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Appraisal for XXX

1 September 2019 to 31 August 2020

Appraiser: XXX

Appraisal meeting: 28 September 2020

This appraisal has been signed off by the Appraisal Team as: **Reviewed and Satisfied**

Signed off by Rhona Haslam from Lancashire Teaching Hospital on 5 October 2020

Sections included:

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PDF generated on: 18 November 2020

Personal details

Name XXX

GMC number XXXX

Contact address

Contact telephone number

Contact email address

Appraisal organisation

Medical qualifications

UK or elsewhere, including dates where applicable

Name of appraiser

Are you a clinical academic who requires a second appraiser under the Follett principles?

No

Scope of work

Please complete the following boxes to cover all work that you undertake. This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles.

Types of work should be categorised into:

- clinical commitments
- educational roles, including academic and research
- managerial and leadership roles
- any other roles

No documents uploaded

Job or role title	Detail of work	Year commenced	Organisation and contact details
Locum surgical SHO	Ad-hoc on-call shifts in general surgery, breast surgery, vascular surgery covering the on-call and night SHO, whilst working alongside a registrar and consultant. Assisting in surgery and performing minor surgical procedures under supervision. Taking referrals from A&E and from GPs at night for the general surgical team. Clerking, admitting, managing and post-taking surgical patients.	2019	Trust
Locum medical SHO	Regular work on an medical outlier ward alongside another SHO without any senior support at that time. Writing discharge letters, following-up ward jobs and attending acute medial emergencies of patients on that ward. Now transformed into a diabetes and endocrine ward under a regular consultant, registrars, IMT and FY1. Assisting occasionally on ward rounds but otherwise supporting and accelerating the discharge process of patients by writing IHDIs, liaising with other specialities and chasing and ordering investigations. Attending and managing unwell patients, whilst covering the ward only during the day. Having discussions with patients and families, previously face-to-face, now mostly via phone during the corona outbreak.	2019	Trust
No answer	No answer	No answer	No answer

Is your work NHS only, private only or a combination of NHS and private work?

NHS Only

Please describe here anything significant regarding the relationships between your various roles.

This is an opportunity for you to review the relationships between your roles and the steps you have taken to address these. Describe here any issues relating to conflicts of interests that you are managing and to flag with your appraiser. Also include here any complementary relationships.

I think I have made the right decision to not narrow down my work to only one scope of medicine, especially since I still wasn't sure in the beginning of the year whether surgery would be my career choice or not. Working within both departments enabled me to contribute at times if for example surgical questions arose during a medical ward round. Having an understanding of the referral and diagnostic process of both saved time in some instances and enabled us to manage patients quicker.

Please describe any changes to your scope of work that you have made since your last appraisal.

Since my last appraisal I have taken a year out of formal training and been locuming as a bank SHO in the trust that I did my Foundation Years at. I have started working within the surgical department on an ad-hoc basis since one of my PDPs from last year was to decide whether a surgical career would be suitable for me for the future.
I have then taken on a regular contract within the acute medical department looking after an outlier ward for different medical teams, which was then transferred into a diabetes and endocrine ward. The change from surgery to medicine was partially due to the fact that with a contract I would have the reassurance of regular working hours but would lose some freedom of my flexibility.
This year I wanted to be able to spend more time with my daughter and settle down with my new family. I could have never done this if I would have been part of a busy on-call rota and not been able to choose my own work schedule.

Please describe any changes to your scope of work that you envisage taking place in the next year.

The last year gave me a good opportunity of getting a better insight into working within surgery and medicine. I liked both aspects as in some parts they even overlap. As a junior I should have a good understanding of both areas but since it is now time to decide, which part to go last year has been a nice opportunity for me to choose the best of both. I am now more certain that I want to progress in a surgical career and therefore have been looking at ways of getting more clinical and practical experience. Due to corona the surgical department had been downsized and is now being slowly rebuild. I have been contacting the different departments within surgery in order to consider a JCF role for at least part of the next year until I will hopefully start surgical training.

Appraiser's comments

XXX is a full time Junior Clinical Fellow at XXX and has been working in XXX ward since Oct 2019, which is mixture of diabetes & general medical ward. She is actively involved in developing her career in surgery. She does not do regular on calls but helps in out of hours work both in surgery & medicine when needed. She has taken a year out of formal training and been working as a bank SHO in the trust.

Record of annual appraisals

There are no previous appraisals to show.

Personal development plans and their review

Your personal development plan and progression towards achieving the actions you set yourself are an important discussion area at the appraisal meeting.

Please describe your progress towards achieving the actions and goals set in your last appraisal.

No documents uploaded

Learning/development need

How did you address your need? Explain briefly

To gain more confidence in my knowledge and abilities

I actively participated during boardrounds and occasionally on ward rounds within the medical team. I did not hesitate to ask questions or voice my opinion about certain issues that arose on the ward. I performed initial assessments of patients without senior support and then later discussed and received verbal advice and feedback in regards to my medical assessment.

Have you completed the agreed action or goal?

Completed

Appraiser: please comment on the reasons for setting this completion status

No comments

To decide whether surgery appears as career choice.

In the beginning of the year I have done multiple surgical locum SHO shifts and was a regular part of the general surgical team. This way I gained more experience into the daily work in the surgical department and a preview of the different surgical specialities eg breast surgery, UGI surgery, colorectal surgery, vascular surgery. I attended the basic surgical skills course and practised and strengthened my suturing skills under senior supervision. I have signed up for the question bank for the MRCS and have been revising on a daily basis to hopefully sign-up for the MRCS early next year.

Have you completed the agreed action or goal?

Completed

Appraiser: please comment on the reasons for setting this completion status

No comments

To improve my general medical knowledge and clinical skills.

After rotations in mental health and surgery I felt the need to refresh my general medical knowledge. I addressed this by attending regular internal teaching sessions run by different departments. I also continued e-learning including mandatory training, as well as medical topics that I felt I wanted to revisit and felt that I lacked knowledge off.

Have you completed the agreed action or goal?

Completed

Appraiser: please comment on the reasons for setting this completion status

No comments

No answer

No answer

Learning/development need

How did you address your need? Explain briefly

Have you completed the agreed action or goal?

No answer

Appraiser: please comment on the reasons for setting this completion status

No comments

If you would like to make any general comments to your appraiser about last year's progress, or anything else that was discussed last year for progression this year, please do so here.

At the end of Foundation Year 1 I organised a taster week in the orthopaedic department and from then felt that I wanted to gain more experience and improve my surgical skills, since it sparked my interest in the surgical specialities even more. My PDP at the end of FY2 entailed to gain more confidence in my knowledge and abilities, but also to decide whether surgery appears as a career choice. As I wasn't able to attend a basic surgical skills course or sit the MRCS during FY2 due to financial reasons, this would be my plan for my FY3 year as locum SHO.

Appraiser's comments

She had last appraisal done as FY 2. There is no record of appraisal done in L2P system. She stated that she had met all PDP.

Personal and professional wellbeing

Please reflect on your health and wellbeing in the context of the challenges presented by the Covid-19 pandemic and consider what aspects of your experience you'd like to discuss confidentially with your appraiser..

On a scale of 1 (most negative) to 10 (most positive), how are you?

	< More negative				More positive >					
	1	2	3	4	5	6	7	8	9	10
How are you?							7			

How has the Covid-19 pandemic impacted you?

The pandemic made me more insecure about working as a locum doctor since there are no job securities being self-employed and the complete lockdown at the start made this more apparent. Besides the financial aspect there were also family issues. As a single parent I was very worried about childcare to enable me to go to work and not being able to have family being able to come from Germany to England to help out was an added negative factor. The fear of socialising with high-risk family members even after restrictions eased is still there. I think that I am more paranoid now about wearing my own clothing at work and do not think that it will be easy to revert to not wearing scrubs after this time.

How do you maintain your health and wellbeing, and what do you need to do differently (if anything)?

