

Appraisal e-Portfolio User Guides – Updating your Appraisal (V9, June 2023)

Website Address: <https://kingstonhospital.medicalrevalidation.com>

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It is your responsibility to have an annual appraisal which:

- has Good Medical Practice as its focus,
- covers all of your medical practice, including all work for which a medical licence is required (paid or voluntary, and/or outside to the NHS).

The GMC have issued guidance to help you understand what you need to do for appraisal. Their appraisal framework, based on Good Medical Practice, explains the professional values you need to demonstrate you are meeting in your appraisal.

Review Scope of Work

1. Click 'Scope of Work' within the Progress Bar and review the information showing.
2. Out-of-date details should be removed to ensure the information remains accurate.
3. You should ensure you declare your **full scope of practice**, including any/all Private Practice (please specify the location eg: The New Victoria Hospital, Parkside Hospital, Kingston Private Health).

Create the 'Supporting Information' Record

1. click 'Supporting Information' within the Progress Bar and then 'Add',
2. provide the following information:
 - **Title** (Note: make it clear what the record relates to, avoid unclear titles eg: Audit / Certificate of Attendance. Aim for 'Audit re Fracture Management' for example)
 - **Start and End Date** (if applicable),
 - **Activity Type** (optional),
 - **CPD Points** (if applicable),
 - **Details** (optional).
3. If you have indicated you hold either a Clinical and/or Educational Supervisor role, you will see a section re 'Educational Appraisal'. Link to the relevant Education/Training Role Domains via the dropdown menu. Repeat as necessary if applicable to more than one domain.
4. **Attach your evidence** (eg: Certificate of Attendance) via the 'Add File' button. Browse to locate the evidence from your computer files and double-click on the relevant file. Once the file has attached correctly, the file name will appear in a grey box. No records should be submitted in paper format.
Note: Each document should be no larger than 10MB in size. In some cases (eg: power-point presentations including lots of images), it may be necessary to re-save the document as a PDF before loading to e-Portfolio in order to stay within maximum file size limits.
5. **Link to Previously Agreed Development Needs** via the dropdown menu (not applicable to those undertaking the 1st appraisal).
6. **Link to Supporting Information Category/Categories** indicating all applicable, but do not link all evidence to all categories.
7. **Link to Good Medical Practice Domains**, click 'Expand All' to review all domains.
8. **Enter Reflection.** It is mandatory that you show evidence of reflective practice, however, it is not essential to reflect on every record created. If entering reflection, it is recommended this is entered when creating the record, however, it is possible to indicate this will be entered at a later point by

choosing the 'Later' option (a task will automatically appear in your 'Task Box'). If you don't intend to enter reflection, choose the 'N/A' option.

Mandatory reflection should be entered on all records regarding Significant Event and/or Complaint involvement, and the majority of records linked to CPD and QUIP. Reflection is also mandatory following completion of formal Colleague and Patient Feedback exercises.

9. Save the record via the 'Add' button.

Editing / Deleting Supporting Information

To edit or delete a Supporting Information record, click 'Supporting Information' within the Progress Bar, locate the relevant record and click 'Edit' or 'Delete' as required.

Reviewing overall evidence linked against Supporting Information categories (VERY USEFUL)

It is advisable that you review the evidence loaded to ensure evidence is available for all appropriate Supporting Information categories. This can be viewed via the 'Appraisal' box on the homepage. Click the drop down arrow next to 'Supporting information' to see how many records are currently linked to each category.

Supporting Information examples

Please note: it is not mandatory to provide everything listed. Any mandatory evidence is shown in bold.

