***Writing the summary in Appraisal: How to do it well***

*Introduction*

The Summary has several functions.

* It is a summary of the appraisal itself and should reflect what went on during the appraisal.
* As a developmental process, it should record the issues discussed in a way that is helpful for the GP and their personal development,
* It should be a useful record for next year’s appraisal.
* It will be used for revalidation purposes in the future as it provides the evidence of “satisfactory engagement” in appraisal
* It confirms to the Responsible Officer the presence or absence of satisfactory evidence for revalidation

***Appraiser Guideline for Post Appraisal Summary content***

I*ntroduction*

This guideline is written as a guideline, not to be too prescriptive, but to support appraisers in ensuring that their summaries have sufficient detail and content to demonstrate that:

- A detailed appraisal discussion has taken place that reflects the scope of the doctor’s work

- Evidence for revalidation is summarised with sufficient detail to support RO recommendations for revalidation (particularly important in pre-revalidation appraisals).

*Toolkits and QA Template*

We are using a Quality Assurance template for pre-revalidation appraisal. This is used both to feedback to appraisers about the quality of their summary and to ensure a checklist is done for the evidence for revalidation.

The toolkits currently in use all dictate that the following are completed before submission:

- Probity declaration

- Health declaration

- Five post appraisal statements

- Declaration if under any investigation, or has been asked to bring specific material to the appraisal.

*The quality of PDPs*

The following is considered when reviewing the PDP:

- Narrative on progress on last year’s PDP including explanations why items not progressed

- PDP items are SMART

- PDP covers the scope of the doctor’s work

- A balance of different type of educational activities is maintained.

*Learning log*

The learning log should contain sufficient detail to understand what the learning activity was, with some brief reflections about what (if anything) has been learned. Developmental, supportive feedback to doctors about how to improve their learning log generally works better than a punitive approach. Scanned certificates are not required to verify a learning activity has taken place. The summary should include a statement about the number of verified credits, and evidence of reflection.

*Level of detail*

The description within each domain area, and the general summary should be of sufficient detail to evidence that the issues and areas relevant to this doctor have been properly discussed and explored. This is very unlikely to be met by two sentences within each domain box. The level of detail varies between appraisers and it is reasonable that there is a range allowed. The guidance in this document suggests necessary content (Bold) and optional content (italic) for the summary boxes.

*Layout and style of summary*

A range of style and narrative approaches are acceptable. Some appraisers address the summary to the doctor, other write in the third person. It is helpful to consider using subheadings and bullet points mixed with the narrative to make the summary easier to read (some toolkits remove spaces automatically though).

Spelling mistakes and grammatical errors should be avoided using a spell checker where possible.

