could have, come to patients. Where it is possible, these events should be discussed as a team and consideration should be made as to any potential changes which might prevent recurrence.

It is recognised that some serious incidents lead to changes that benefit and protect patients. It would be useful to disseminate examples of good practice/innovative ideas. The mechanism by which to do this has not yet been determined.

Further guidance will be provided by the area team in due course.

Multi-sourced feedback

Q20. Can a doctor choose to use any patient and colleague feedback toolkit or resource?

For the first year of revalidation (2013-14) the GMC has agreed some flexibility to allow doctors to use surveys conducted in previous years, even where these don't comply with current guidance.
Evidence of feedback from patients and colleagues must have been undertaken not earlier than five years prior to the first revalidation recommendation and be relevant to the doctor's current scope of practice. Feedback from patients and colleagues that does not fully meet the criteria set by the GMC may also be included but must have been:

- Focused on the doctor, their practice and the quality of care delivered to patients
- Gathered in a way that promotes objectivity and maintains confidentiality

However, please note that although some flexibility has been agreed, GMC guidance expects that any questionnaire will be administered independently of the doctor and the appraiser, and that the doctor, the appraiser or the responsible officer must not be involved in the collation of the results.

Please find below a list of providers where a discounted price has been agreed through the area team for patient and colleague feedback resources.

This is for guidance and information only, the area team does not recommend any provider over another:

CFEP UK Surveys Ltd 360 £79.00 + Vat
Edgecumbe Group £59.00 + Vat
Clarity Informatics offered for £35 + VAT when used after subscription to the toolkit (£50.00) + VAT
For more information Download Clarity information here unfortunately we are unable to support the toolkit
Equinti 360 £ 94.05 + Vat
For more information Download Equinti information here

For appraisals undertaken from 1st April 2014 (Year 2 onwards) revalidation ready multi-sourced feedback will be mandatory.

Q21. Which types of questionnaires can be used?

Doctors, employers and Responsible Officers should use the questionnaires they decide are most suitable for their circumstances.

The GMC questionnaires are generic and can be used by any doctor, in any specialty. Furthermore, the Royal College of General Practitioners commissioned research on a number of questionnaires currently available in the UK. The research concluded that the GMC colleague and patient questionnaires are 'fit for purpose' for revalidation. However, there are

alternatives available. GMC guidance expects that any questionnaire will be administered independently of the doctor and the appraiser

Q22. Are doctors required to use only those questionnaires approved by the GMC?

No, you can use other questionnaires, or develop your own questionnaires. The GMC has not approved any specific questionnaires for use in revalidation. Doctors, employers and Responsible Officers should use the questionnaires they decide are most suitable for their circumstances.

However, doctors must ensure that whatever questionnaires they use comply with the GMC's guidance on developing and administering questionnaires for the purposes of revalidation.

In summary, the GMC expects that any questionnaires used as Supporting Information for the purposes of revalidation should:

- Reflect the values and principles in the GMC's core guidance Good Medical Practice
- Be designed in a way that is consistent with the principles of good questionnaire design
- Have been piloted to demonstrate that they are effective for the purpose of revalidation

Please find below a list of providers where a discounted price has been agreed through the area team for patient and colleague feedback resources.

This is for guidance and information only, the area team does not recommend any provider over another:

CFEP UK Surveys Ltd 360 £79.00 + Vat
Edgecumbe Group £59.00 + Vat
Clarity Informatics offered for £35 + VAT when used after subscription to the toolkit (£50.00) + VAT
For more information Download Clarity information here unfortunately we are unable to support the toolkit
Equinti 360 £ 94.05 + Vat
For more information Download Equinti information here

Q23. What happens if a doctor is out of practice for a period of time and cannot collect feedback?

Many doctors will take career breaks or consecutive periods of leave during their careers. Similarly, some doctors will return to work after a significant period of absence.

In these situations, the doctor might want to discuss with the appraiser or employer an appropriate timeframe to collect feedback from colleagues and patients, once they have settled back into work. Patient and colleague feedback are only required once in a 5 year revalidation cycle.

