



Specialist Appraisal Portfolio

Of

The Appraisal process is guided by the following

Department of Health Advance Letters (MD) 5/01 and 6/00

1) The 'Consultant and Non-Career Grade Doctors and Dentists Appraisal Scheme'

SPECIALIST APPRAISAL IN MUSCULOSKELETAL MEDICINE

. . THE PATH TO REVALIDATION

Doctors have always had a duty of care to their patients. A more transparent process of appraisal is to replace the Hippocratic oath and the ethos of professional integrity in the United Kingdom, as part of the process by which the General Medical Council will grant revalidation of the medical licence.

Specialist practice outside the NHS is not formally covered and the British Institute of Musculoskeletal Medicine proposes a robust system to enable the GMC to revalidate doctors specialising in musculoskeletal medicine. This will benefit both the patients receiving musculoskeletal care and those doctors providing it.

The pattern suggested is modelled on that for NHS consultants and this document relies particularly on the Department of Health Letters (MD) 5/01 & 6/00, documentation on the DOH website (www.doh.gov.uk/nhsexec/consultantappraisal) and the Royal College of Physicians of London 'Consultant Appraisal in the NHS' (2002).

The current proposal by the GMC is for five-yearly re-validation. For each year prior to revalidation, an appraisal must take place.

Various models of appraisal exist: the current one in the NHS depends on a trained doctor, not necessarily in the same specialty, undertaking an interview ('meeting') and reviewing evidence of practice. In North America, the "360 degree survey" collects anonymous information from patients and colleagues to inform the appraisal.

GOOD APPRAISAL

Appraisal should be a positive experience to support professional development. It should identify difficulties in practice either due to problems in knowledge, skills, interpersonal conflicts, and dissatisfactions. This should lead to a plan to achieve optimum practice to satisfaction of doctor and patient, through a personal development plan.

CONTENT OF APPRAISAL

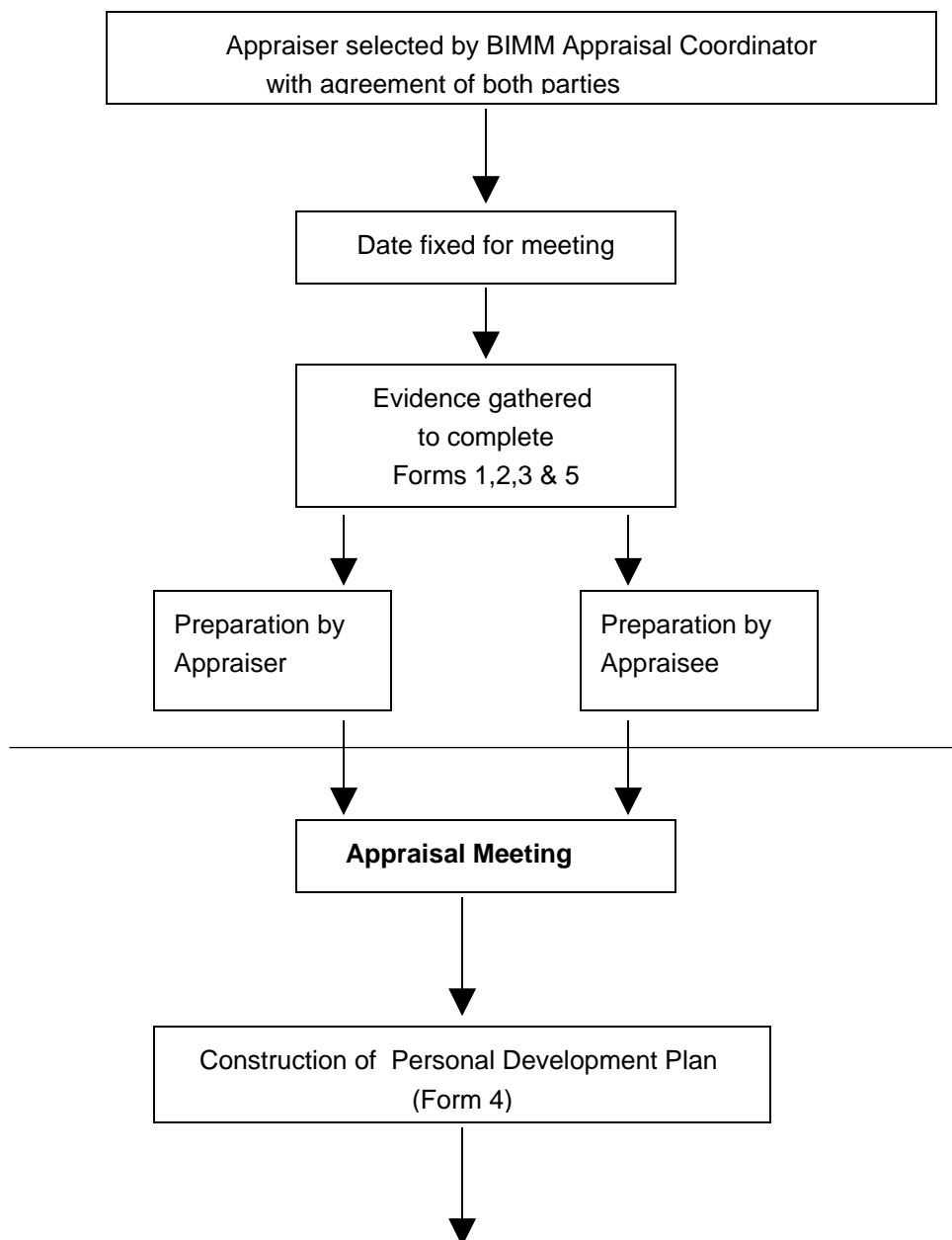
Good clinical care - maintaining good medical practice - teaching and training - working with colleagues - relationships with patients - probity - health.

