FORM 3 - RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL AND REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR

The aim of this form is to record the background evidence and information that will help to inform your appraisal discussions. You should list at 3i the documents in your appraisal folder, these provide evidence in the terms set out in the GMC’s Good Medical Practice. You should at 3ii set out your personal development activity for the past year, this will provide a baseline for discussion of future needs.

You should do this for all fields of practice within which you work for the NHS. If you have management or research responsibilities or if you work in more than one specialty then you will need to include information - under the headings of Good Medical Practice - for each field.

You should include relevant information and evidence from your practice outside the NHS; this should cover medical-related activities relevant to your NHS practice, to help give an overall picture of you and your development needs.

RECORD OF REFERENCE DOCUMENTATION

GOOD MEDICAL PRACTICE

1. Good medical care

Examples of documentation which may be appropriate:

- current job plan/work programme (this will be kept behind Form 2 in your folder)
- indicative information regarding annual caseload/workload
- up to date audit data including information on audit methodology if available
- record of how results of audit have resulted in changes to practice (if applicable)
- results of clinical outcomes as compared to relevant royal college, faculty or specialty association recommendations where available
- evidence of any resource shortfalls which may have compromised outcomes
- evidence of how any in-service educational activity may have affected service delivery

- records of outcome of any investigated formal complaints in which the investigation has been completed in the past twelve months, or since your last appraisal

- a description of how the outcome of any complaints has resulted in changes to practice

- outcome of external reviews (peer and otherwise)

- a description of any issues arising in relation to adherence to employer clinical governance policies

- record of how relevant clinical guidelines are reviewed by the appraisee and his/her team and how these have affected practice

- records of any relevant critical incident reports

- any other routine indicators of the standards of your care which you yourself use.

**Possible sources of evidence for inclusion in appraisal/revalidation folder.**

1. **Job plan**
2. **Caseload/workload records**
3. **Audit reports/records**
4. **Clinical review data**
5. **Report of external review**
6. **Clinical guideline contribution**
7. **Peer review documents**
8. **Critical incident reports**
9. **Standard indicators of care if available**
2. **Maintaining good medical practice**

The purpose of this section is to record CPD/CME activities undertaken since the last appraisal. Any difficulties in attending CPD/CME activities should be recorded, with reasons.

Examples of documentation which may be appropriate *(if available)*:

- examples of participation in appropriate Continuing Professional Development, this might include individual development activity, locally-based development and participation in college or specialty association activities. List all CPD courses attended, and points awarded for each attendance.

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**Possible sources of evidence for inclusion in appraisal/revalidation folder**

1. **College CPD documentation**
2. **CME certificates from courses attended with programmes if relevant**
3. **Summaries of CPD attended with key learning points**

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3. **Working relationships with colleagues**

*The purpose of this section is to reflect on your relationships with your colleagues.* Examples of documentation which may be appropriate:

- a description of the setting within which you work and the team structure within which you practise

- any other documentary evidence that may be available (such as records of any formal peer reviews or discussions) should be included here, otherwise a record of the discussion and any action agreed should form part of the summary in **Form 4**.
Possible sources of evidence for inclusion in appraisal/revalidation folder

1. Peer feedback (and any action taken in response to this)
2. Description of your team

4. Relations with patients

The purpose of this section is to reflect on your relationships with your patients.

Examples of documentation which may be appropriate:

- any examples of good practice or concern in your relationships with patients
- a description of your approach to handling informed consent.

This might include validated patients surveys, your assessment of any changes in your practice as a result of any investigated complaint, compliments from patients, peer reviews/surveys.

Possible sources of evidence for inclusion in appraisal/revalidation folder

1. Formal patient feedback, patient satisfaction surveys
2. Thank yous from patients
3. Complaints from patients (if up held) and your response to them
4. Peer feedback
5. Video consultation review record

5. Teaching and training

The purpose of this section is to reflect on your teaching and training activities since your last appraisal. Any difficulties in arranging cover for your clinical work whilst undertaking teaching and training (including educational activities for the NHS generally) should be recorded.
Examples of documentation which may be appropriate:

- A summary of formal teaching/lecturing activities, supervision/mentoring duties, any recorded feedback from those taught.

**Possible sources of evidence for inclusion in appraisal/revalidation folder**

1. *Record of teaching sessions/lectures*
2. *Evaluations / summaries from teaching sessions*
3. *Record of educational supervision*
4. *Feedback from trainees*
5. *Evidence of formal training in educational theory and practice*

6. **Probity**
7. **Health**

You should note here any concerns raised or problems encountered during the year on either of these issues and include any records.

**Possible sources of evidence for inclusion in appraisal/revalidation folder**

**Probity**

*Declaration of interests*

**Health**

**MANAGEMENT ACTIVITY**

Examples of documentation which may be appropriate:

- information about your formal management commitments, records of any noteworthy achievements and any recorded feedback if available.
You will already have covered much or all of your management activity in earlier sections of Form 3. This section provides an opportunity to add any further information, including any difficulties in arranging cover for your clinical work whilst undertaking management activity (including activities for the NHS regionally and nationally). To avoid duplication you should cross-reference here any documents listed earlier which refer to your management activity.

**Possible sources of evidence for inclusion in appraisal/revalidation folder**

1. Appraisal documentation specifically related to management role
2. Committee work summary
3. Job plan
4. Evidence of formal training in management

**RESEARCH**

Examples of documentation which may be appropriate:

- evidence of formal research commitments
- record of any research ongoing or completed in the previous year
- record of funding arrangements for research
- record of noteworthy achievements
- confirmation that appropriate ethical approval has been secured for all research undertaken.

You will already have covered much or all of your research activity earlier on Form 3. To avoid duplication you should cross-reference here any documents already listed which refer to your research activity.
Possible sources of evidence for inclusion in appraisal/revalidation folder

1. Research grants summary
2. Ethical committee application/approval
3. Research supervision
4. Research presentations
5. Papers accepted for publication

REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR

You should summarise here the development action agreed at the last appraisal (or at any interim meeting) or include your personal development plan. This will facilitate discussion on progress towards development goals. You should record where it is agreed that goals have been achieved or where further action is required. It is assumed that where a development need has not been met in full it will remain a need and will either be reflected in the coming year’s plan or have resulted in other action.

SIGN OFF

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.

Signed:

Appraisee

Appraiser Date
### SECTION A - PERSONAL DETAILS

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<tbody>
<tr>
<td>1</td>
<td>Personal details</td>
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| **NHS FORM 1** | • Appointments  
  • Qualification etc  
  • CV |

### SECTION B - WHAT THE DOCTOR DOES

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<tr>
<td>2</td>
<td>Current practice</td>
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</table>
| **NHS FORM 2** | • Job plan  
  • Weekly timetable  
  • Posts held  
  • On call etc. |
| 3 | Academic activities |
| 4 | Educational activities |
| 5 | Management |
| 6 | Audit/Clinical effectiveness |
| 7 | Continuing professional development |

### SECTION C - INFORMATION ABOUT PERFORMANCE

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<td>8</td>
<td>Feedback on performance</td>
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<td>9</td>
<td>Clinical review data</td>
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<td>• Critical incidents</td>
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<td>Complaints</td>
<td>Review of clinical care</td>
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<td>SECTION D - HOW THE DOCTOR CAN IMPROVE WHAT THEY DO</td>
<td>SECTION E - AGREED ACTION PLAN</td>
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<td>Appraisal documentation</td>
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<td><strong>NHS FORMS 3,4,5,6</strong></td>
<td>• PDP</td>
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<td>• Annual review document</td>
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