

## APPRAISAL SUMMARY

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

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

Domain 1: Knowledge, skills and performance	has undertaken WPBAs and a MSF to provide evidence of skills and knowledge development. Has performed practical procedures - particularly line insertion and use of ultrasound and understanding of the equipment on the ICU ward
Domain 2: Safety and quality	Has introduced a teaching journal club and also looked at fluid balance assessment on the unit to demonstrate this
Domain 3: Communication, partnership and teamwork	Her MSF supports this and has been completed by members of the wider MDT as well as clinical colleagues - no issues have been raised here.
Domain 4: Maintaining trust	no concerns raised here.
General Summary	Has in a relatively short period of time done a number of things to build her clinical skills and equip her to be competitive at interview - has done APLS training and basic ICU skills course and has also become more proficient at practical procedures.

## NEXT YEAR'S PDP

The Development Needs you have agreed with the doctor for the coming year will appear here. If the PDP for the coming year has not yet been agreed please save this form as draft and complete the PDP before continuing the output form.

Title	Explain the development need	How will you address it?	What resources do you need (if any)?	How do you anticipate this will change your	Target review	Target completion	Status
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					practice?
To secure a rotation in Anaesthetics for 2020 August	This is essential for continuation of training	has been interviewed and waiting to hear the outcome of this	already provided - support and training needed for application purposes	continued development of clinical skills and training	Agreed

PDP Review As above - should have no issues - will continue to maintain clinical skills with some ad hoc work over the next 6 months.

## Education/Training Roles

Has an educational appraisal taken place during this appraisal meeting?	<input checked="" type="checkbox"/> No
Review of Educational Practice	on-going teaching to medical students during this placement

We confirm that the information presented within this submission is an accurate summary of the appraisal discussion and of the Doctor's current Development Needs, and constraints.

## THE APPRAISER'S STATEMENTS TO THE RO

Following the appraisal meeting, the appraiser is required to confirm his/her agreement with the following statements by ticking the box:

An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.	<input checked="" type="checkbox"/> I confirm my agreement with this statement
Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation and this reflects the nature and scope of the doctor's work.	<input checked="" type="checkbox"/> I confirm my agreement with this statement
A review that demonstrates progress against last year's personal development plan has taken place.	<input checked="" type="checkbox"/> I confirm my agreement with this statement
An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.	<input checked="" type="checkbox"/> I confirm my agreement with this statement
No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.	<input checked="" type="checkbox"/> I confirm my agreement with this statement

The **appraiser** should record any comments that will assist the responsible officer to understand the reasons for the statements that have been made. I have no concerns here - she has engaged with the appraisal process despite the limited time window available and this will continue when she returns back to training

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

none

## ELECTRONIC SIGNATURE OF APPRAISER

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

I confirm my agreement with this statement

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

I understand that, as a result of information obtained in appraisal or by other means, I must act without delay if I have good reason to believe that a colleague may be putting patients at risk

Full name of appraiser accepting the declaration above

Appraiser's GMC/GDC number

Date submitted 15/01/2020

Date of appraisal meeting 15/01/2020

Date of appraisal meeting confirmation.

I confirm that the date of appraisal meeting is correct.

Revalidation due date 31/07/2023

## ELECTRONIC SIGNATURE OF DOCTOR BEING APPRAISED

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

I am in agreement with all of the above statements

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

I confirm my agreement with this statement

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

I understand that, as a result of information obtained in appraisal or by other means, I must act without delay if I have good reason to believe that a colleague may be putting patients at risk

where necessary.

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Full name of Doctor accepting the  
declaration above

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Doctor's GMC/GDC number

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Date of acceptance                      16/01/2020

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