I tried to maintain my health and wellbeing by taking time for myself and exercise on a regular basis for stress relief. As I wasn't able to see my family due to travel restrictions I tried to keep in contact with them through text messages and video calls as much as I could. I think that I wasn't able to be as active as I could have been since work was very stressful most times and the only thing that I wanted to do when coming home was relax and spend time with my daughter. I have to find a way of starting a routine to incorporate regular exercise into my days as well as find time to call my family as it must be as hard for them than me to not be able to see each other at the moment.

Have you needed any support and, if so, was the help you needed available?

I needed support with childcare that I got through my daughters holiday club, who kindly volunteered for keyworkers to look after their children for free of charge. Given the situation I was given the opportunity to work more flexible hours on the ward by our consultant, which in the end I did not need to do given the childcare arrangements I had.

Supporting information

No documents uploaded

Appraiser's comments

She has coped well with COVID. She is in good health.

Continuing professional development (CPD)

This is the first type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice.

Continuing professional development (CPD) is an essential part of a doctor's career. Your participation in CPD should reflect your entire scope of work, although it is not limited to this. This section allows you to document the CPD that you have participated since your last appraisal.

Supporting information

Royal College or Faculty CPD Certificate

If you have a certificate to show you have participated in Royal College or Faculty CPD, please add it below.

Section	Type	Title	Date	CPD
CPD Annual Certificate	CPD Certificate (eg from Royal College)	Basic Surgical Skills	10-11 Sep 2019	12.0
Document:	Basic Surgical Skills (Intercollegiate BSS) Certificate.pdf			
Activity description:	Self-funded practical surgical skills course held at LTHTR and run by the RCSEng. During this 2-day course we were able to revisit gowning and gloving as well as proper handling of surgical instruments. We practised suturing techniques and tie knotting by hand and with instruments. We learnt about the theory of electrosurgery and had the opportunity to practice endoscopic surgery on models. We practised different suturing techniques on cadaver models as well as props and were had a practical exam at the end of the course during which we had to close a wound under direct supervision.			
Outcomes/results:	After this course I felt more confident in my suturing technique and was very keen to practise this more in real life scenarios. At that time I was locuming mostly in in the surgical department and felt like I got good practice on a day-to-day basis but wanted a more formal training and have evidence of my progression. Having done the BSS course would also contribute towards my speciality training application, which back then was part of my plan.			
			Internal:	12.00
			External:	0.00
			Total:	12.00
			Total credits this appraisal period	

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself.

Other CPD activity

If you have a diary, summary or list of other CPD activity that you have participated in, please add it below.

Section	Type	Title	Date	CPD
CPD Diary of Activity	CPD Diary	Weekly MAU Teaching Attendance	9 Oct 2019 to 11 Mar 2020	14.0
Document:	MAU Teaching attendance.docx			
Activity description:	The weekly MAU teaching is part of the trust doctors and anyone from other departments was invited to join. It was usually held by one of the MAU doctors and based on cases they have seen, linking to a relevant medical topic. Afterwards there was room for discussions, either in relation to the presentation or general departmental issues.			
Outcomes/results:	From the MAU teaching some of the best presentations were based on cases that presented to MAU. It made the sessions very interactive since you could contribute by saying what you would have done or what you thought the issues is. It taught us what to look out for and in some instances not to narrow down too early when seeing patients with certain symptoms.			
CPD Diary of Activity	CPD Diary	Elderly Care Weekly Teaching Attendance	11 Oct 2019 to 13 Mar 2020	7.0
Document:	Elderly Care Teaching Attendance.pdf			
Activity description:	As part of our trusts weekly teaching schedule, I attended the elderly care teaching, whenever the workload on the ward allowed. The teaching involved presentations from different speakers and internal discussions of interesting cases or departmental issues. The topics ranged from NG tube placement to homecare and falls assessment.			
			Internal:	26.00
			External:	0.00
			Total:	26.00
			Total credits this appraisal period	

Section	Type	Title	Date	CPD
Outcomes/results:		From the presentations that took place two of them were most useful to me. The NG tube placement was very good as it covered more than the mandatory training that the intranet offered, as it advised on tips and tricks on things to try or consider when unable to get a pH after correct placement of an NG tube. Having example case discussion and images also strengthened the learnt topic and enhanced group discussions. Another presentation that I found helpful was about falls and falls assessment. During my elderly care placement at medical school this was an important topic as it covers aspects that need to be considered when assessing patients that present with a fall. Since many patients on our ward are admitted following a fall, I was able to use it on real life case and more readily considered factors such as the patients environmental factors, as well as poor vision when assessing elderly patients admitted with a fall.		
CPD Diary of Activity	CPD Diary	Junior Doctor Teaching	5 Nov 2019 to 10 Mar 2020	5.0
Document:	Junior Doctor Teaching Attendance.docx			
Activity description:	These teaching sessions were for junior doctors in training and often involved one of the radiology consultants to do an interactive presentation of common radiological presentations or internal discussions about issues with the training curriculum, the rota or on-call issues.			
Outcomes/results:	The topics were slightly different from the other weekly meetings since they seemed more tailored to what a junior doctor would find useful compared to consultants. I found them very helpful and liked that the teaching was more interactive than presentation slides heavy. After having attended those sessions I felt more confident looking at CT scan prior to being reported, trying to identify common pathologies.			
Total credits this appraisal period			Internal:	26.00
			External:	0.00
			Total:	26.00

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Other CPD records

Instead of, or in support of, the above attachments you can also record your CPD below. There is no need to duplicate what is written in your attachments.

Section	Type	Title	Date	CPD
CPD Document	Other	Diabetes E-Learning	25 Aug 2020	4.0
Documents:	DKA.pdf Hypoglycaemia.pdf Perioperative management.pdf VR111.pdf			
Activity description:	This e-learning was taken from the trusts e-learning platform and complemented the work and clinical scenarios we commonly encounter on the ward. We have constant input from specialist nurses and obviously our consultants and registrars but during weekends we are often left on our own and seeing a patient with DKA, low BMs or NBM is very common.			
Outcomes/results:	Doing this e-learning helped get a better understanding of how to manage patients in those scenarios and the videos highlighted common pit falls. The course highlighted also where to find the relevant guidance from the trust website and the Joint British Diabetes Societies. I feel now more confident in my medical knowledge of how to manage diabetic inpatients in those scenarios.			
CPD Document	Other	BMJ Learning - ECG	26 Aug 2020	5.0
Documents:	Bradycardias and pacemakers.pdf ECG physiology.pdf ECG recording.pdf ECG Tachycardia.pdf ECG troubleshooting.pdf			
Activity description:	Since we do not have an ECG interpretation service as such and are asked on a regular basis to interpret ECG, either of unwell inpatients or as part of a patients admission I felt that I needed more training to refresh my memory that I held when I was working in ED and interpretation of ECGs was a daily chore.			
Outcomes/results: not	I have started a 14.5h e-learning on the BMJ platform and the above modules are the ones that I already finished. I hope that I will eventually finish the whole course in order to interpret ECGs of patients with different underlying medical conditions, since there is always senior support to help with the interpretation of an ECG. So far I have learnt what to look out for if there seems to be interference during the ECG recording and what the possible causes could be. This will help me with my medical practice on the ward.			
Total credits this appraisal period			Internal:	4.00
			External:	8.00
			Total:	12.00

Section	Type	Title	Date	CPD
CPD Document	E-learning	COVID E-Learning	26-27 Sep 2020	3.0
Documents:	ABG.pdf			
	CAP.pdf			
	COVID 19 Critical Care.pdf			
Internal:				4.00
Total credits this appraisal period				External: 8.00
				Total: 12.00

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself.

