Input Form

Appraiser:	Joe Bloggs
Status:	Complete
Last Modified:	13/11/2013 10:02
Appraiser Confirmation Date:	13/11/2013 10:02

Date of planned appraisal meeting	11/11/2013
Appraiser name	Joe Bloggs

GENERAL II	NFORMATION		
Name		Sarah Short	
GMC/GDC number	er	1234567	
		New Derwent House, Theobald's Road, London, WC5X 2TB	
Contact telephor		02031166902	
Contact email ad		Sarah@fake.com	
Name of designa	ted body	Faculty of Occupational Medicine	
Date of last appra		11/11/2012	
Name of last app	raiser	Joe Bloggs	
Revalidation due Date		31/10/2015	
Scope of work	Please see Input and Output Form Additional Content document: 'Scope of Work'		
Have you included in your portfolio your declaration of contract and employment?		Contrainy not applicable	
Please highlight any changes that you have made to your scope of work since your last appraisal			
Please describe any changes to your scope of work that you envisage taking place in the next year			
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SUPPORTING INFORMATION

Continuing
Professional
Development

Supporting Information Date	Title	
18/04/201315:00	BLS certificate	
08/10/201309:47	Conference certificate	
01/10/201315:35	Presentation on MSD disorders	
11/10/201309:28	Audit group meeting minutes 16 03 2013	
11/11/201315:40	Audit group meeting minutes 14 06 2013	

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

Please see Input and Output Form Additional Content document: 'CPD'

Quality Improvement Activity

Supporting Information Date	Title
18/04/2013 15:00	Audit of case management of CFS
08/10/201309:47	Peer case review 1 summary
01/10/2013 15:35	Peer case review 2 summary
11/10/201309:28	Audit of respiratory health surveillance process

Please describe your personal participation in the above 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.

Please see Input and Output Form Additional Content document: 'Quality Improvement Activity'

Significant Events

Suicide case review	
	Suicide case review

The GMC states that you should discuss...

			Complete if appr	ropriate	
Complaints	Supporting Information Da	ate		Title	ı
and Compliments	18/04/2013 15:00			Log of complaints re	ceived
Compliments	08/10/201309:47			Complaints policy	
	01/10/2013 15:35			Summary of GMC c	omplaint
	30/10/201311:28			Log of compliments	
	ed you have been				
involved in any complaints in the last year, please use the space provided to write a brief commentary on your learning and how you intend to take action as a result of your involvement in complaints. You should also reflect on how this information demonstrates that you are continuing to meet the requirements of Good Medical Practice. Please select one of the following Compliments are another important piece of feedback. You may wish to detail			Complete if appr		
	ments that you have liscussed in your				
Feedback	Supporting Information Da	ate		Title	
	18/04/2013 15:00			360 degree feedbac	
	08/10/201309:47			Feedback on MSD p	presentation
	Please detail what actions you have taken in the light of the above colleague feedback				
Patient	Cupporting Information D	ato		Title	
Feedback	Supporting Information D 18/04/2013 15:00	alt		360 degree feedba	ack report
I					

taken in the ligh feedback activity patients, this fe- sources relevan	that actions you have nt of the above patient ties. If you do not see edback may be from other nt to your practice such ers, students, suppliers or	Please see Input and Output Form Additional Content document: 'Colleague and Patient Feedback'
Job Plan	Do	not fill in as this duplicates Scope of Work
Academic and Research		de evidence of work and feedback on teaching activities if necessary
Please describe the nature and scope of any academic and or research activity outside your clinical contract/setting. (e.g. university, industry etc.)		Complete if appropriate
	one of the following	
Please add any comments	/ further relevant	
Do you carry o	ut any Education/Training	
defined by the (and Approval o	e seven domains as GMC for the 'Recognition f Trainers' are you able to ce of training within the ?	Complete if appropriate
Additional Com	nments	

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 Please see Input and Output Form Additional use this space to detail notable Content document: 'Achievements. achievements or challenges since your Challenges and Aspirations' last appraisal, across all of your practice. Aspirations: You can use this space to Please see Input and Output Form Additional detail your career aspirations and what Content document: 'Achievements, you intend to do in the forthcoming year Challenges and Aspirations' to work towards this. Additional items for discussion: You can Please see Input and Output Form Additional

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

Please see Input and Output Form Additional Content document: 'Achievements, Challenges and Aspirations'

landatory Training		
Please select one of the following	Complete if appropriate. Not all practitioners have this requirement as it is generally an NHS term	
Probity Statement		
I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity		
In relation to suspensions, restrictions on my practice or being subject to investigations of any kind since my last appraisal: If you have been suspended from any medical post, have restrictions placed on your practice or are currently under investigation by the GMC or any other body you must declare this		
Have you been requested to bring specific information to your appraisal by your organization or responsible officer? If yes, please upload this information to your supporting information and describe what you have included.		
lealth Statement		
I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health. If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.		

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

YOUR REFLECTION ON GOOD MEDICAL PRACTICE

In preparation for your appraisal you should consider how you are meeting the requirements of Good Medical Practice. This reflection will help your and your appraiser to prepare for your appraisal and will help your appraiser summarise the appraisal discussion.

Domain 1: Knowledge, skills and performance	I am committed to deepening and maintaining my knowledge, as evidenced by my CPD activities. The audit of health surveillance processes was useful, as it demonstrated that timely referrals by the nurse to the physician, was not occurring in 10% of those under surveillance. We have trained the nurses and now undertake sampling of the records, to check that this is reducing. Another audit is planned in 1 year to monitor progress.
Domain 2: Safety and quality	We have systems to identify and investigate adverse events eg the suicide case. I always put patient safety first and will act to ensure optimal treatment if I think this is a barrier to their recovery, or ability to return to work, as shown by the supporting information.
Domain 3: Communication, partnership and teamwork	I enjoy working in teams and would like to develop my leadership skills to effectively lead the OH team at Interesting Co Ltd. My PDP objectives reflect this.
Domain 4: Maintaining trust	We have a confidentiality policy and consent processes in place, which helps to maintain trust as shown in the supporting information. All clinical records are stored securely in paper and electronic format.

STATEMENT OF ASSURANCE BY THE DOCTOR BEING APPRAISED

I confirm that I have completed this form, agreed with the statements made and compiled the appended file of supporting information submitted 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 RO

Full name of doctor accepting the declaration above	Sarah Short
Doctor's GMC/GDC number	1234567
Date of declaration	09/11/2013

ACCEPTANCE BY APPRAISER OF APPRAISAL INPUTS		
Please tick here to confirm your acceptance		
Full name of appraiser accepting the appraisal inputs	Joe Bloggs	
Appraiser's GMC/GDC number	0000404	
Date of acceptance	10/11/2013	