

Appraiser:	SUPPORTS QA undertaken by:	Date:
<p><b>SUPPORT 2020</b> Tool for formative feedback and quality assurance of appraisal summary and outputs</p>	0=Absent 1=Room for development 2= Well done	<p><b>Comments</b> Highlight examples of excellence in the appraisal summary and suggest areas for possible development (where appropriate)</p>
<p><b>Appraisal identifier (Dr initials)</b></p>		
<p><b>SUPPORT</b> –focuses on the needs of the doctor and support for their personal and professional development, health and wellbeing. Identifies and comments on challenges from the past year (and any anticipated challenges / developments) and signposts resources (if applicable) (2)</p>	S	<p>These SUPPORT comments provide the formative feedback to the appraiser about how to improve their appraisal commentary for the benefit of the doctor.</p>
<p><b>UNDERSTANDING IMPACT</b> – reviews the impact of the Covid-19 pandemic, lessons learned and any changes made on quality of practice and better patient care (2)</p>	U	<p>Knowing the criteria against which a summary will be assessed enables appraisers to ensure that the appraisal discussion has the right focus on support, understanding the impact of the pandemic and affirming good practice.</p>
<p><b>PRAISES EXCELLENCE</b> – affirms good practice (with examples), celebrates achievements and records aspirations (some of which may have a timescale over one year) (2)</p>	P	
<p><b>PDP</b> - reviews and comments on progress with last year’s PDP objectives. Indicates how new PDP objectives arise from appraisal and <i>Good Medical Practice</i>. (2) New goals are SMARTER (Specific, Measurable, Achievable, Relevant, Time-bound, Economic and Reflect Impact). Makes explicit how achievement will impact on quality / safety or patient care (2)</p>	P	<p>The ability to use appraisal to plan personal and professional development through carefully constructed PDP goals is key to using appraisal to improve practice and contribute to better patient care. Appraisers should be trained to help the doctor to clarify their goals and explore how to achieve them and what the impact of success would be.</p>
<p><b>OVERVIEW</b> – provides a good overview of the whole scope of work of the doctor and the context(s) in which they work (2)</p>	O	
<p><b>REFLECTION (AND CHALLENGE)</b> – encourages reflective practice and challenges the doctor to consider their development in the context of their work and the pandemic and to demonstrate the ability to maintain their health and wellbeing and quality improvements in their practice (2)</p>	R	
<p><b>TRACKS GMC REQUIREMENTS</b> - reviews SI as discussed in relation to <i>Good Medical Practice</i> and whole scope of work, including commenting on any SI supplied. Comments on any gaps identified in the requirements for revalidation, mandatory training, or scope of practice and how they will be addressed, including them in PDP if appropriate (or stating if no gaps) (2)</p>	T	<p>The GMC have confirmed that an appraisal conducted using the Medical Appraisal 2020 process will meet all their requirements for an annual appraisal for revalidation. The disruption of the pandemic means some doctors may not present any supporting information prior to the meeting beyond their brief focused written reflection. Verbal reflection on supporting information relevant to revalidation, facilitated by the appraiser during the discussion, should be captured by the appraiser in the summary.</p>
<p><b>SPECIFICS (AND STATEMENTS)</b> – Professionally written – typewritten, objective, suitably succinct, free from bias or prejudice. Comments on background qualifications and medical indemnity cover for whole scope of practice. Describes a professional appraisal - including venue/remote appraisal provider, duration, good information governance and appropriate anonymisation throughout. Demonstrates an audit trail if exceptional circumstances apply (period in work since last appraisal not 12 months / approval for unusual arrangements or postponement etc.)</p>	S	<p>These Specifics ensure that the appraiser captures in the summary, in brief and accessible form, information for the RO and administrative team. We suggest that a standard format is created for all appraisals across an organisation and adopted by all appraisers. If any element of the specifics and statements is missed, further training and examples of standard paragraphs, or</p>

<p>Highlights key points in relation to revalidation -revalidation date, point in revalidation cycle, no of appraisals within this cycle / with this appraiser (2)</p> <p>Confirms the input and output statements have been completed, including health and probity, states whether doctor asked to bring anything to discuss at the appraisal meeting or reviewed FFC SRT (if applicable). Where appropriate, circumstances commented on and explanation made to RO (2)</p>		<p>bullets, to capture this information should be provided.</p>
<p><b>TOTAL</b></p>	<p><b>20</b></p>	
<p><b>Overall comments:</b></p>	<p>Overall, it is essential that the appraiser has been able to provide a doctor-centred appraisal focused on support, not paperwork, and the summary should reflect this</p>	