Category	Example/Suggested Evidence
Continuing Professional Development (CPD) CPD undertaken must cover the full scope of your practice	<ul style="list-style-type: none"> • CPD record for last 12-months (if recorded using Royal College CPD Diary, or equivalent system), • Royal College/Faculty confirmation re CPD points obtained in last completed CPD year and/or cycle, • Selection of CPD undertaken (eg: Royal College Annual Conference/Congress or Meetings, Specialist Association/Faculty Meetings, Online Training Certificates, • Record of Attendance at department/hospital teaching sessions (eg: Grand Round, RCPE Monthly Updates etc), • Mandatory Training Record (confirmation available via your Smart Card).
Quality Improvement Activity (QUIP)	<ul style="list-style-type: none"> • Performance review against local, regional or national benchmarking data (including morbidity and mortality statistics, or complication rates), • Clinical Audit / Quality Improvement project participation (audits/projects that are 'underway' are acceptable, however, these must be accompanied by a relevant PDP development need. Evidence/reflection on the completed process should be provided the following year), • Case Review or Discussion (documented account of interesting/challenging cases discussed with peer, other specialist or MDT), • Learning Event analysis, • Teaching evidence (ideally including evidence of feedback received), • Policy or Management Practice Review/Update, • MDT / M&M / User Group / Business Meeting attendance, • Educational and/or Clinical Supervision responsibilities (including 3-yearly Accreditation documentation), • Clinical/Management responsibilities (including Regional or National roles), • Professional Journal Reviews, • External responsibilities (including GMC, Royal College/Faculty roles).
Significant Events GMC guidance definition shown below	<p>You must declare (and reflect on) every significant event you were named in, or carried clinical or managerial responsibility for, since your last appraisal (<u>including any received in Private Practice</u>).</p> <p>Your reflection should focus on the insight and learning from the event, rather</p>

	<p>than the facts or the number you have recorded.</p> <p>PLEASE DO NOT LINK OTHER EVIDENCE TO THIS CATEGORY. Evidence re discussion of departmental Significant Events, or role as Case Investigator/Manager should be linked to 'Quality Improvement Activity'.</p>
<p>Complaints and Compliments</p> <p>GMC guidance definition shown below</p>	<p><u>Complaints:</u> You must declare (and reflect on) if you were named in, or carried clinical or managerial responsibility for any complaints, since your last appraisal (including any received in Private Practice).</p> <p>Your reflection should focus on the insight and learning about your practice. You should include any changes you have already made to your practice, and any future actions or changes you propose to make.</p> <p><u>Compliments:</u> Informal Patient Feedback (eg: Thank You cards/letters/emails) can be provided. Patient Identifiable Data must be removed beforehand.</p>
Colleague Feedback	<ul style="list-style-type: none"> Formal feedback exercise once per 5-year 'Revalidation' cycle (recommended for inclusion within penultimate appraisal prior to Revalidation). Informal feedback (eg emails etc) can be provided annually (also linked to Complaints/Compliments), however, this evidence will not be sufficient for Revalidation.
Patient Feedback	<ul style="list-style-type: none"> Formal feedback exercise once per 5-year 'Revalidation' cycle (recommended for inclusion within penultimate appraisal prior to Revalidation). Informal feedback (eg Thank You cards/letters/emails) can be provided annually, however, this evidence will not be sufficient for Revalidation.
Job Plan	<ul style="list-style-type: none"> Job Plan (Consultants & SAS only – download from Allocate account). Ideally this will be an 'agreed' version but if not, upload attach the 'draft' version. Weekly/Monthly Rota or Timetable (Trust Drs etc), Document indicating Bank Shifts worked recently and details of any future shifts booked (Bank Drs only). <p>PLEASE DO NOT LINK ANY OTHER EVIDENCE TO THIS CATEGORY</p>
Academic and Research	Evidence is only required if academic/research work undertaken.

Additional Information

Continuing Professional Development

CPD activities should be tailored to your scope of practice and development needs. The GMC do not mandate a specific number of CPD points required for appraisal or revalidation. Most Royal Colleges/Faculties have published advice on their websites detailing how doctors working in their specialties can demonstrate appropriate CPD across the curriculum for that specialty.

Please include a copy of your mandatory training record. This information is available via your CRS smart card. To transfer this to your appraisal e-Portfolio, login to your personal dashboard page. From here, you should see a section re: 'My Training Compliance'. Click the dropdown arrow next to the coloured progress bar, then click 'View My Compliance' to see the full record with an option re 'Printable Page'.

Quality Improvement

Royal Colleges and Faculties provide guidance on the type of activity that would be most appropriate for doctors working in their specialties. Many specialties have robust and validated quality measures in place, such as national specialty databases. If you are in specialist practice you should consult your College/Faculty guidance.

Significant Events and Complaints

The GMC guidance definitions are:

Significant Event: *“any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented”.*

Complaints: *“complaints received about you or your team that have been formally acknowledged or recorded by you or the organisation to which it was sent”.*

You should show awareness of any patterns in the types of incidents or events recorded about your practice. You should also outline action taken and any changes made to your practice to prevent such events or incidents happening again. Areas for further learning and development should be reflected in your personal development plan and CPD.