If a doctor is out of practice for a significant period of time, the Responsible Officer can ask the GMC to postpone the revalidation date to give more time to collect colleague and patient feedback, and other information.

Q24. Will negative feedback affect a doctor's revalidation?

The purpose of colleague and patient feedback is to provide information about a doctor's practice through the eyes of those they work with and treat. It is intended to encourage professional development. Both negative and positive feedback is equally valuable in this process, so long as the doctor uses the information to reflect on how they can improve. Colleague and patient feedback is one of a number of information sources used to support reflection on practice. It should not be used as a judgmental tool in isolation.

Doctor's should use the feedback to reflect and in particular to:

- highlight areas of good performance
- identify areas that may require further development, and
- inform choices for continuing professional development

Any conclusions about a doctor's practice should take into account all of the supporting information they bring to appraisal and the wider practice context. No single piece of supporting information should be considered in isolation.

However, where any serious concerns are raised they should be dealt with in the usual way through investigation and action where appropriate.

Q25. How should a doctor deal with colleagues or patients where they suspect they are providing unfair or biased feedback?

The GMC have provided guidance about the key principles and considerations that need to be taken into account when developing, implementing and administering questionnaires.

In particular the GMC questionnaires have been subject to detailed research which has enabled them to identify particular biases and limitations. If a doctor does not use the GMC questionnaires, they should request biases and limitations information from the provider of the questionnaires.

Where doctors suspect colleagues are deliberately giving unfair feedback they should inform the appraiser or employer. Good Medical Practice requires all doctors to have respect for their colleagues

Q26. How many questionnaires should be circulated to be considered sufficient scope for feedback?

The more responses the better, as this will provide a more reliable view of practice and performance. If a doctor is using the GMC questionnaire, the questionnaires should be distributed to 45 consecutive patients and to 20 colleagues nominated by the doctor - ideally 10 medical and 10 non medical.

Research undertaken on the GMC questionnaires recommends that a minimum of 34 completed patient questionnaires and 15 completed colleague questionnaires are required to obtain an accurate view of performance. Results are less reliable if these targets are not achieved, but it does not invalidate the activity and interpretation is down to local judgement.

The various commercially available questionnaires will inform a doctor of the recommended numbers needed for their product (the number varies). Some individuals may struggle to achieve the recommended minimum. Doctors are advised to discuss any concerns with the Revalidation Team.

Finally, the doctor should discuss at appraisal how the questionnaires were distributed and returned, and whether the feedback covers the full scope of their practice.

Q27. Can a doctor seek feedback from a carer or proxy?

If the patient is a child or lacks mental capacity, a carer (or 'proxy') can complete it on the patient's behalf.

However, a proxy should not be used as a default for patients or colleagues who require questionnaires in an alternative format. You must take into account the needs of patients and colleagues and make reasonable modifications so that anyone can access questionnaires in a format that meets their needs, in line with the Equality Act 2010. Examples of alternative formats include Easy Read and large print.

Q28. Can a doctor administer questionnaires themselves?

Questionnaires must be administered independently of the doctor, appraiser and responsible officer. This is to promote objectivity and maintain confidentiality. There may be some circumstances where the doctor, due to the nature of their practice, may hand out the questionnaires themselves. The doctor may wish to consider a deposit box for the completed questionnaires. It

is important that the doctor does not have access to individual completed responses.

GMC guidance highlights that the doctor, the appraiser or the responsible officer must not be involved in the collation of the results.

Q29. Where can doctors get more information on interpreting and handling feedback?

The GMC provides a useful resource at http://www.gmc-uk.org/Information_for_appraisers.pdf_48212170.pdf

Q30. Where can doctors get a copy of the GMC colleague questionnaire?

The GMC provides a useful resource at http://www.gmc-uk.org/colleague_questionnaire.pdf_48212261.pdf

Questionnaires need to be administered by a survey process or organisation which is independent of the doctor, appraiser and responsible officer.

Q31. Where can doctors get a copy of the GMC patient questionnaire?

The GMC provides a useful resource at http://www.gmc-uk.org/patient_questionnaire.pdf_48210488.pdf

Questionnaires need to be administered by a survey process or organisation which is independent of the doctor, appraiser and responsible officer.