INDEPENDENT ASSESSOR

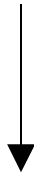
If a BIMM member feels the appraisal process has not been fair and might prejudice successful revalidation, he/she should contact (through the BIMM office) the independent assessor, Group Captain David Jones, FRCP RAF, who is not a BIMM member.

PROCESS OF APPRAISAL

We recommend the following process:



Appraiser & Appraisee sign summary document



Copy of document to Appraisal Coordinator of BIMM

Personal Details

Form 1

Name:

Address:

Main place of work:

NHS contracts:

Other places of work:

Qualifications:

GMC registration:

Number:

Date full registration:

CCST date:

CCST specialty:

Date of first membership of British Institute of Musculoskeletal Medicine

**Postgraduate qualifications in Musculoskeletal Medicine / Orthopaedic
Medicine / Manual Medicine / Osteopathic Medicine**

Details of any registration / qualifications outside UK:

Is your registration currently in question Y N

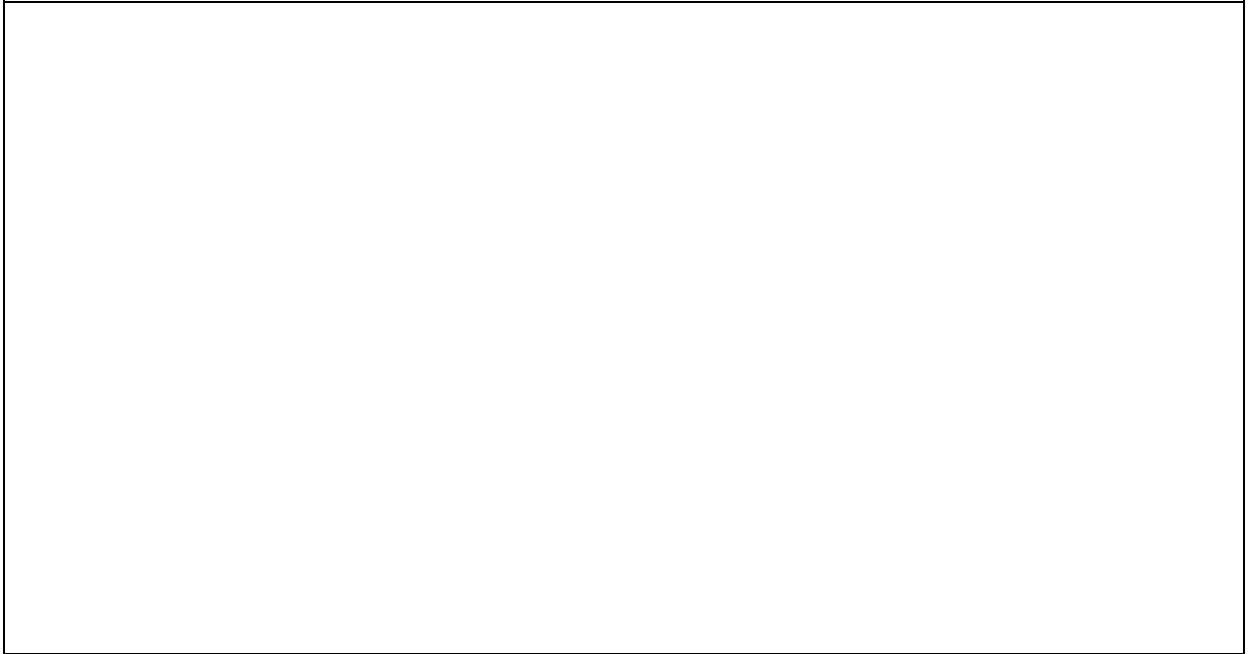
Has your registration ever been questioned Y N

if yes give details

Date of last revalidation:

