

Appraiser:	QI feedback provided by:	Date:
Appraisal identifier (Dr initials)		
<p>QI Tool</p> <p>Designed for formative feedback and quality improvement/assurance of appraisal summary, PDP and output statements.</p>	<p>Comments</p> <p>Highlight examples of excellence in the appraisal outputs and suggest areas for possible development (where appropriate)</p>	<p>Score</p>
<p>OVERVIEW</p> <p>a - Provides a good description of the doctor, and the context(s) in which they work, including all roles carried out as a doctor with qualifications/relevant experience for the role and proportion of time spent in role. (1)</p> <p>b - Discusses challenges and constraints, celebrates achievements since the last appraisal and reviews aspirations for the future (some of which may have a timescale over one year). (1)</p>		
<p>PDP REVIEW</p> <p>a - Reviews and comments on progress with each of last year's PDP objectives, explaining any unmet objectives. (1)</p>		
<p>DOMAIN 1: KNOWLEDGE SKILLS AND DEVELOPMENT</p> <p>a - Reviews CPD and QIA, including Significant events and serious incidents, in relation to <i>Good Medical Practice</i> and whole scope of work, commenting on lessons learned and changes made. (1)</p> <p>b - Comments on how the doctor demonstrates the ability to keep knowledge and skills up to date, provide a good standard of practice and care, and work within their competence, including reflecting on the AoMRC Factors for Consideration (FfC) SRT (if applicable). (1)</p>		
<p>DOMAIN 2: PATIENTS, PARTNERSHIP AND COMMUNICATION</p> <p>a - Reviews formal and informal patient and carer feedback, including compliments and complaints, in relation to <i>Good Medical Practice</i> and whole scope of work, commenting on lessons learned and changes made. (1)</p> <p style="padding-left: 40px;">(For doctors with no patient facing roles, where patient feedback is not required, award 1 mark)</p> <p>b - Includes discussion on safeguarding and helping in emergencies and duty of candour and (if applicable) comments on how the doctor demonstrates working in partnership with patients, respecting their dignity and treating them as individuals, supporting them to make informed decisions about their care and to access care and protecting their personal information from improper disclosure. (1)</p>		
<p>DOMAIN 3: COLLEAGUES CULTURE AND SAFETY</p> <p>a - Reviews formal and informal colleague feedback, including compliments and complaints, in relation to <i>Good Medical Practice</i> and whole scope of work, commenting on lessons learned and changes made. (1)</p> <p>b - Comments on how the doctor demonstrates working effectively with colleagues, leading and following, sharing knowledge, skills and experience (including teaching, training, mentoring and coaching), helping to create a compassionate, supportive and fair working and training environment where everyone feels safe to ask questions, talk about errors and</p>		

<p>raise concerns and act promptly if there is a risk of serious compromise to patient care (1) c - Comments on the health statement and how the doctor takes care of their own health and wellbeing needs and work/leisure balance, including response to the 'How are you?' rating scale. Discusses support needs / signposts to resources for support (if applicable). (1)</p>		
<p>DOMAIN 4:TRUST AND PROFESSIONALISM a - Comments on the probity statement, including anything the doctor was asked to bring to the appraisal meeting, medical indemnity and potential conflicts of interest. Where appropriate, circumstances discussed and explanation made to RO. (1) b - Comments on ability to work with honesty and integrity, including in research (if applicable) and protect and promote the health of patients and the public by communicating as a medical professional. (1)</p>		
<p>GENERAL SUMMARY a - Describes a professional appraisal - venue/remote appraisal provider, duration, information governance and appropriate anonymisation. Records reasons if exceptional circumstances apply (period in work since last appraisal not 12 months / approval for unusual arrangements or postponement etc.) (1) b - Gives revalidation specifics - recommendation due date, point in revalidation cycle, explains missed appraisals, number of appraisals within this cycle / with this appraiser, appraiser qualifications - and comments on any gaps identified in the requirements for revalidation, or covering whole scope of practice and how they will be addressed, (including them in new PDP if appropriate) <u>or stating if no gaps</u> (1)</p>		
<p>OVERVIEW a - Professionally written - typewritten, objective, suitably succinct, no 3rd party information in uploaded evidence and no obvious biases in summary. (1) b - Focuses on the needs and agenda of the appraisee, affirming good practice (with examples) and celebrating achievements. (1) c - Demonstrates promoting reflective practice and encouraging the appraisee to consider their personal and professional development through appropriate challenge and support. (1)</p>		
<p>AGREED PDP a - Indicates how new PDP objectives arise from appraisal and Good Medical Practice. (1) b - New goals are SMARTER (Specific, Measurable, Achievable, Relevant, Time-bound, Economic and Reflect Impact). (1) c - Goals make explicit what success looks like and how achievement will impact on practice quality / safety or patient care. (1)</p>		
TOTAL		20
<p>Overall comments:</p>		