Q32. How much do the GMC questionnaires cost?

GMC questionnaires are free to download from the website, but they will need to be independently administered, preferably through a survey organisation or other process external to the doctor in question. Any of these may charge a fee for the service.

Q33. What should a doctor do when they get questionnaires results back?

Doctors must plan to receive questionnaire results prior to the appraisal date to ensure sufficient time to reflect and prepare for the appraisal discussion. This may take up to 3 months to complete. The appraiser will be interested in what actions a doctor takes as a result, not just that the information was collected.

The doctor must identify opportunities for professional development and improvement. The discussion at the appraisal should highlight areas of good performance and help to identify areas that might require further development.

This should be reflected in the personal development plan and any choices for continuing professional development as a result.

Q34. Who should a doctor ask to complete questionnaires?

The exercise should reflect the whole scope of the doctor's work. The range of patients providing feedback should reflect the range of patients that are seen. The selection of colleagues will depend on the nature of the practice. Doctors should select a wide range of colleagues, including colleagues from other specialties, junior doctors, nurses, allied healthcare professionals, and management and clerical staff.

For example, a single handed GP seeking colleague feedback could consider asking GP's from nearby practices, those they regularly attend meetings with, Locums, Consultants they refer to, Physiotherapists, Local Pharmacists, Health Visitors, District Nurses, Practice Nurses, Reception staff, Practice Manager and CCG colleagues. Colleagues from other roles should also be asked to provide feedback.

Q35. What happens if a doctor does not wish to collect feedback?

The purpose of feedback is to provide insight into what a doctor does well and where they can improve the skills that go towards fostering good patient-doctor relationships. One of the principles of revalidation is that feedback should be at the heart of doctors' professional development. Both patient and colleague feedback is a mandatory part of the 5 year revalidation cycle.

Q36. What happens if a doctor feels they cannot collect feedback?

There may be times when a doctor feels they cannot collect feedback, for instance if they do not see patients as part of their practice, or if there are other reasons that make it difficult or impossible to collect patient feedback (for instance, hospital anaesthetists, pathologists, or academics). However, doctors should assume that they do have to collect feedback and consider how to do this, thinking creatively. For example, involving people who are not conventional patients, such as families, carers, students, or even customers or suppliers – anybody the doctor deals with on a regular basis outside their colleagues.

Doctors are encouraged to think very broadly about whom in their day to day practice might have something to contribute that will help demonstrate skills and provide material for reflection at appraisal.

The GMC recognise that, in a few cases, a doctor will not have any relationships like this, and will not be able to collect this information. If this is the case the doctor should record this in the appraisal documentation so that

if necessary the relevant Responsible Officer can be aware ahead of any revalidation recommendation.

Complaints and compliments

Q37. What if a doctor does not have any complaints or compliments to include in their appraisal?

The appraisal requires that the doctor list and discuss all complaints that they have been involved in. If there aren't any the doctor can simply declare absence of complaints or compliments.

However, team-based information may also meet the requirements where no information on individual practice is available. This is the same for significant events. In any case, doctors must demonstrate that they have reflected on the information and taken necessary action where appropriate.

Toolkits

Q38. Can doctors use any toolkit, for example the RCGP revalidation toolkit?

NHS England strongly recommends the use of the revalidation compliant MAG appraisal form for 2013-14 appraisals.

However some doctors may choose to use other platforms or toolkits for personal reasons. Provided these are revalidation compliant, and therefore address the 4 domains of Good Medical Practice (2013) and include the six areas of Supporting Information required by the GMC, this is acceptable. NHS England (SYB) is unable to provide administrative support for toolkits. Therefore the portfolio contents must be submitted to the appraiser electronically in a ZIP or PDF format.

All appraisals must be written using the MAG form PDP, Summary of Appraisal Discussion and Appraiser Statements, to ensure consistency for all doctors. Where the MAG form is not used for the full appraisal, an MS Word version of the MAG form sign off statements can be used by the appraiser.