Activities

Please use the box below to provide a commentary on how your CPD activities have supported the areas described in your scope of work. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

The basic surgical skills course complimented my work as a surgical locum SHO as it enabled me to assist during surgery more efficiently and be more confident in undertaking minor surgical procedures on my own without direct supervision. Besides that it is contributing towards the scoring system for the surgical training application, which I would like to undertake next year.

Since I was working mostly in the diabetic department during the second half of the year, I did e-learning that would support my learning on the ward. Common situations that I didn't feel comfortable with or felt that my learning was not up-to-date anymore, I ascertained and then looked for opportunities to refresh my memory. I found relevant e-learning on the bmj website and on the trusts e-learning website. I tried to apply the knowledge I gained on an every day basis on the ward and feel that my independent learning has been not only relevant to common problems or conditions that I saw but also more productive than the pre-set teaching sessions we had during Foundations Years.

Appraiser's comments

She attends regular teaching sessions held locally at MAU, Elderly care and junior doctor training. She has also attended basic surgical training. She has also done diabetes e-learning package for inpatient diabetes management. She has also done BMJ learning on ECG. Her CPD diary indicates that he achieved 56.5 credits last year with a good spread of external & internal, self learning and QIP sections. She is on track with her requirements. XXX has completed mandatory training as per the Trust requirements.

Quality improvement activity

This is the second type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice.

This is where you should demonstrate that you regularly participate in activities that review and evaluate the quality of your work. You should complete this in relation to your complete scope of work, including any clinical, academic, managerial and educational roles that you undertake.

Activities

Please detail below the quality improvement activities that you have undertaken or contributed to over the last year, including team-based activities where appropriate.

Section	Type	Title	Date	CPD
Quality Improvement Activity	Other	VTE assessments	30 Sep 2019 to 30 Sep 2020	0
Activity description:	<p>Although I haven't been part of the VTE assessment audit that was presented internally late 2019 at the grand round I have learnt from it and have because of it managed to prevent harm to patients and ensured good clinical practice. The audit highlighted the poor compliance of the hospital in regards to VTE assessments of patients on admission, after 24h and 7d. It introduced the electronic documentation of VTE assessments on the electronic patient record to improve compliance.</p>			
Outcomes/results:	<p>Since VTE assessments for many seem like a tick box exercise I have learnt from two occasions on the ward I was working at that doing VTE assessments for each individual patient can prevent harm and ensure patients safety. One of the patients I looked at was prescribed a prophylactic dalteparin dose but looking at his PMH his GP only recently prescribed him a therapeutic dose. Since we had no previous clinic letters on the system, I contacted his GP, only to be told that he was diagnosed with a DVT at a community DVT clinic just a few weeks ago and should still receive the treatment dose dalteparin. This patient had been on our ward for almost 2 weeks. If I wouldn't have done his VTE assessment I would have never noticed the mistake. Due to this incident I have continued to look into patients PMH, drug history and current circumstances, to ensure the correct VTE prophylaxis is offered.</p>			
Quality Improvement Activity	Clinical Audit - Personal/Local	Urinary catheter audit	16 Mar to 30 Sep 2020	1.0
Activity description:	<p>During the corona crises we had multiple patients that were wrongly discharged with urinary catheters insitu, without documentation on why they were inserted and what the plan was in regards to removal or even longterm. Since those situations arose on multiple occasions I started looking into the issues surrounding this and what could be changed to prevent this from happening. I collected data on patients that came onto our ward that were catheterised. I collected data on when and why, whether the urinary catheter form was filled out and whether on discharge there was a plan in place in regards to the catheter.</p>			
Outcomes/results:	<p>I found out that the documentation on patients being admitted with a catheter was poor and often overlooked. There was confusion about whether some were STC or LTC as patients were mostly admitted without proper documentation by community services. We also had no plan on when some of the LTC were due to be changed. With patients that were catheterised in hospital it was very late picked up that they needed TWOCing prior discharge and in some instances this delayed discharge since the OP TWOC clinics were back-logged during the corona pandemic. I think that implementation of a catheter passport in patients that are being discharged with a catheter or that already have a LTC would help with the communication between hospital and community settings. Also having the UCAM form together with the VAC form in a divider in the patients paper notes would prevent would highlight it more that the patient had a catheter. As most documentation is being moved to the electronic form this might not be necessary but in the interim it would ensure this wouldn't be missed.</p>			
Quality Improvement Activity	Other	End of Life e-learning/DNAR Audit	16 Mar to 30 Sep 2020	1.0
Document:	EOL elearning.pdf			
Activity description:	<p>During the corona pandemic the trust published new mandatory e-learning in regards to DNAR. This included the explanation that red (hospital) forms and purple (previously community) form should be replaced with purple (now universal) forms only. Moreover, the DNAR status had to be kept up-to-date electronically in the patients notes. This was introduced after only recently all documentation was kept electronically and not on paper anymore. Following this my work colleague audited the need of placing the paper DNAR universally in the front of the notes, so that in case of a medical emergency it was easy to find and no time would be wasted for eg. the on-call team to find out whether an arresting patient is for DNAR or not. Following this I felt that it was also important that DNARs were filled-out correctly, as they would be otherwise not valid in front of any court.</p>			
Outcomes/results:	<p>I therefore spent part of every day on the ward, checking whether a patient had a DNAR, was it in the right place in the notes, was it filled out correctly and was the electronic form signed and filled out. Having done the e-learning and being aware of my colleagues audit and completely supporting it, made me more aware of the importance of keeping record of DNARs and ensuring the correct documentation. This would highlight issues that could be discussed at ward rounds with the consultants or needed discussion with NOK. It also ensured patients safety and maybe even prevention of never events that might have happened around wrongly documentation DNAR statuses of patients.</p>			
Total credits this appraisal period			Internal:	2.00
			External:	0.00
			Total:	2.00

Section	Type	Title	Date	CPD
Quality Improvement Activity	Clinical Audit - Personal/Local	Data Collection for Internal Antimicrobial Audit	28 Jul 2020	0
Document:	Data Collection for AntimicrobialAudit.xlsx			
Activity description:	As part of the internal antimicrobial audit medical teams are asked to filled-out and return a data collection form that looks at the correct prescription of antibiotics in terms of indications and length of treatment.			
Outcomes/results:	As this has been the third time I have been involved in collecting data from the ward that I was working on at that time it highlights the importance of correctly prescribing antibiotics and when to questions antimicrobial choices. Clearly documenting on the prescription chart, saves time later when questions in regards to the choice of the antibiotic and length of treatment arise. Having been part of it, whilst it might not be a big part, has made me a better prescriber and I feel that I have ensured patient safety by adhering to hospital guidelines, as well as specialist microbiology advice.			
			Internal:	2.00
			External:	0.00
			Total:	2.00
			Total credits this appraisal period	

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself .

Please describe your personal participation in these activities, including how you evaluated and reflected on the results of the activity and any action taken.

You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

During two of the activities I was indirectly involved in the audits of my colleagues on the ward. I supported them developing their ideas and action plans for their audits as well as evaluating the result and implanting them into my work on the ward. From the VTE audit the results showed that we were very poor at performing the VTE assessments and highlighted the importance of doing them. I have taken from this that when I clerked in patients on MAU during my on-calls I am already performing the initial VTE assessments. Furthermore, when patients got transferred to our ward I would make sure that I would review their assessments and prescribe accordingly. I have tried to also teach new staff such as FY1s and PAs of the importance and to raise their awareness. The same happened with the DNAR audit. During the pandemic DNAR discussions were directly with patients or their families only over the phone. It was important to have those discussion though at an early point because many elderly patients were very unwell and could deteriorate very quickly. DNARs had to be filled out correctly in paper as well as electronically. I have learnt from not being directly involved in those audits but knowing about them and their importance that I felt more responsible and wanting to integrate them into my daily work. I have developed a new way of checking VTE assessments as well as DNARs on a daily basis when seeing a patient on the ward round or writing discharge letters.

