Appraisal Folder for Forensic Physicians: Notes for Guidance

Education and Research Committee
Association of Forensic Physicians

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**Introduction**

Welcome to the Association of Forensic Physicians (AFP) Appraisal Folder. It is strongly recommended that you:

(i) read the GUIDELINES and familiarise yourself with the FOLDER at the VERY BEGINNING of your appraisal period (to ensure that you collect the right information); and

(ii) read the following publications to understand the expected standards:
   a. *Good Medical Practice*.¹
   b. *A Licence to Practise and Revalidation* (published by the GMC in April 2003).
   c. *Standards in Clinical Forensic Medical Practice - A Guide to Appraisal* (this new publication is available on the AFP's website www.afpweb.org.uk)

This folder may be maintained electronically. Pages may be downloaded from the AFP's website which will contain the current version of the folder. The Association will promulgate changes through its newsletter ‘AFP News’ and through announcements on the Home Page of the website.

**Revalidation**

Revalidation requires you to collect and submit information about your practice over (up to) a five-year cycle. It is most important to supply accurate and complete information on any matters that have a bearing on your fitness to practise. The GMC has the power to withdraw a doctor's licence to practise if insufficient evidence of fitness has been supplied. Although this power is likely to be used only rarely, it does serve to illustrate the importance attached to the process and keeping adequate documentation.

**a) The link between revalidation and annual (or periodic) appraisal**

Medical appraisal is soon to be mandatory for NHS consultants and General Practitioners. However, it is not obligatory for non-NHS doctors. The aim of appraisal is to provide an independent, impartial review of a doctor’s current performance and inform their Continued Professional Development (CPD). In turn, it will also assist the formulation of each year’s Personal Development Plan (PDP). Appraisal is designed to be a formative process supporting doctors in the maintenance and improvement of their professional performance. The appraiser, who will be another registered medical practitioner accountable to the GMC, will both assist in the planning of future educational and developmental activity, and confirm that planned development for the previous year has been undertaken. Appraisal will benefit doctors by helping them to show that they are giving good medical care,

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¹ You need to confirm that you have read and understood these obligations in the Probity Declaration that concludes the folder.
enabling them to identify and correct weaknesses in their practice, protect them from unfounded criticism of their fitness to practise, and assist in the collection of appropriate data to inform the revalidation process.

Following the GMC’s two pilot trials of the revalidation process in 2001/2002, it was demonstrated that where appraisal documentation reflects robust evidence across the headings of Good Medical Practice it can be an adequate vehicle for the purposes of the revalidation process. Therefore, if you work in a managed environment and undergo annual medical appraisal within a quality-assured system based on the principles of Good Medical Practice, the key to a satisfactory revalidation submission may “simply” comprise personal details and a description of practice followed by evidence of annual appraisal summaries that attest to your competence (including CPD returns) together with the revalidation health, probity and general statements.

This is the best way to provide evidence of your performance to revalidation assessors, as periodic appraisal should already have covered the areas in this section. It will also save you time and effort in the preparation of your revalidation folder.

If your police force is not yet organising annual medical appraisals for its forensic physicians, then it is strongly recommended that you “join a scheme.” The AFP has developed a generic format of appraisal for Forensic Physicians and procedures are available to “find” or be “allocated” an appraiser.

b) The Independent Route to Revalidation

We strongly recommend that you should undergo annual appraisal if you possibly can, as the route to revalidation will be simpler. But if you choose not to be appraised, you will need to go down the independent route to revalidation. BE WARNED – this is a much more “difficult” route to revalidation. IT IS STRONGLY RECOMMENDED THAT YOU SEEK APPRAISAL – BUT THE CHOICE IS YOURS and the AFP will be producing guidance for those wishing to go down the independent route.

Periodic appraisal is not mandatory for all but it is recommended. If you do not provide this evidence, it is highly likely that you will be asked to provide further information to the Revalidation assessors.

The Appraisal Folder

a) Introduction

The responsibility for proving competence rests with you as an individual. The AFP has developed this folder to make it easier to collect the necessary evidence. The

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3 The absence of evidence of any form of appraisal or peer review was the main reason for rejection of folders submitted to the GMC’s revalidation pilot trial in early 2002.
folder has been organised according to the headings laid down by the GMC, and we believe that achieving satisfactory standards in the (majority of) areas identified should be sufficient evidence of fitness to practice. The requirement is to demonstrate that you are practising above the GMC’s Fitness to Practice standards (seriously deficient performance, serious professional misconduct, seriously deficient physical or mental impairment) and not to demonstrate excellence. Nonetheless you will need to produce evidence that your performance is satisfactory (the absence of evidence against you is not sufficient). Collect the evidence as it becomes available.

b) Layout of the Appraisal Folder

The folder includes all the documentation necessary for your annual appraisal.

There are five forms involved in each appraisal. You must complete the first three of these forms before your appraisal discussion. They are:

- Form 1: Your personal and registration details.
- Form 2: Description of current practice (what you do).
- Form 3: Material for appraisal.

The folder contains separate guidelines for each section (derived from the generic GMC guidance) but specifically developed for the AFP folder. There is no prescriptive format and to avoid duplication of evidence, cross-reference is recommended. Individual practices in clinical forensic medicine vary considerably. Therefore, there may be items within the folder that are not applicable to you (in which case, say so), and there may be other items that you would wish to record but which we have not highlighted (in which case, include them). Both Standards in Clinical Forensic Medical Practice – a Guide to Appraisal and these guidelines include examples of the type of supporting evidence that you should be collecting.