Closing the appraisal year within the toolkit will be the doctors' responsibility. Any necessary support in meeting these requirements will need to come from the toolkit supplier where the MAG form is not used.

Q39. Where can doctors get a copy of the MAG Form?

This can be accessed and downloaded via an interactive tool from: http://www.sheffield.nhs.uk/gpappraisal/resources%202012/Revalidation%202012/SYB%20MAG%20Appraisal%20Form.pdf

The MAG User Form Guide can be accessed from:
http://www.sheffield.nhs.uk/gpappraisal/resources%202012/Revalidation%202012/MAGformuserguide.pdf

Doctors must have adobe 9.4 or above and Mac users require OS v10.7 or higher in order to use the MAG form. Without the correct version, the form will fail to save. Guidance on how to use the form is contained within the form. Specific guidance for Apple Mac users is also available. The form will work, but requires some adjustments.

To download an up to date version of adobe go to:
http://get.adobe.com/uk/reader/otherversions/

Q40. Can doctors still use paper formats?

No. The appraisal should be written up and submitted in an electronic format, preferably using the MAG appraisal form. The MAG form has a facility to log and then supply some of the Supporting Information separately, although NHS England strongly advises doctors to upload it all into the form.

Q41. If all supporting information from toolkits needs to be supplied as a ZIP or PDF, why are there such stringent rules around the completion and submission of electronic forms in a set format?

The area team's Responsible Officer will not have access to any information submitted outside the MAG form. For consistency, where information is submitted using a toolkit other than the MAG form, it's important that the information provided offers the same Supporting Information (SI) as those using the MAG and that there is sufficient information included in the form for the RO to make a well informed recommendation to the GMC.

Storing & Sharing Information

Q42. How should information be shared between appraisers and appraises?

All information between appraisers and appraisees should be shared via a secure NHS email account.

Q43. I do not have an NHS email address. How can I get one?

Please contact the SYB appraisal team (england.sybappraisal@nhs.net) as the process for obtaining an NHS email address is dependent on your individual circumstance.

Q44. As an appraiser, how long should I store appraisal information for?

After the appraisal is complete, the appraiser must send a copy of the final "Locked down" MAG model appraisal form to the doctor for their records. The appraiser must also send this to a designated secure NHS e-mail address for storage by the responsible officer (england.sybappraisal@nhs.net) and to the doctor, for use in preparation for their next appraisal.

The appraiser must then delete or destroy all other electronic and other copies of the doctor's MAG model appraisal form, no later than one calendar month after the date on which the appraisal has been received the responsible officer. This includes deletion from:

- all files and folders on their computer hard drive, including from the computer recycle bin; the "Sent items" on their e-mail; the Deleted items folder on their e-mail; any securely encrypted mass storage device (memory stick) on which a copy has been stored; any other place where the appraiser has stored the form.

Aid to Reflection Template

Title and Description of Activity or event

• Dates of Activities or events
• Which category of activity does this match
  ○ General information about your practice
  ○ Keeping up to date
  ○ Review of your practice e.g. Quality Improvement, Significant event
  ○ Feedback on your practice e.g. Patient/Carer/Colleague feedback, complaints, complements