Previous posts (last 5 years) – please list with dates

Other relevant personal details e.g. membership of societies etc

A large, empty rectangular box with a thin black border, intended for the user to provide additional personal details such as membership in societies.

Details of current medical activities

Form 2

Current weekly timetable

Description of clinical activities – what you do

General activity

Sub-specialist skills and commitments

Out-patient work

Other clinical work

Summary of non-clinical work

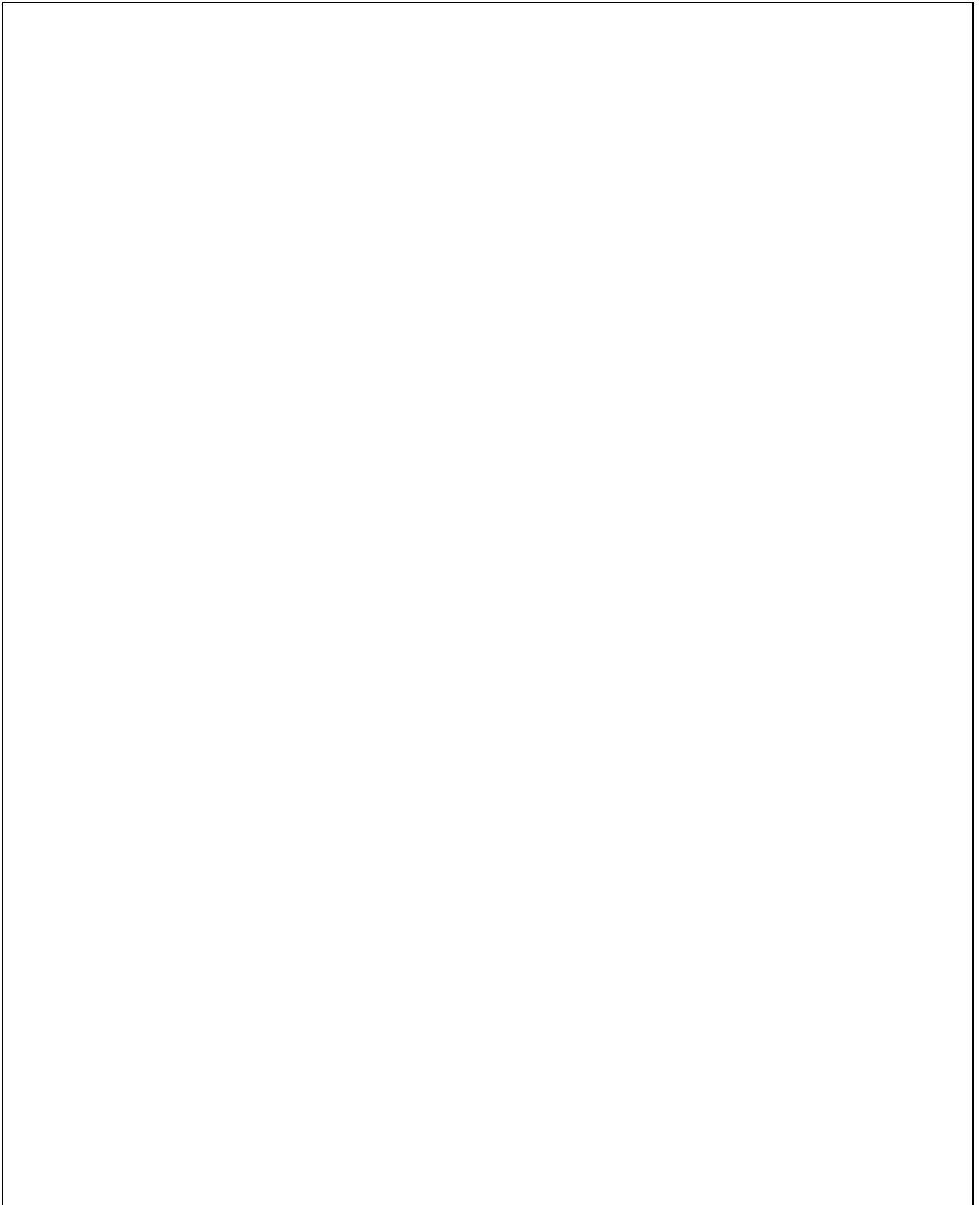
Management, teaching / academic, research, examining etc

Work for regional, national or international organisations

Other professional activities

Comments –

Please detail any factors which you believe influence your ability to provide good patient care. Please also note any action you have taken to address any of these issues.