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| **Domain/** *Attribute* | **GUIDANCE (BOLD - SHOULD DO*,*** *ITALIC - COULD DO***)** | **NOTES** |
| **General Summary** | **Context of this doctor within their workplace (type and scope of work, sessions, environment). This might include numbers of hours/ sessions worked, and personal areas of leadership and responsibility.****Summary of evidence in relation to pre-revalidation appraisal (being specific if possible)***Highlights of the year – achievements and successes. Challenges and issues that have arisen.**Evidence based positive attribute statements.* | **In a pre-revalidation appraisal the detail is vital** |
| **Knowledge, skills and performance** *Maintaining professional performance**Applying knowledge and experience to practice**Keeping clear, accurate and legible records*  | **Statements about the presented learning portfolio, including learning credits (number of credits), and evidence of reflection on learning within learning portfolio.** **Summary of achievement for previous year’s PDP, including explanation for items not achieved.** *Statement/ example of the impact of learning**Statements about the scope of learning in relationship to work undertaken, including extended roles**Highlights of learning activity (examples) and scope of practice covered by learning.**Statements about maintaining performance and learning within extended roles***Examples of learning in practice, which includes all of these if present:****Audits/ quality improvement projects to include reflections and learning points (must comment on this if present)****Case reviews (as alternative to SEA)***Prescribing related learning**QOF/ enhanced service activity/ achievements in the context of improved patient care.**PUNs & DENS**Specific example of application of learning to practice* *Reflections/ review of record keeping if it is relevant (can sometimes arise from complaints, significant events, colleague feedback)***Actions agreed in this area that are not included within the PDP.** | **Comment on Audit/ QIP evidence****Comment on number of case reviews ad learning** |
| **Safety and quality** *Putting into effect systems to protect patients and improve care.* *Responding to risks to safety* *Protecting patients from any risk posed by own health*  | **A summary of all significant events discussed/ presented, including lessons learned and actions taken.** *Statements about safeguarding systems within the work environment (children, vulnerable adults), and any relevant training undertaken. This could include CQC registration and policies/ training related to CQC, Caldicott guardian. Also could include safety systems around path results, scanned letters, and prescribing.**Statements about any clinical meetings that support quality and safety: e.g. discussion of Palliative patients/ GSF; Primary health care team meetings, meetings to discuss at risk/ vulnerable patients/ children, SEA meetings, prescribing meetings, etc.* *Examples of any actions taken in response to an alert* **(e.g. drug alerts. Device alerts, internal practice system changes as a result of an incident or risk identified)****A statement that there are no health issues that impact or work, or (if there are) what the limitations are.** *Statements about work/life balance, fitness and positive steps to maintain health. Statements about immunisations if relevant (e.g. Hepatitis B, measles, influenza).***Actions agreed in this area that are not included within the PDP.** | **Comment on number of SEAs.** |
| **Communication, partnership and teamwork** *Communicating effectively* *Working constructively with colleagues.* *Establishing and maintaining partnerships with patients* | **A statement about interpersonal communication skills using, where possible, objective evidence (patient feedback both formal and informal).***Personal reflection on communication skills – gaps and areas to improve.**Examples of good practice in effective communication, with positive outcomes/ benefits.**Statement related to effectiveness of any teaching/ appraising roles, and feedback in these roles.***A statement about working with colleagues, using, where possible, objective evidence (colleague feedback both formal and informal).***Personal reflection on communication with colleagues and team working within work environment(s), including gaps and areas to improve.* *Examples of good practice in team working and positive outcomes/ benefits***A summary of formal and informal patient feedback (including compliments) received in the year with any reflections***Examples of this doctor’s involvement in liaison/improvements to patient access and their outcomes. E.g. actions implemented as a result of patient survey, patient participation groups, on-line booking systems, changes to access/ extended hours, drop in/ walk in access etc.**Reflections on partnership and team working within other teams/ work that this doctor works with e.g. Out of hours, work as an appraiser, deanery work, LMC, CCG, GPwSI, etc.***Actions agreed in this area that are not included within the PDP.** | **Detail of MSF tool helpful for RO.****Detail of PSQ tool helpful for RO.** |
| **Maintaining trust***Showing respect for patients* *Treating patients and colleagues fairly* *Acting with honesty and integrity* | **A summary of all formal informal complaints and concerns where doctor was personally involved: actions taken and reflections.***Personal reflections on treating patients and colleagues fairly, could include Equality and Diversity training, reflection on a team-working issue with a particular colleague, probity reflection in relation to conflict of interest or patient expectation/ funding issue/ commissioning v patient care conflict. Reflections on partnership issues and any specific patient groups with access issues (disability, language, etc)**Statements about feedback from colleagues in this area, personal reflections in relation to honesty, integrity, probity, GMC guidelines (Duties of a Doctor).**Confirmation that indemnity cover includes full scope of work undertaken.**More detailed reflections on any specific probity issue that may have arisen in the year.***Actions agreed in this area that are not included within the PDP.** | **If no personal involvement in complaints a statement to confirm this.** |

*External Roles and mini-appraisals by others*

Doctors who work for the deanery, out of hours providers or who are GPwSIs may well have had mini-appraisals in these external roles. Best practice guidance is that the summary documentation from this mini-appraisal should be included within the main GP appraisal as an attachment. It can be helpful to refer to this within your summary, and any associated PDP for this specialist role