For the antimicrobial audit my colleague an I have been collecting data on prescribing antibiotics on our ward. This again makes you more aware of your own shortcomings of your medical practice and also makes you raise questions in regards to correct prescribing when being asked to do so on ward round etc. In regards to my own audit of urinary catheters I felt that the documentation was poor on the ward and from the community of a patient was admitted or being transferred with a catheter insitu. I looked at why this might be happening and what could be done to avoid mistakes, such as discharging patients with catheters insitu that should have been taken out prior discharge. Sadly, I haven't been able to implement or discuss issues with the urology department since I was unable to get their input and advice on some of the questions I would have liked to introduce a catheter passport on discharge of patients but was unable to discuss why this was a norm in the past but not anymore at the present.

Appraiser's comments

She takes part in VTE assessment audit and antimicrobial audit. She has developed and implemented a pathway for urinary catheter. She has also actively worked to implement DNAR policy and actively used community DNAR rather than trust DNAR form.

Significant events

Definition: the GMC defines these as 'events which did or could have led to patient harm'. They include Serious Untoward Incidents (SUIs) and Serious Incidents Requiring Investigation (SIRIs) or their equivalent - ie incidents which have reached the GMC threshold of harm.

Please note:

- Attachments are generally **not** encouraged due to potential data protection issues.
- However, if you wish to attach documents, remember that **patients, colleagues and other third parties should not be identifiable.**
- If you have not been named in any significant events but wish to share learning of some that you were aware of, please record these in the 'Quality improvement activity' section.

Have you been named in, or carried clinical or managerial responsibility for, any significant events in the last year?

No

No documents uploaded

Appraiser's comments

XXX had no significant events this year and I congratulated her on safe practice

360 multi-source feedback from colleagues and patients

Colleague and patient feedback are the fourth and fifth types of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice.

As part of appraisal and revalidation, you should seek feedback from colleagues and patients and review and act upon that feedback where appropriate. Feedback will usually be collected using standard questionnaires that comply with GMC guidance.

Note: this section is not for thank you cards, complimentary notes or informal feedback.

Thank you cards, complimentary notes and informal feedback should be added to the 'Complaints and compliments' section. This section is only for formal multi-source feedback from your colleagues and patients.

Feedback

Have you been involved in any colleague feedback within the last appraisal period?

Yes

Please list any colleague feedback activities completed since your last appraisal that you wish to use in this revalidation cycle.

Please do NOT include thank you cards, complimentary notes or other informal feedback.

Section	Type	Title	Date	CPD
Colleague Feedback	Colleague Feedback	Ward Feedback	30 Sep 2019 to 31 Aug 2020	0
Document:	Colleague feedback 2019-20.pdf			
Activity description:	During my time on the diabetes and endocrine ward I was collecting feedback from colleagues I was working with from different healthcare background eg. doctors, nurses, HCAs, pharmacist, discharge facilitator, domestic staff. I asked for anonymous feedback using feedback forms from the GMC website, covering most aspects of the Good Medical Practice framework.			
Outcomes/results:	I have received overall very good feedback for the work I do on a daily basis as part of a multidisciplinary team of nurses, HCAs, pharmacists, physiotherapist and other doctors. In regards to specific aspects I feel that given the recent changes during corona I wasn't able to contribute to teaching sessions as much as I would have liked. In FY2 I really enjoyed being part of practical sessions, such as MOCK OSCE and expert patient sessions. In the beginning of my work as full-time locum SHO I did not take the chance of presenting at the weekly teaching sessions, which now in hindsight I very much regret. If I would have given the opportunity again I would make sure that I would put my name down in order to continue to improve my teaching skills and gain feedback on my performance.			

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself.

Have you been involved in any patient feedback within the last appraisal period?

No

You may wish to discuss your plans to meet this requirement with your appraiser.

I wasn't able to get direct patient feedback since my work involved working solely on the wards and not clinics. There were patient feedback forms handed out by the ward nurses but they were only asking for general feedback. Given the corona outbreak there was no visiting allowed and therefore conversations with families were kept to a minimum via phone.

Following feedback from the above colleague and patient activities, please detail the learning that you have taken away from these activities and the actions you have taken as a result of the reports. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice.

I am very pleased with the feedback I received from my colleagues as it shows that I worked well in that team and was a valued team member. People felt they could easily approach me and come to me for advice or with concerns/ideas. I have received indirect feedback on how they see me interact with patients and it shows that I put patients needs first and have a good doctor-patient relationship. I have tried to keep my medical knowledge up-to-date by attending teaching sessions and find e-learning relevant to my current position. I know that not being in a training post it wasn't compulsory for me to attend teaching but I still managed to go to most if the workload on the ward allowed it. I still feel like I am constantly learning but I feel like I can deal with most clinical scenarios now, know my limits and when to ask for help. I have come a long way from being an FY2 to working independently as a locum SHO under different teams and in different work environments. I think that I have shown that I can adapt easily to the change of work and work effectively with a wide range of different health professionals under different consultants.

Appraiser's comments

XXX has provided feedback of 11 colleagues who have confirmed her good clinical practice and her ability to manage difficult conditions. She did not have feedback from patients this year.

Review of complaints and compliments

Complaints and compliments are the sixth type of supporting information doctors will use to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice.

Complaints

Have you been named in, or carried clinical or managerial responsibility for, any complaints in the last year?

No

Please note: you do not need to include those where your only involvement was in investigation.

Compliments

Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received to be discussed in your appraisal.

No answer

Attachments relating to complaints or compliments are generally not encouraged due to potential data protection issues. However, if you wish to attach documents as reference, you may do so using the 'Add document' button below. **You are reminded that patients, colleagues and other third parties should not be identifiable.**

Section	Type	Title	Date	CPD
Complaints or Compliments	Review of Compliments	Thank You Card	2 Jul 2020	0
Document:	Card.jpeg			
Activity description:	Whilst working on the ward during the corona outbreak visiting hours for relatives were cancelled and the healthcare staff donated money to buy a tablet for the wards, in order for patients to contact their relatives this way. One of our patients sadly passed away but we tried to keep the family informed throughout the duration of the hospital stay but answering questions they had and providing advice on what was happening. We also ensured the patient had access to the tablet and organised video calls or phone calls with the family.			
Outcomes/results:	We received this lovely card after the patient passed away. It was nice to see how much it meant to them that we tried to keep the communication between the patient and the family alive. For us it seems natural to keep families up-to-date when the patients condition changes but it is difficult to appreciate how hard it must be to not be able to be there for them when they are unwell in hospital and previously it was the norm to visit your relative in those situations. I have learnt from this how important a good rapport with the patient and their NOK is since it makes discussing difficult topics such as resuscitation and end of life pathways easier when the family have been aware of their relatives condition and are sometimes more understanding when the subject is approached.			

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself.

Appraiser's comments

XXX has produced a thank you card from relative who passed away. They were very grateful for communication received. She was not involved in any complaint this year.

Medical Educator

A Medical Educator is any doctor who undertakes medical education activities. The majority of doctors will be either a Named Clinical Supervisor in postgraduate training or a Named Educational Supervisor in postgraduate training, or both. However the term Medical Educators covers many different education roles.

If you have any trainee doctors working with you at any time during the appraisal period under review, then you are a Medical Educator and fall under the GMC programme of accreditation of clinical trainers as part of the quality assurance of clinical and educational supervisors. More information can be found from the GMC and the Academy of Medical Educators (open in new windows).

Are you a Medical Educator, including a Named Clinical Supervisor or a Named Educational Supervisor?

No

Appraiser's comments

XXX is involved in teaching medical students attached to diabetes unit. She also supervises FY1 doctors. She has completed course on 'Teaching and Facilitating Learning'.

Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to have the opportunity to discuss your achievements over the past year, your aspirations for the future and any challenges you may currently be facing with your appraiser.

Appraisal is a formative process and therefore you are encouraged to discuss these topics.