A large, empty rectangular box with a thin black border, intended for the user to provide detailed information regarding factors influencing their ability to provide good patient care and any actions taken to address these issues.

Guidance on reference documentation supporting appraisal Form 3

Any other relevant documentation should also be included in your portfolio

1. Good medical practice

- 1.1. Current timetable (to be kept with Form 2)
- 1.2. Current audit data, attendance, evidence of multi-professional working etc
- 1.3. Evidence of changes in practice as result of audit
- 1.4. Evidence of, for example, educational activity affecting service delivery
- 1.5. Records of outcomes of formal complaint investigations
- 1.6. Evidence of changes in practice following complaints
- 1.7. Outcomes of external audits or reviews (peer and otherwise) including accreditation schemes, District Audits etc
- 1.8. Descriptions of issues arising from adherence to clinical governance policies
- 1.9. Evidence of use, production, review of clinical guidelines
- 1.10. Evidence of clinical guidelines affecting practice
- 1.11. Record of integrated care pathway implementation
- 1.12. Records of relevant adverse (including serious) incident reports
- 1.13. Record of contribution to database e.g. ICD of guidelines, referral guidelines, patient information etc
- 1.14. Evidence of other routine indicators of standards of care you use
- 1.15. Morbidity data
- 1.16. Mortality data
- 1.17. Benchmarked or comparative outcome data

2. Maintaining good practice

Please attach documentary details of all continuing medical education, continuous professional and personal development activities over the past year. Also, record:

- 2.1. points awarded for course and other attendance.
- 2.2. any difficulties encountered in fulfilling these activities.
- 2.3. areas of feedback you made to your colleagues or specialty following these activities.
- 2.4. any improvements you have made in patient care as a result of these activities e.g. improved practice, new guidelines, better patient information etc

3. Working relationships with colleagues

- 3.1. Describe any team(s) within which you work and its/their structure.
- 3.2. Attach records of any formal peer reviews or discussions.
- 3.3. Describe any joint working with colleagues in primary care

4. Relationships with patients

- 4.1. Record examples of good practice or concern or difficulties in your relationships with patients.
- 4.2. Describe how you handle informed consent.
- 4.3. Describe how you inform patients about their care both in writing and verbally.
- 4.4. Describe how you involve patients in choices about their care.
- 4.5. Attach results of patient surveys.
- 4.6. Attach compliments from patients.
- 4.7. Describe how you have changed your practice as a results of any complaint from patients / relatives.

5. Teaching and training

- 5.1. Describe your formal teaching / training activities
- 5.2. Describe your involvement in multi-professional education
- 5.3. Describe how you supervise and mentor trainees for musculoskeletal medicine and others.
- 5.4. State if you are an educational supervisor
- 5.5. Record details of feedback from those who have received your teaching / training
- 5.6. Describe formal processes e.g. guidelines in place to ensure trainees seek help when necessary
- 5.7. Provide details of teaching programmes : including end-results of those who you have helped to train.

6. Probity

7. Health

Note any concerns or problems encountered during the year on either of these issues and include records relevant to them. For example referrals to the GMC or National Clinical Assessment

Authority (with outcomes), criminal charges / convictions. Ill health which might affect work performance and occupational health reports (confidential)

8. Management Activity

Please provide any documentation in relation to management processes relating to your practice. Cross-reference to any details listed in Form 3 to avoid duplication.

9. Research

Record

- 9.1. Evidence of formal research commitments
- 9.2. Evidence of ongoing research or research completed in the past year including evidence of Ethical and Trust R and D approval
- 9.3. Funding arrangements for research
- 9.4. Noteworthy achievements
- 9.5. Publications including whether peer reviewed

Cross-reference to any details included in Form 2 to avoid duplication

10. Development action in past year

- 10.1. Give a summary of the development action plan agreed at your last appraisal.
- 10.2. Include your professional and personal development plan
- 10.3. Describe goals achieved and those outstanding (and why).

Outstanding goals should be included in this year's development plan unless other action is required.