Confirmation re Significant Event involvement can be requested from the Patient Safety, Governance and Risk team at: khft.patientsafetyandrisk@nhs.net

Confirmation re Complaints can be requested via the Complaints team at: khft.complaints.team@nhs.net

Agree the Appraisal Meeting Date

Approximately two-three months prior to your Appraisal Anniversary, liaise with your appraiser to agree a mutually agreeable date/time/venue for the appraisal meeting. On confirmation of the agreed date, enter this information on to your e-Portfolio by clicking ‘Meeting Date’ within the Progress Bar. Once this has been entered, the ‘Meeting Date’ circle on the Progress Bar will change to green.

Complete & submit the Input Form

The Input Form can be accessed by clicking ‘Input Form’ within the Progress Bar. All questions with a red star next to the question are mandatory. There is a numbered navigation bar at the top which allows you to jump directly to the relevant section.

3-4 suggested ‘Development Needs’ for the coming year, must be indicated via question 28. Each suggestion should be entered separately.

Suggestions should be ‘SMART’:

Specific: The objective should be clearly defined.

Measurable: There should be an identifiable outcome that would demonstrate that the objective has been achieved.

Achievable/Attainable: It should be possible to accomplish the outcome within the time parameters stated, taking into account the scope and constraints of the job etc. Goals should be challenging, but realistic.

Relevant: Objectives should relate to learning and development needs identified, either via Significant Event and/or Complaint involvement, and/or professional development based on College/Faculty guidance.

Time-based: Objectives should state a target date for completion.

Examples of non-SMART objectives:

Title	Explain the Development Need	How will you address it?	Change in Practice anticipated	Target Completion
Keep up-to-date	Remain knowledgeable in my area	CPD / Study Leave	Better Dr	Next 12 months

Title	Explain the Development Need	How will you address it?	Change in Practice anticipated	Target Completion
Increase MDT involvement	I need to increase MDT involvement	MDT meetings	Good opportunity to discuss cases	Monthly

An example of a SMART objective:

Title	Explain the Development Need	How will you address it?	Change in Practice anticipated	Target Completion
Present outcomes of 'Dementia Audit' to department & wider teams.	Policy amendments made following recent audit.	Due to present at dept meeting on 1 st Mar, Grand Round 4 th Mar & Schwartz Round 5 th Mar. Intranet guidelines updated.	My management will be in-line with latest NICE guidelines. I have disposed of any old outdated guidance.	31.03.2024

Once all Supporting Information has been loaded and your Input Form has been completed, it should be submitted to your appraiser for review. Once submitted, the form is no longer editable so no further supporting information records should be created. **Please aim to submit this no later than 2-weeks prior to your Appraisal Meeting Date.**

Appraiser review/agreement of the Input Form

Your Appraiser will review the Input Form and if possible, will confirm approval by 'agreeing' the information.

If your appraiser is unable to 'agree' the Input Form, they will return it to you for amendment. The reason(s) for returning (eg: insufficient evidence regarding Quality Improvement Activities) will be indicated at the top of the returned Input Form. Address the issues raised and re-submit the form for further review as soon as possible. In the unlikely event that the Input Form is returned for a second time, please contact the Appraisal & Revalidation Manager for further support.

Your Input Form should be approved prior to your Appraisal Meeting Date.

Appraisal Meeting

During the Appraisal Meeting your appraiser will:

1. review the completion of the 'current' PDP (eg: the Development Needs agreed last year). Each requirement should be 'completed', 'deferred' if incomplete and still required, or 'deleted' if incomplete and no longer required. Once all requirements have been reviewed, the 'current' PDP will be 'closed', and
2. discuss the suggested 'new' Development Needs. It may be that some suggestions are not agreed, or additional Development Needs suggested. Your appraiser will explain the reasons for any amendments at the time. Development Needs should be mutually agreed by both parties.

Output Form & Feedback Questionnaire

Following the meeting, your Appraiser will issue the Output Form, summarising your progress against the Good Medical Practice domains and confirming details of the agreed Development Needs for the coming year. On receipt, review the content as soon as possible and ideally, confirm your agreement. If you are unhappy with the content, you can 'reject' the form back to your Appraiser for further amendment. You will be required to indicate your reasons for rejection.

As soon as the Output Form has been agreed, a feedback questionnaire should automatically pop up. Your appraisal is not complete until this has been submitted so please complete this immediately. It should take no more than a couple of minutes to complete. If the questionnaire does not pop up, this can also be accessed by clicking 'Feedback Questionnaire' on the progress bar.