Achievements and challenges

You can use this space to detail notable achievements or challenges since your last appraisal, across all of your practice.

Despite the corona crisis I have managed at least in the first half of the last year to accomplish some aspects of my previous PDP. I was able to finally self-fund and attend the BSS course and improved my clinical surgical skills. I have given myself enough time to gather my thoughts about my future career progression and have started revising for the MRCS, which I will continue in the coming year and hopefully sit the MRCS in the beginning of 2021.

Aspirations

You can use this space to detail your career aspirations and what you intend to do in the forthcoming year to work towards this.

I have decided that I am going to apply for a surgical training post and have started gathering information for the surgical portfolio. I have bought and started reading books about the application process and how to present my evidence in my portfolio. I have asked friends for help that have successfully applied for a surgical post in the last few years and am trying to apply for a post next year. In the meantime I will look out for opportunities that arise that would give me some further insight into surgery eg. JCF post in surgery or ad-hoc surgical on-calls.

Additional items for discussion

You can use this space to include anything additional that you would like to discuss with your appraiser.

No answer

Supporting information

No documents uploaded

Appraiser's comments

She has successfully implemented various changes in XXX Ward such as electronic documentation, COVID challenge and active DNAR documentation.

Probity and health statements

Please read and respond to the following statements:

Probity

"I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including my statutory obligation to ensure that I have adequate professional indemnity for all my professional roles"

I confirm the declaration

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal:

I have nothing to declare

Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?

No

Medical indemnity

If you do non-NHS or non-HSC work and are not covered by a clinical negligence scheme, the GMC and your organisation will require that you have **appropriate personal medical indemnity**. Your appraiser will likely need to confirm this and you should add your medical indemnity certificate here.

No documents uploaded

Health

"I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health"

I confirm the declaration

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

Comments

If you would like to make any comments to your appraiser regarding either of these topics, please do so here.

No answer

Additional information - including academic information

This page is for you to include any specific information that your organisation requires you to include in your appraisal (e.g. mandatory training records). This additional information may or may not form part of the information needed for revalidation. You may also record here information that is particular to your circumstance, which you do not feel belongs in any other section. This would also be the place to share your job plan, if you wish to do so.

You should seek guidance from your organisation as to what additional information they require you to include here, if anything.

No answer

Supporting information

Section	Type	Title	Date	CPD
Additional Information	Other	Mandatory Training Record	1 Aug 2019 to 30 Sep 2020	3.0
Documents:	BLS 2020.pdf			
	Infection, Prevention and Control.pdf			
	Information Governance.pdf			
			Internal:	3.00
			External:	0.00
			Total:	3.00
			Total credits this appraisal period	

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself.

Academic appraisal: teaching, research, leadership and innovation

Please detail below the teaching, research, leadership, management and innovation activities that you have undertaken and contributed to over the period of the appraisal, including team based activities where appropriate.

Section	Type	Title	Date	CPD
Academic Activities	Teaching	Teaching E-Learning	26 Aug 2020	1.5
Document:	Teaching and Facilitating Learning.pdf			
			Internal:	1.50
			External:	0.00
			Total:	1.50
			Total credits this appraisal period	

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself .

Please describe your personal participation in the above activities including your learning.

As there wasn't enough teaching opportunities during the corona pandemic I tried to find courses that I could do online instead. I hoped to get a better understanding of the principles of effective teaching methods. These online modules obviously didn't enable me to practice the methods and receive feedback, like an external course would, but it was a different teaching experience for me. I learnt about aspects like emotional intelligence and teaching clinical skills in a safe environment besides others. I think for the next year I am hoping to attend an external 2-day teaching course as well as get involved in teaching clinical skills for medical students again.

Appraiser's comments

XXX has good knowledge of general medical problems in elderly. She is on track for basic surgical training.

Personal development plan proposals

If you have ideas for this year's personal development plan, please use this space to record them. You will need to discuss this with your appraiser during your appraisal.

When you submitted your appraisal to your appraiser, your learning/development needs were automatically copied to the 'Agreed personal development plan' page in the 'Post meeting' section of the form.

Note that any further changes to this page will NOT change the contents of the 'Agreed personal development plan' page. This is to avoid overwriting any changes your appraiser has made.

Please add each learning/development need as a separate item. Click the '+' button to add more rows.

Learning/development need
To apply for the surgical specialty training programme for 2021.
To further improve my medical knowledge by sitting the MRCS prior to starting training next year.
To further practice and improve my clinical skills and teaching skills.
No answer

Summary of supporting information

The following is a list of all of the documents that you have added to your appraisal.

Section	Type	Title	Date	CPD
Additional Information Documents:	Other	Mandatory Training Record	1 Aug 2019 to 30 Sep 2020	3.0
	BLS 2020.pdf Infection, Prevention and Control.pdf Information Governance.pdf			
CPD Annual Certificate Document:	CPD Certificate (eg from Royal College)	Basic Surgical Skills	10-11 Sep 2019	12.0
Activity description:	Basic Surgical Skills (Intercollegiate BSS) Certificate.pdf Self-funded practical surgical skills course held at LTHTR and run by the RCSEng. During this 2-day course we were able to revisit gowning and gloving as well as proper handling of surgical instruments. We practised suturing techniques and tie knotting by hand and with instruments. We learnt about the theory of electrosurgery and had the opportunity to practice endoscopic surgery on models. We practised different suturing techniques on cadaver models as well as props and were had a practical exam at the end of the course during which we had to close a wound under direct supervision.			
Outcomes/results:	After this course I felt more confident in my suturing technique and was very keen to practise this more in real life scenarios. At that time I was locuming mostly in in the surgical department and felt like I got good practice on a day-to-day basis but wanted a more formal training and have evidence of my progression. Having done the BSS course would also contribute towards my speciality training application, which back then was part of my plan.			
Colleague Feedback Document:	Colleague Feedback	Ward Feedback	30 Sep 2019 to 31 Aug 2020	0
Activity description:	Colleague feedback 2019-20.pdf During my time on the diabetes and endocrine ward I was collecting feedback from colleagues I was working with from different healthcare background eg. doctors, nurses, HCAs, pharmacist, discharge facilitator, domestic staff. I asked for anonymous feedback using feedback forms from the GMC website, covering most aspects of the Good Medical Practice framework.			
Outcomes/results:	I have received overall very good feedback for the work I do on a daily basis as part of a multidisciplinary team of nurses, HCAs, pharmacists, physiotherapist and other doctors. In regards to specific aspects I feel that given the recent changes during corona I wasn't able to contribute to teaching sessions as much as I would have liked. In FY2 I really enjoyed being part of practical sessions, such as MOCK OSCE and expert patient sessions. In the beginning of my work as full-time locum SHO I did not take the chance of presenting at the weekly teaching sessions, which now in hindsight I very much regret. If I would have given the opportunity again I would make sure that I would put my name down in order to continue to improve my teaching skills and gain feedback on my performance.			
Quality Improvement Activity Activity description:	Other	VTE assessments	30 Sep 2019 to 30 Sep 2020	0
Outcomes/results:	Although I haven't been part of the VTE assessment audit that was presented internally late 2019 at the grand round I have learnt from it and have because of it managed to prevent harm to patients and ensured good clinical practice. The audit highlighted the poor compliance of the hospital in regards to VTE assessments of patients on admission, after 24h and 7d. It introduced the electronic documentation of VTE assessments on the electronic patient record to improve compliance. Since VTE assessments for many seem like a tick box exercise I have learnt from two occasions on the ward I was working at that doing VTE assessments for each individual patient can prevent harm and ensure patients safety. One of the patients I looked at was prescribed a prophylactic dalteparin dose but looking at his PMH his GP only recently prescribed him a therapeutic dose. Since we had no previous clinic letters on the system, I contacted his GP, only to be told that he was diagnosed with a DVT at a community DVT clinic just a few weeks ago and should still receive the treatment dose dalteparin. This patient had been on our ward for almost 2 weeks. If I wouldn't have done his VTE assessment I would have never noticed the mistake. Due to this incident I have continued to look into patients PMH, drug history and current circumstances, to ensure the correct VTE prophylaxis is offered.			
CPD Diary of Activity Document:	CPD Diary	Weekly MAU Teaching Attendance	9 Oct 2019 to 11 Mar 2020	14.0
Activity description:	MAU Teaching attendance.docx The weekly MAU teaching is part of the trust doctors and anyone from other departments was invited to join. It was usually held by one of the MAU doctors and based on cases they have seen, linking to a relevant medical topic. Afterwards there was room for discussions, either in relation to the presentation or general departmental issues.			
Outcomes/results:	From the MAU teaching some of the best presentations were based on cases that presented to MAU. It made the sessions very interactive since you could contribute by saying what you would have done or what you thought the issues is. It taught us what to look out for and in some instances not to narrow down too early when seeing patients with certain symptoms.			
			Internal:	48.50
			External:	8.00
			Total credits this appraisal period	56.50