Your appraiser will bring the final two forms to your appraisal meeting. Form 4 is the formal summary of the appraisal and should be completed during and immediately after the discussion. This is the responsibility of your appraiser.

Form 5 may be used to make a more detailed and confidential record of the appraisal discussion, but it is optional.

c) Completing the appraisal forms

The text boxes on the forms have been electronically designed in MS WORD® to “expand” as you enter information.

There are tables at the end of each form in which you may record documents that are either attached to the section or supporting documents that you hold (and must be available for reference if requested). Rows in the tables may be inserted/deleted using MS WORD® tools.
Form 1 guidelines:
Your Personal and Registration Details

The aim of this form is to provide the background information to identify you individually and your professional status. In the “other relevant personal details” box you may provide any other personal details that help describe you, e.g. elected or honorary membership of medical and specialist societies.

It is suggested (although not mandatory) that you also include a copy of your current GMC registration and proof of membership of a medical defence society or equivalent medical indemnity insurance.

If you have spent a period out of practice during a revalidation cycle and have not relinquished your licence to practise, you should make this clear so that the assessor/revalidation group can consider the way in which you have resumed practice.

You should keep all documents (either originals or copies) relating to the information provided in Section 1.
Form 2 guidelines:
Description of current practice (what you do)

Your appraiser needs to have a good idea of what you do. The description of activities must give a clear insight into your practice.

You should record in this section all the professional activities in which you are engaged. If these change during the revalidation period you need to make this clear in your submission. You must include information about any private practice or non-clinical work you undertake as a doctor.

If you have a job description or terms of reference it is recommended that you attach a copy to this section.

Remember that this section is concerned with the **type** of activities that you do. **You will be asked to provide evidence concerning the quality and outcome of the activities in Form 3.**

As well as the free field textbox (2.1), Section 2 provides you with an opportunity to record information on various activities relevant to *Good Medical Practice*. You may enter data in any of the subsections (as best suits the description of your activities). **None is mandatory.** In some of the subsections, you may wish to cross-refer to **Section 3** but it would be helpful if you provided a brief statement to give a clear insight into your practice (at this stage in the folder).

You should retain all original documents relating to the information provided in Form 2 (e.g., contracts, job description etc) in case of enquiry.
Form 3 guidelines:
Material for appraisal

This form, and the papers you supply with it, will be the main basis of your appraisal and is probably the **most important** section of the appraisal folder. It is organised around the headings used by the General Medical Council in *Good Medical Practice* and the AFP in *Standards in Clinical Forensic Medical Practice – A Guide to Appraisal*, and it is strongly recommended that you look at these documents as prompts. The same headings will be used to summarise your appraisal discussion. They are:

- Good Clinical Forensic Medical Practice
- Maintaining Good Medical Practice
- Relationships with Patients
- Acting as a Medical Manager
- Working with Colleagues
- Teaching, Training and Supervising
- Research
- Health
- Probity

The wording under each heading differs, but typically you are asked to provide:

- a commentary on your work
- an account of how your work has improved since your last appraisal
- your view of your continuing development needs
- a summary of factors, which constrain you in achieving what you aim for.

**It is not expected that you will provide exhaustive detail about your work.** But the material should convey the important facts, features, themes or issues, and reflect the full span of your work as a forensic physician. The form is a starting point and framework to enable you and your appraiser to have a focused and efficient discussion about what you do and what you need. It is a tool, not an examination paper or application form, and it can be completed with some flexibility. **Common sense should be exercised if you feel you are repeating yourself, or if you want to include something for which there is no apparent opportunity. And if a section or a page really needs only a word or two there is no need to do more.**

The work you put into completing this form is your main preparation for appraisal, and the value of your appraisal will largely depend on it. It will also be an important part of your appraiser’s preparation.

The form is fairly open-ended, although some prompts and suggestions are supplied to help you. Please expand the spaces available as necessary.

You are invited to submit documents in support of what you say in the form. You are not expected to “prove” your assertions about your work, but your appraiser will probably want to test some of them with you through discussion and the documents will help both of you.
The papers you assemble in support of the form should be listed in the appropriate spaces and supplied for your appraiser in a folder, organised in the same order. If the same material is listed in the form more than once, to illustrate different points, do not include it twice in the folder but explain on the form where it is to be found.

The first papers in your folder should be the summary of your last appraisal and your Personal Development Plan (i.e. last year’s Form 4).

All the papers may well be appropriate for inclusion in your Revalidation Folder.

**Patient and Peer Surveys**

To provide formal feedback on performance, the GMC advocates the use of patient and peer questionnaires. Standard questions with some applicability to all doctors have been developed and pre-tested, and will soon become generally available to provide a model. Although not compulsory, their completion is recommended where appropriate. It is intended that the questionnaires will be administered locally and analysed with your appraisers, both as a measure of performance and a benchmark for personal development. *Further details will be supplied on the AFP's website as they become available.*

In the clinical forensic medicine context, a survey of patients' representatives (e.g., solicitors) and other consumers of the service (e.g., custody officers) may similarly be informative.