STAGE 3 – END OF YEAR APPRAISAL / ANNUAL REVIEW

The following must be completed and given to your appraiser at least one week before the planned meeting:

<table>
<thead>
<tr>
<th>Meeting date</th>
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<table>
<thead>
<tr>
<th>Appraisee name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Current post</td>
<td></td>
</tr>
<tr>
<td>Appraiser name</td>
<td></td>
</tr>
<tr>
<td>GMC number</td>
<td></td>
</tr>
<tr>
<td>Start date</td>
<td></td>
</tr>
<tr>
<td>Appraiser GMC number</td>
<td></td>
</tr>
<tr>
<td>Revalidation due date</td>
<td></td>
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<tr>
<td>Previous revalidation date</td>
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<tr>
<td>Date of previous colleague feedback</td>
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<tr>
<td>Date of previous patient feedback</td>
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**Scope of practice**
Please review and update your scope of work if there is anything additional since your preliminary meeting:

**Mandatory training / requirements**
Review of any outstanding mandatory training or requirements during the post:
**DISCUSSION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Do you feel you are progressing satisfactorily in your post at GOSH?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If no why not?</td>
</tr>
<tr>
<td>Can you highlight the most positive aspects of your job so far?</td>
<td></td>
</tr>
<tr>
<td>Can you highlight the least positive aspects?</td>
<td></td>
</tr>
<tr>
<td>What progress are you making against your agreed objectives?</td>
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<tr>
<td><strong>Have you undertaken and improvement activity? Provide any details and success or support required</strong></td>
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<table>
<thead>
<tr>
<th><strong>What are the key areas of activity you need to concentrate on in the future?</strong></th>
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<table>
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<tr>
<th><strong>What support/training will you need to achieve your objectives?</strong></th>
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<tr>
<th><strong>Any other issues you want to discuss?</strong></th>
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</table>
If any patient or colleague feedback has been undertaken record this here. Your appraiser must have sight of this prior to the appraisal. Reflect on what this feedback means to you and how it might change your practice. You must attached copies of the feedback reports when submitting to revalidation support (revalidation.support@gosh.nhs.uk)

<table>
<thead>
<tr>
<th>Statement of probity</th>
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<tbody>
<tr>
<td>The General Medical Council requires that doctors who are preparing for revalidation should provide details of their medical indemnity cover, declare any criminal charges against them and make a declaration to confirm that they comply with the principles relating to professional and personal probity set out in Good Medical Practice.</td>
</tr>
<tr>
<td>Doctors must also provide details of any criminal charges that they have been, or are currently subject to.</td>
</tr>
<tr>
<td>Please confirm that the following two statements are accurate, if not indicate where they do not apply.</td>
</tr>
</tbody>
</table>

| 1 | I am aware of the principles and values on which good practice is founded as outlined in the GMC publication, Good Medical Practice, and of the responsibilities on me as a doctor to comply with these standards and the supporting ethical guidance, particularly in respect of professional and personal probity. |
| 2 | I confirm that no concern has been expressed about my compliance with these principles and values. |

I confirm that I comply with the two statements above: **Yes/No**

Further information:

Signed:  
Date:
Statement on health

The General Medical Council requires that doctors who are preparing for revalidation should confirm that they are registered with a GP every year and make a declaration to confirm that they comply with the principles relating to health set out in *Good Medical Practice*.

I confirm that I can currently registered with a general practitioner:  **Yes/No**

Please confirm that the following two statements are accurate, or indicate where they do not apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>I am not suffering from, or aware of, any significant health issues, or such health issues are being appropriately managed</td>
</tr>
<tr>
<td>2</td>
<td>I confirm that no concern has been expressed about my compliance with these principles and values.</td>
</tr>
</tbody>
</table>

I confirm that I comply with the two statements above:  **Yes/No**

Further information:

Signed:  
Date:  


Significant Events

- A Significant Event (also known as a serious untoward incident, serious incident or serious critical incident) is any untoward or unexpected event which could or did lead to harm of one or more patients. As part of the requirement for revalidation doctors are obliged to record and reflect on significant events in their work.
- You should record here any significant events in which you were named or were involved. You should indicate if the event is resolved (ie the investigation complete) or not. If the investigation is complete, you should reflect on your involvement and if this has changed your practice. You do not need to include full details of the event, those details you do include must be anonymised. If the investigation is not complete, then this event should be discussed at a future meeting.
- If you have been named in an event, this does not mean you were at fault, but reflection is useful as SIs often provide important learning that is broadly applicable.
- If you are not sure where to get information about SIs, please discuss this further with your Educational supervisor.

Please tick one of these boxes:

<table>
<thead>
<tr>
<th>I have not been involved in an SI since my last appraisal</th>
<th></th>
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<tbody>
<tr>
<td>I have been involved in an SI since my last appraisal</td>
<td></td>
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Signed: ___________________________  Date: ___________________________

Details of SI and Reflection:


Complaints

A complaint is a formal expression of dissatisfaction or grievance relating to an individual doctor, team or about the care of patients. As part of the requirement for revalidation doctors are obliged to record and reflect on any complaints in which they have been named.

If you know you have been involved in a complaint you should discuss this with your educational supervisor and reflect on the outcome and record this here.

If you have been named in an event, this does not mean you were at fault, but reflection is useful as complaints often provide important learning that is broadly applicable.

Please tick one of these boxes:

| I have not been involved in a complaint since my last appraisal |
| I have been involved in a complaint since my last appraisal |

Details of Complaint and reflection:

Compliments

This section can be used to record any unsolicited compliments received from parents, patients, carers, relatives or colleagues.
Summary of Appraisal Meeting (to be agreed by appraiser and appraisee)
This must be in line with the domains (and component attributes as listed) of Good medical practice and are as follows:

### Domain 1: Knowledge, skills and performance
- 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

### Domain 2: Safety and Quality
- 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

### Domain 3: Communication, partnership and teamwork
- 3.1 Communicate effectively
- 3.2 Work constructively with colleagues and delegate effectively
- 3.3 Establish and maintain partnerships with patients
## Domain 4: Maintaining Trust

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

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## General Summary

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I confirm that all of the above is true and accurate.

<table>
<thead>
<tr>
<th>Educational supervisor signed</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Appraisee signed</td>
<td>Date</td>
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</tbody>
</table>

**NB:** Following your final appraisal meeting please ensure that you send all your documentation from each meeting to [revalidation.support@gosh.nhs.uk](mailto:revalidation.support@gosh.nhs.uk).