Section	Type	Title	Date	CPD
CPD Diary of Activity	CPD Diary	Elderly Care Weekly Teaching Attendance	11 Oct2019 to 13 Mar 2020	7.0
Document:	Elderly Care Teaching Attendance.pdf			
Activity description:	As part of our trusts weekly teaching schedule, I attended the elderly care teaching, whenever the workload on the ward allowed. The teaching involved presentations from different speakers and internal discussions of interesting cases or departmental issues. The topics ranged from NG tube placement to homecare and falls assessment.			
Outcomes/results:	From the presentations that took place two of them were most useful to me. The NG tube placement was very good as it covered more than the mandatory training that the intranet offered, as it advised on tips and tricks on things to try or consider when unable to get a pH after correct placement of an NG tube. Having example case discussion and images also strengthened the learnt topic and enhanced group discussions. Another presentation that I found helpful was about falls and falls assessment. During my elderly care placement at medical school this was an important topic as it covers aspects that need to be considered when assessing patients that present with a fall. Since many patients on our ward are admitted following a fall, I was able to use it on real life case and more readily considered factors such as the patients environmental factors, as well as poor vision when assessing elderly patients admitted with a fall.			
CPD Diary of Activity	CPD Diary	Junior Doctor Teaching	5 Nov 2019 to 10 Mar 2020	5.0
Document:	Junior Doctor Teaching Attendance.docx			
Activity description:	These teaching sessions were for junior doctors in training and often involved one of the radiology consultants to do an interactive presentation of common radiological presentations or internal discussions about issues with the training curriculum, the rota or on-call issues.			
Outcomes/results:	The topics were slightly different from the other weekly meetings since they seemed more tailored to what a junior doctor would find useful compared to consultants. I found them very helpful and liked that the teaching was more interactive than presentation slides heavy. After having attended those sessions I felt more confident looking at CT scan prior to being reported, trying to identify common pathologies.			
Quality Improvement Activity	Clinical Audit - Personal/Local	Urinary catheter audit	16 Mar to 30 Sep 2020	1.0
Activity description:	During the corona crises we had multiple patients that were wrongly discharged with urinary catheters insitu, without documentation on why they were inserted and what the plan was in regards to removal or even longterm. Since those situations arose on multiple occasions I started looking into the issues surrounding this and what could be changed to prevent this from happening. I collected data on patients that came onto our ward that were catheterised. I collected data on when and why, whether the urinary catheter form was filled out and whether on discharge there was a plan in place in regards to the catheter.			
Outcomes/results:	I found out that the documentation on patients being admitted with a catheter was poor and often overlooked. There was confusion about whether some were STC or LTC as patients were mostly admitted without proper documentation by community services. We also had no plan on when some of the LTC were due to be changed. With patients that were catheterised in hospital it was very late picked up that they needed TWOCing prior discharge and in some instances this delayed discharge since the OP TWOC clinics were back-logged during the corona pandemic. I think that implementation of a catheter passport in patients that are being discharged with a catheter or that already have a LTC would help with the communication between hospital and community settings. Also having the UCAM form together with the VAC form in a divider in the patients paper notes would prevent would highlight it more that the patient had a catheter. As most documentation is being moved to the electronic form this might not be necessary but in the interim it would ensure this wouldn't be missed.			
Quality Improvement Activity	Other	End of Life e-learning/DNAR Audit	16 Mar to 30 Sep 2020	1.0
Document:	EOL elearning.pdf			
Activity description:	During the corona pandemic the trust published new mandatory e-learning in regards to DNAR. This included the explanation that red (hospital) forms and purple (previously community) form should be replaced with purple (now universal) forms only. Moreover, the DNAR status had to be kept up-to-date electronically in the patients notes. This was introduced after only recently all documentation was kept electronically and not on paper anymore. Following this my work colleague audited the need of placing the paper DNAR universally in the front of the notes, so that in case of a medical emergency it was easy to find and no time would be wasted for eg. the on-call team to find out whether an arresting patient is for DNAR or not. Following this I felt that it was also important that DNARs were filled-out correctly, as they would be otherwise not valid in front of any court.			
Outcomes/results:	I therefore spent part of every day on the ward, checking whether a patient had a DNAR, was it in the right place in the notes, was it filled out correctly and was the electronic form signed and filled out. Having done the e-learning and being aware of my colleagues audit and completely supporting it, made me more aware of the importance of keeping record of DNARs and ensuring the correct documentation. This would highlight issues that could be discussed at ward rounds with the consultants or needed discussion with NOK. It also ensured patients safety and maybe even prevention of never events that might have happened around wrongly documentation DNAR statuses of patients.			
Complaints or Compliments	Review of Compliments	Thank You Card	2 Jul 2020	0
Document:	Card.jpeg			
			Internal:	48.50
			External:	8.00
			Total:	56.50
			Total credits this appraisal period	

Section	Type	Title	Date	CPD
Activity description:				
Outcomes/results:				
Quality Improvement Activity	Clinical Audit - Personal/Local	Data Collection for Internal Antimicrobial Audit	28 Jul 2020	0
Document:	Data Collection for AntimicrobialAudit.xlsx			
Activity description:	As part of the internal antimicrobial audit medical teams are asked to filled-out and return a data collection form that looks at the correct prescription of antibiotics in terms of indications and length of treatment.			
Outcomes/results:	As this has been the third time I have been involved in collecting data from the ward that I was working on at that time it highlights the importance of correctly prescribing antibiotics and when to questions antimicrobial choices. Clearly documenting on the prescription chart, saves time later when questions in regards to the choice of the antibiotic and length of treatment arise. Having been part of it, whilst it might not be a big part, has made me a better prescriber and I feel that I have ensured patient safety by adhering to hospital guidelines, as well as specialist microbiology advice.			
CPD Document	Other	Diabetes E-Learning	25 Aug 2020	4.0
Documents:	DKA.pdf Hypoglycaemia.pdf Perioperative management.pdf VRIII.pdf			
Activity description:	This e-learning was taken from the trusts e-learning platform and complemented the work and clinical scenarios we commonly encounter on the ward. We have constant input from specialist nurses and obviously our consultants and registrars but during weekends we are often left on our own and seeing a patient with DKA, low BMs or NBM is very common.			
Outcomes/results:	Doing this e-learning helped get a better understanding of how to manage patients in those scenarios and the videos highlighted common pit falls. The course highlighted also where to find the relevant guidance from the trust website and the Joint British Diabetes Societies. I feel now more confident in my medical knowledge of how to manage diabetic inpatients in those scenarios.			
Academic Activities	Teaching	Teaching E-Learning	26 Aug 2020	1.5
Document:	Teaching and Facilitating Learning.pdf			
CPD Document	Other	BMJ Learning - ECG	26 Aug 2020	5.0
Documents:	Bradycardias and pacemakers.pdf ECG physiology.pdf ECG recording.pdf ECG Tachycardia.pdf ECG troubleshooting.pdf			
Activity description:	Since we do not have an ECG interpretation service as such and are asked on a regular basis to interpret ECG, either of unwell inpatients or as part of a patients admission I felt that I needed more training to refresh my memory that I held when I was working in ED and interpretation of ECGs was a daily chore.			
Outcomes/results: not	I have started a 14.5h e-learning on the BMJ platform and the above modules are the ones that I already finished. I hope that I will eventually finish the whole course in order to interpret ECGs of patients with different underlying medical conditions, since there is always senior support to help with the interpretation of an ECG. So far I have learnt what to look out for if there seems to be interference during the ECG recording and what the possible causes could be. This will help me with my medical practice on the ward.			
CPD Document	E-learning	COVID E-Learning	26-27 Sep 2020	3.0
Documents:	ABG.pdf CAP.pdf COVID 19 Critical Care.pdf			
Total credits this appraisal period			Internal:	48.50
			External:	8.00
			Total:	56.50

To view these documents, please log in to the L2P system and click on the links for each document within the appraisal itself .