Index of documentation included in portfolio

1. Good Medical Practice

| | |
|------|------|
| 1.1. | 1.15 |
| 1.2. | 1.16 |
| 1.3. | 1.17 |
| 1.4. | 1.18 |
| 1.5. | 1.19 |
| 1.6. | 1.20 |

| | |
|-------|------|
| 1.7. | 1.21 |
| 1.8. | 1.22 |
| 1.9. | 1.23 |
| 1.10. | |
| 1.11. | |
| 1.12. | |
| 1.13. | |
| 1.14. | |

2. Maintaining good practice

- 2.1.
- 2.2.
- 2.3.
- 2.4.
- 2.5.
- 2.6.
- 2.7.
- 2.8.

3. Working relationships with colleagues

- 3.1.
- 3.2.
- 3.3.
- 3.4.
- 3.5.
- 3.6.
- 3.7.

4. Relations with patients

- 4.1.
- 4.2.
- 4.3.
- 4.4.
- 4.5.
- 4.7.

5. Teaching and training

- 5.1.
- 5.2.
- 5.3.
- 5.4.
- 5.5.
- 5.6.

6. Probity

7. Health

8. Management activity

- 8.1.
- 8.2.
- 8.3.
- 8.4.
- 8.5.
- 8.6.

9. Research

- 9.1.
- 9.2.
- 9.3.
- 9.4.
- 9.5.
- 9.6.

10. Development action plan

- 10.1.
- 10.2.
- 10.3.
- 10.4.
- 10.5.
- 10.6.

Attach separate sheets and cross-references to Form 3 as necessary

We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee's position with regard to development action in the course of the past year.

Appraisee _____ **Date** _____

Appraiser _____

Summary of appraisal discussion, agreed action plan and personal and professional development plan

A) Summary of discussion and agreed action plan

1. Good medical care

| |
|---|
| <p>Commentary:</p> <p>Action agreed:</p> |
|---|

2. Maintaining good medical practice

Commentary:

Action agreed:

3. Working relationships with colleagues

Commentary:

Action agreed:

4. Relations with patients

Commentary:

5. Teaching and training

| |
|--|
| <p>Commentary:</p> <p>Commentary:</p> <p>Action agreed:</p> <p>Action agreed:</p> |
|--|

6. Probity

7. Health

| |
|---|
| <p>Commentary:</p> <p>Action agreed:</p> |
|---|

8. Any other issues

| |
|---|
| <p>Commentary:</p> <p>Action agreed:</p> |
|---|

B) Personal and Professional Development Plan

Form 4

Identify key developmental objectives for coming year - this should be updated on any change e.g. completion of goal

| Development needs | Action required | Date for achievement | Expected outcome | Completed |
|--------------------------|-----------------------------|------------------------------|-------------------------------------|-----------------------------------|
| <i>Explain</i> | <i>And resources needed</i> | <i>Agreed with appraiser</i> | <i>Change in practice as result</i> | <i>Appraiser agrees completed</i> |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

5.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

SIGN OFF

We agree that the above is an accurate summary of the appraisal discussion, the agreed action plan, and of the agreed personal and professional development plan.

Appraiser _____

GMC / GDC Number

Appraisee _____

GMC / GDC Number

Date:

Others who contributed to the appraisal and capacity in which they did so:

Documentation to demonstrate your continuing competence in regular, typical specialist work in musculoskeletal medicine

Include documentation on:

1. Annual caseload
2. Advice from any appropriate College, faculty, specialty association on workload / frequency of undertaking procedures
3. Number of manipulations for each segment of the spine in a representative period of time, eg. 4 consecutive weeks (i.e. cranio-cervical junction, cervical spine, thoracic spine, lumbar spine, sacroiliac joints)
4. Number of peripheral joint injections in a representative period of time
5. Number of spinal injections in a representative period of time
6. Cancellations of clinics which have already been booked for patients
7. Outcome indicators and benchmarks used
8. Improvement or innovations in practice in the past year

List of documents included

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Appraiser_____

Appraisee_____ **Date**_____

Detailed confidential account of the appraisal interview Form 6

This is an opportunity, not obligatory, to record a more detailed account of the appraisal discussion than is recorded on Form 4 if both parties feel this will assist the next appraisal round.

This form is confidential and is not intended to form part of the documentation available to the General Medical Council. However, this does not absolve the participants from their duty to pass on any serious concerns that may affect patient care.

***Make no comments upon third parties that cannot be supported by firm evidence.
If you have concerns about the performance of colleagues these should be raised in the standard way to the General Medical Council.***

Headings as used in Form 4 should be used and followed by the signature of both appraisee and appraiser, and dated.

