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Model Appraisal Guide: Model Appraisal Form

Guidance for organisations using the MAG Form

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1. Overview

This document is intended for organisations wishing to adopt the '<u>Medical Appraisal Guide</u> (<u>MAG</u>): <u>Model Appraisal Form v4.0 (NHS England 2016</u>)' for medical appraisal and revalidation. It contains guidance on how organisations should distribute the form and the additional information and processes that are required to support it.

The MAG form is intended as an example of a repository that holds the information required for a medical appraisal. It has been designed with the appraisal meeting in mind, in a logical manner that mirrors how the appraisal conversation may flow. It is also intended as a practical demonstration of the information in the 'Medical Appraisal Guide: A guide to medical appraisal for revalidation in England, version 4 (NHS Revalidation Support Team, 2013 [reissued with updated hyperlinks September 2014])'.

The updated form is a free resource available for use by any organisation that wishes to implement it. It is a generic form for an annual appraisal that will suit the needs of most organisations. It is an interactive pdf, which allows both doctors and appraisers to enter information and upload documents into the form before, during and after the appraisal meeting.

Further information about how to use the form and IT compatibility can be found in the updated '<u>MAG Form User Guide'</u>.

2. Adopting the form in your organisation

Organisations using the form will need to:

- Provide the form to doctors as early as possible within their appraisal year.
- Establish and communicate a process for using the form
- Provide guidance for doctors on additional information that may be required
- Provide user support

and may also wish to:

• Make changes to the form

2.i Providing the form to doctors as early as possible

Many doctors welcome having the form available to them as early as possible in the appraisal year. Many doctors are used to using e-portfolios throughout the year and are keen to commence gathering information for their appraisal as soon as possible.

2.ii Establishing and communicating a process for using the form

It would be advisable for organisations to distribute this form along with guidance on how appraisal is conducted in their organisation and how they wish doctors to use the form. Doctors will want to know what information should be included, how much detail they should go into and where particular items should be recorded. It is the responsibility of the organisation to provide clear guidance on this. Organisations can refer to GMC guidance on appraisal and revalidation and the 'Medical Appraisal Guide: A guide to medical appraisal for revalidation in England, version 4 (NHS Revalidation Support Team, 2013 [reissued with updated hyperlinks September 2014])' when drafting this guidance.

Guidance should make it clear how the form should be used and passed between doctor, appraiser and responsible officer. Each organisation will have their own processes, timescales and preferred method of communication. The form does not prescribe this but advises the doctor to seek guidance from the organisation. Organisations should therefore refer doctors to local information management guidance.

The appraiser should submit the final version of the form, in a locked down state, to the responsible officer. Local guidance should make it clear whose responsibility it is to send the completed form to the responsible officer. This will normally be the appraiser. The appraiser should also ensure that the doctor receives a copy of this version too.

2.iii Providing guidance for doctors on supporting and additional information

Section 14 of the form 'Additional information' allows doctors to provide requested information that is specific to the individual organisation. For example, some organisations may request proof of attendance at mandatory training or comments on specific topics. There is a free text box for comment and a table for attachments and reflection. The organisation should explain to doctors what they should include in this area, if anything.

The maximum size of the form is 10Mb, purposefully so, in line with restrictions with most email servers and also to promote the quality of supporting information provided over quantity. Consequently, the form is designed so that any larger documents that are instead emailed or provided in hard copy separately to the appraiser can be logged as such. Examples include videos, large presentations containing graphics, and long report documents.

Doctors should be assured that providing documents separately is perfectly acceptable, as long as they record that they have done so on the form. Organisations should provide guidance to doctors on the process they should follow to ensure that the appraiser has access to these additional documents before the appraisal meeting. Local information management guidance is likely to contain this information.

2.iv Providing user support

NHS England does not offer technical or user support for the form and cannot engage in discussions with individual doctors or appraisers about its use. If an organisation choses to adopt the form, they must ensure that a point of contact is clearly identified within the organisation to assist with queries from doctors and appraisers. The next chapter contains further information on IT requirements. A '<u>MAG Form User</u> <u>Guide</u>' has also been developed to help instruct those using the form.

2.v Making changes to the form

- Organisations can adapt the form to meet their own needs
- Specialist development support is likely to be required
- Development and licensing costs would be incurred

The template Medical Appraisal Guide (MAG) Model Appraisal Form was produced and published by NHS England. The intended use of this freely available resource is for doctors with a prescribed connection to NHS England to record their annual appraisal. NHS England controls the copyright in this template. As the template sets out the statutory requirement for what should be covered as part of a medical appraisal, it may be adopted by any doctor and or designated body as their appraisal vehicle, but NHS England cannot be held responsible for their appraisal, nor their appraisal in relation to the conduct of such doctors who do not have a prescribed connection to NHS England.

The form has been deliberately made generic so that it can be tailored to fit the needs of most organisations. In its current state, the form may be used by any organisation, free of charge. If an organisation wishes to change the form, costs will be incurred. This will include, but is not limited to, development costs for making changes to the form and the provision of a new license from Adobe.

Whilst the form has been quite simply developed using Adobe, it is very likely that changes will require the expertise of an experienced developer to ensure that current functionality is not lost unintentionally. The form has undergone significant testing prior to publication. Any change made, however minor, will require careful and comprehensive testing.

Version 4 of the form on the NHS England website is licensed. Any change to the form requires the provision of a new license. A developer will be able to provide advice regarding licensing requirements. It is the responsibility of the organisation procuring changes to the form to ensure that they have adhered to licensing requirements.

3. Organisations not using the form

As mentioned above, the MAG form is intended to act as an illustrative specification for a medical appraisal template. Providers are encouraged to match their own appraisal vehicles to the format, layout and content of the MAG form as closely as possible to meet the statutory requirements for medical appraisal and medical revalidation. In particular, providers are encouraged to design their products so that they are capable of generating the same appraisal output documents as set out in Section 21 of the MAG form.