Pre-appraisal preparation

In preparation for your appraisal you should consider and reflect on 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.

Domain 1: Knowledge, skills and performance

This domain has three attributes:

- 1.1 Maintain your professional performance
- 1.2 Apply knowledge and experience to practice
- 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

I have shown that I am taking up opportunities to keep my knowledge and skills up-to-date by attending local weekly departmental teaching session, when the workload on the ward allowed and by using external learning resources, such as bmj learning to revise certain topics I am interested in. I have actively participated in audits on the ward and applied the outcome to my work.

Due to being actively involved in the work on the ward on a daily basis and occasionally out of hours I applied my knowledge when assessing patients, provided advice and ordered relevant investigations. I independently or under supervision if unsure prescribed treatment for patients on a daily basis and was involved in prescribing in end of life patients. I have acted on investigation results and discussed and referred patients to other specialities, when necessary.

I have always tried to adhere to local policies if able to do so and tried to familiarise myself with any changes, whether this be in regards to prescribing or work processes and regulations, especially during the corona pandemic.

Changing the documentation from paper to electronic was a difficult but essential step during the last year. It makes record keeping even easier and ensured that my documentation was clear and understandable to others or even patients. I also made sure that patient confidentiality was maintained, especially when using computers.

Domain 2: Safety and quality

This domain has three attributes:

- 2.1 Contribute to and comply with systems to protect patients
- 2.2 Respond to risks to safety
- 2.3 Protect patients and colleagues from any risk posed by your health

I have not been directly involved in any significant events on our ward but raised concerns that I had in regards to patient care if I felt they were put at risk. I have also made sure that I am following infection control procedures when seeing or examining patients, with increased safety measures during the corona pandemic.

On the ward I have been supervised by registrars and consultants and been supervising foundation doctors and medical students to ensure patient safety and quality of care is maintained.

I have adhered to local and government guidance during the corona pandemic to ensure patient safety and to maintain my family's and my own health. I adhered to local restrictions, social distancing and other lockdown measures. I have sought medical attention when needed and informed my line manager if I had any health concerns.

Domain 3: Communication, partnership and teamwork

This domain has three attributes:

- 3.1 Communicate effectively
- 3.2 Work constructively with colleagues and delegate effectively
- 3.3 Establish and maintain partnerships with patients

In my eyes I have improved my communication skills with patients, relatives and patients over the last year, which could be due to working more independently in some areas. I have always been given verbal feedback from colleagues that my communication with patients and their relatives is very good. I listen attentively and address their concerns and expectations, whilst being realistic and not promising things that I can't provide. Although it is sometimes difficult due to the workload I try to ensure that patients and families are informed about results of important investigations or advised about management plans and actively involve them in the process and support them to make their own informed decisions where possible. Where patients are not able to decide for themselves I have been involved in family discussions and listened to nursing concerns to provide the least constrictive treatment for the patient at that point.

Within the clinical team I make sure that I value every team member and their contributions and set of skills. I try to make them feel comfortable to contribute to eg board rounds and express their concerns in regards to management plans or patients wellbeing. Where needed I tried to lead the team to ensure the work is done by the end of the shift and no important outstanding jobs are missed or handed over to the on-call team. I do not hesitate to delegate jobs to others and at the same time I refuse helping others out. By doing this I try to be a good role model of a doctor who works efficiently in a multidisciplinary team, whilst being approachable and reliant.

In the past there have been occasions where others wouldn't live up to my expectations of their knowledge and skills. Whilst trying to teach and mentoring them I did not shy back to express my disappointment in their work. In the future I want to work on the way I bring this up since I think I could give them more constructive criticism as I would want the same when being told about my own work.

Domain 4: Maintaining trust

This domain has three attributes:

- 4.1 Show respect for patients
- 4.2 Treat patients and colleagues fairly and without discrimination
- 4.3 Act with honesty and integrity

I have never treated patients without respect no matter what. I always made sure I would maintain their confidentiality by disposing my handover correctly and by locking computers when not being used, as well as making sure conversations aren't overheard by people outside the medical team or to give out confidential information out over the phone to the wrong person. Where able and necessary I made sure I had the patients consent to discuss information with their relatives over the phone. My bedside manner and the way I talk to patient is always friendly and polite, even though this might not be returned. I always imagine that I should treat patients the way that I would want to be treated or that I want my relatives to be treated, maintaining their dignity and privacy where necessary.

Within the medical team I have always been verbally honest in regards to feedback and also when being asked to provide writing references, as I would hope the same for myself. Although negative feedback is not nice to hear it has shaped me as a doctor over the last few years and I have become more self confident and approachable since I realised that being this way would improve the patients care and in some instances enhance patient flow. Being ascertain but respectful goes a long way and improves the communication and work with other health professionals and creates a supportive and safe work environment.

Pre-appraisal checklist

Please check that you've completed all the sections of your appraisal and uploaded your supporting information before submitting this form to your appraiser.

Doctor's checklist

This checklist is to help you submit a good appraisal form. Your Responsible Officer will refer back any appraisal form that does not meet the quality standards required by the strengthened appraisal approach.

Scope of work

I have defined all roles undertaken in the period under review including all roles in private and voluntary practice and/or other NHS organisations	Yes
I have defined all of my qualifications for each role	Yes
Where I work in other organisations for which I require a licence to practise, I have completed and uploaded the Trust's private/Non-NHS/Non-LTHTR Letter of Good Standing Form for each organisation (see the Resources section)	Not relevant

PDPs and their review

I have reviewed each of my previous personal development goals and commented in detail as to whether each item was addressed	Yes
If appropriate, I have explained why I have not met any PDP goals	Yes

CPD

I have either uploaded a Royal College CPD annual certificate or I have added all instances of CPD along with CPD points and reflections on learning	Yes
I have removed the identities of any patients from log books, case reviews, grand rounds, morbidity/mortality reviews etc	Yes
I have included confirmation of my annual mandatory training record	Yes
My CPD activities relate to my whole scope of work	Yes

Quality improvement activity

In any clinical case reviews or similar documents, identities of patients or colleagues have been removed	Yes
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Significant events

I have uploaded evidence of clinical incidents from all posts within my scope of work	Yes
I have reflected in depth and commented on all instances of clinical incidents	Yes
In any reports/information and reflection, I have removed the identities of patients or colleagues	Not relevant

Colleague & patient feedback

If required, I have provided colleague and/or patient feedback reports (including my self-assessment scores) in line with our organisational policy	Yes
I have ensured all instances of feedback (including scanned personal thank you letters and cards) contain no patient identifiable information	Yes

Complaints & compliments

I have provided evidence of complaints and compliments from all posts within my scope of work	Yes
I have reflected in depth and commented on complaints and compliments	Yes
I have removed the identities of any patients from my answers or in any of the documents provided	Yes

PDP proposals

I have included the PDP items that I want to complete in the year ahead (there should be at least two - the average is four to six)	Yes
If a Medical Educator, I have included educational PDP	Not relevant
My PDP relates to my whole scope of work	Yes

Pre-appraisal preparation

The GMC Domains have been completed with reflections	Yes
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Overall

I have completed all relevant sections in the form	Yes
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I have reflected in detail on the supporting information I have provided

Yes

Submit appraisal form to your appraiser

Once all pre-appraisal sections have been completed (including the doctor's checklist), please confirm your agreement to the probity statement below.