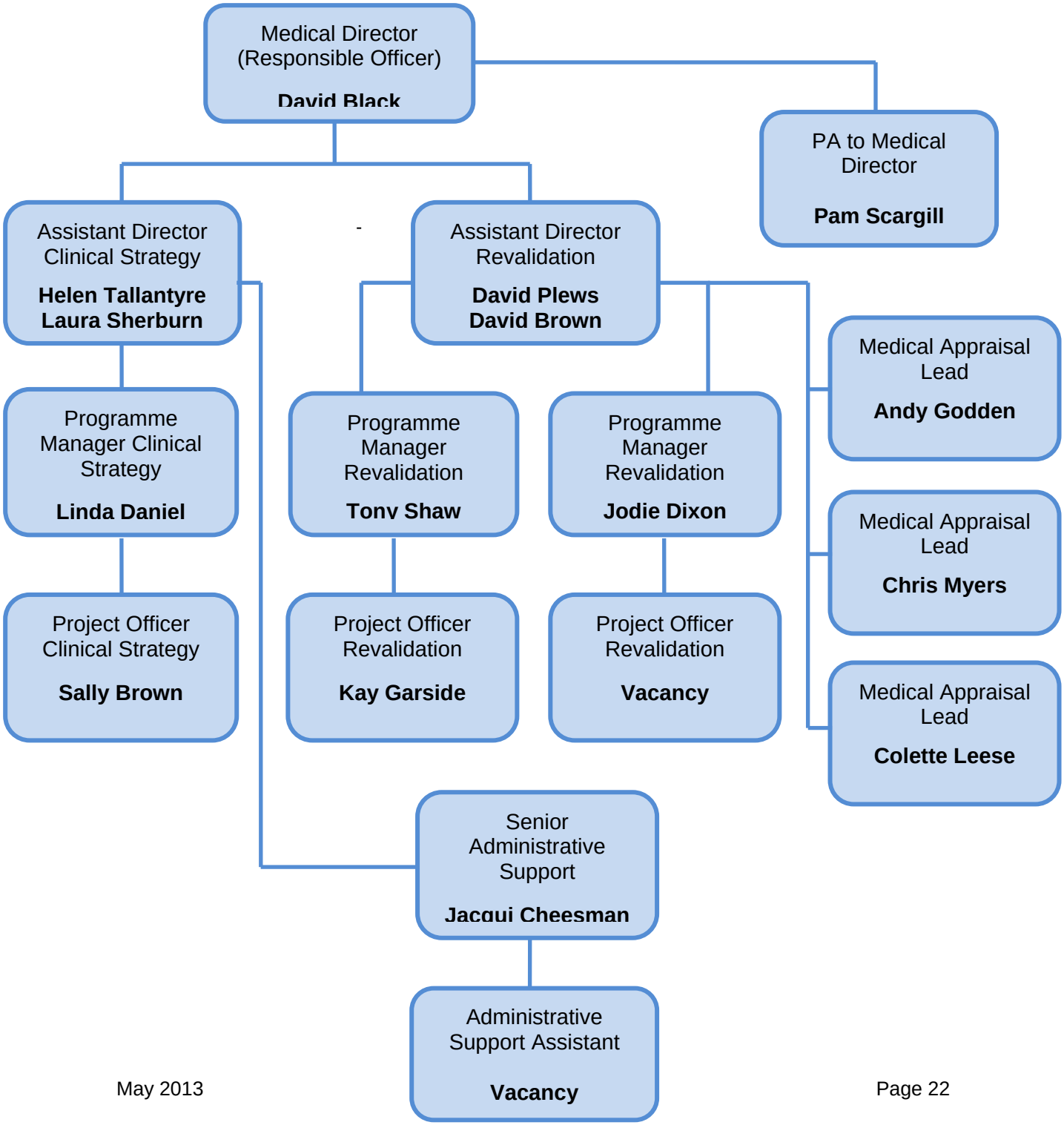
What have you learned?

• Describe how this activity contributed to the development of your knowledge, skills or professional behaviours
• You may wish to link this learning to one or more of the GMC *Good Medical Practice* domains to demonstrate compliance with their principles and values;
  ○ Knowledge skills and performance
  ○ Safety and Quality
  ○ Communication, partnership and teamwork
  ○ Maintaining Trust

How has this influenced your practice?
• How have your knowledge skills and professional behaviours changed? • Have you identified any skills and knowledge gaps relating to your professional practice? • What changes to your professional behaviour were identified as desirable? • How will this activity or event lead to improvements in patient care or safety? • How will your current practice change as a result? • What aspects of your current practice were reinforced? • What changes in your team/department/organisation's working were identified as necessary?
Looking forward, what are your next steps?
• Outline any further learning or development needs identified (individual team/ organisation as needed) • If further learning and development needs have been identified how do you intend to address these? • Set SMART objectives for these (Specific, Measurable, Achievable, Relevant and Time bound) • If changes in professional practice (individual or team/department) have been identified as

necessary, how do you intend to address these?

Medical Directorate



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