"I confirm that I have completed this form and compiled the supporting information required to support this appraisal. I am responsible for the contents and confirm that it is appropriate for this information to be shared with my appraiser and responsible officer."

I confirm the above statement

Submitted to appraiser: This appraisal form was submitted to the appraiser on 23 September 2020.

Agreed personal development plan

The personal development plan is a record of the agreed personal and/or professional development needs to be pursued throughout the following year, as agreed in the appraisal discussion between the doctor and the appraiser.

Learning/development need	Agreed action or goal	Date this will be achieved by	How will you demonstrate your need has been addressed?
To apply for the surgical specialty training programme for 2021.	Agreed. Need to have career path	07/04/2021	successful in interview
To further improve my medical knowledge by sitting the MRCS prior to starting training next year.	Agreed. Needed for training in surgical speciality	30/04/2021	Exam result
To further practice and improve my clinical skills and teaching skills.	Agreed	30/09/2021	record
No answer	No answer	No answer	No answer
No documents uploaded			

Summary of the appraisal discussion

Appraiser's comments

The appraiser should review the following sections and insert their summary comments in the appropriate box at the end of each of those sections or in the appropriate box below. The boxes below correspond with the individual appraiser comments boxes in each of those sections and will mirror each other.

Scope of work

XXX is a full time Junior Clinical Fellow at XXX and has been working in XXX Ward since Oct 2019, which is mixture of diabetes & general medical ward. She is actively involved in developing her career in surgery. She does not do regular on calls but helps in out of hours work both in surgery & medicine when needed. She has taken a year out of formal training and been working as a bank SHO in the trust.

PDPs and their review

She had last appraisal done as FY 2. There is no record of appraisal done in L2P system. She stated that she had met all PDP.

Your wellbeing

She has coped well with COVID. She is in good health.

CPD

She attends regular teaching sessions held locally at MAU, Elderly care and junior doctor training. She has also attended basic surgical training. She has also done diabetes e-learning package for inpatient diabetes management. She has also done BMJ learning on ECG. Her CPD diary indicates that he achieved 56.5 credits last year with a good spread of external & internal, self learning and QIP sections. She is on track with her requirements. XXX has completed mandatory training as per the Trust requirements.

Quality improvement activity

She takes part in VTE assessment audit and antimicrobial audit. She has developed and implemented a pathway for urinary catheter. She has also actively worked to implement DNAR policy and actively used community DNAR rather than trust DNAR form.

Significant events

XXX had no significant events this year and I congratulated her on safe practice

Colleague & patient feedback

XXX has provided feedback of 11 colleagues who have confirmed her good clinical practice and her ability to manage difficult conditions. She did not have feedback from patients this year.

Complaints & compliments

XXX has produced a thank you card from relative who passed away. They were very grateful for communication received. She was not involved in any complaint this year.

Medical educator

XXX is involved in teaching medical students attached to diabetes unit. She also supervises FY1 doctors. She has completed course on 'Teaching and Facilitating Learning'.

Achievements

She has successfully implemented various changes in XXX Ward such as electronic documentation, COVID challenge and active DNAR documentation.

Additional information

XXX has good knowledge of general medical problems in elderly. She is on track for basic surgical training.

Summary of the appraisal discussion

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

This domain has three attributes:

- 1.1 Maintain your professional performance
- 1.2 Apply knowledge and experience to practice
- 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

XXX has completed necessary CPD for this year and is on track for her career progression. Her feedback suggests that she applies knowledge and experience to safe practice. She uses electronic documentation very well and maintains clear record. She has good grasp of patient problems which she addresses promptly which I have personally observed.

Domain 2: Safety and quality

This domain has three attributes:

- 2.1 Contribute to and comply with systems to protect patients
- 2.2 Respond to risks to safety
- 2.3 Protect patients and colleagues from any risk posed by your health

She has undertaken all Mandatory trainings and follows trust protocols. She takes part in Quality improvement projects. She has no health issues.

Domain 3: Communication, partnership and teamwork

This domain has three attributes:

- 3.1 Communicate effectively
- 3.2 Work constructively with colleagues and delegate effectively
- 3.3 Establish and maintain partnerships with patients

Her MSF shows that she communicates effectively. She works well in the team. She has maintained good partnership with patients. I personally observed that too.

Domain 4: Maintaining trust

This domain has three attributes:

- 4.1 Show respect for patients
- 4.2 Treat patients and colleagues fairly and without discrimination
- 4.3 Act with honesty and integrity

XXX's MSF review shows that she treats patients and colleagues fairly. She acts with honesty all the time. I personally observed that too.

General summary

The general summary should cover key elements of the wider appraisal discussion.

XXX has taken one year off to do locum while she is deciding on the training route she wants to peruse. This was further complicated by COVID. She has now decided on BST and will be applying for this. She has maintained her knowledge and skills both in medicine and surgery during this period.

Appraisal outputs

The five statements will be completed by your appraiser, and after they have added their comments you will be able to add your own comments before the appraisal is submitted to the RO.

The **appraiser** makes the following statements to the responsible officer:

1	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.	Agree
2	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.	Agree
3	A review that demonstrates progress against last year's personal development plan has taken place.	Agree
4	An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.	Agree
5	No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.	Agree

The **appraiser** should record any comments that will assist the responsible officer to understand the reasons for the statements that have been made.

No answer

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

No answer

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.

No answer

Appraiser's checklist

Appraiser's checklist

This section is to confirm the doctor has met the quality standards required by the strengthened appraisal approach. Please refer to the doctor's checklist that was submitted before the appraisal to ensure that appropriate evidence has been provided on all relevant aspects.

Post-appraisal: agreed PDP

The doctor has completed a PDP that reflects their full scope of work, that describes in detail their learning needs, how they will achieve the learning and how they will demonstrate that the learning has been achieved

Yes

Post-appraisal: summary

I have commented in detail on how this doctor meets the requirements of the four domains of Good Medical Practice

Yes

I have reviewed the reflections and supporting information in respect of the Medical Educator role, and I have answered whether I am satisfied that the doctor is meeting the required standard for a Medical Educator

Yes

Appraiser's comments

Please comment on the completeness of the appraisal and explain any exceptions you have granted to the required information from the doctor:

XXX has taken a year out to decide on the career path and has now decided to go for surgical training. She is on path for that.

I have verified all of the answers provided by the doctor in the doctor's checklist and added my comments on the completeness of the appraisal and any exceptions I have granted

Yes

Submit completed appraisal form to Appraisal Team

Confirmations

Both the doctor and the appraiser are asked to read the following statements and sign below to confirm their acceptance:

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

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

Doctor - please tick here to confirm this

Confirmed

Optional: ask your appraiser to review your appraisal

Request review

Full name of doctor accepting the declaration

XXX

Doctor GMC number

XXX

Appraiser - please tick here to confirm this

Confirmed

Full name of appraiser accepting the declaration

XXX

Appraiser GMC number

XXX

Date of appraisal meeting

28 September 2020

Submitted to Appraisal Team: This appraisal form was submitted to the Appraisal Team on 29 September 2020.

Appraisal review status

This appraisal has been signed off by the Appraisal Team as: **Reviewed and Satisfied**

Signed off by Rhona Haslam from Lancashire Teaching Hospital on 5 October 2020