

# Introduction

Appraisal is defined by the Chief Medical Officer as:

*A positive process to give someone feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward-looking process essential for the developmental and educational planning needs of an individual.*<sup>1</sup>

▶ SHO appraisal

is for the benefit of individual SHOs as well as for the organisation in which they work

is confidential between SHO and appraiser; in special circumstances consent for disclosure may be granted by the SHO

is **not an assessment** (which measures a trainee's progress or level of achievement against defined criteria)

is a process not an event

results in or reviews a personal learning plan.

- ▶ **Appraisal should always be positive and constructive.** The beneficial effects of appraisal depend on commitment and enthusiasm towards the process on the part of the SHO as well as on the interpersonal skills of the appraiser. Consultants who are responsible for SHO appraisal will have had formal training in this area.
- ▶ An explanation of how the appraisal process will work within the Trust should be given at the start of the post.
- ▶ **All SHOs should participate in an appraisal process.**
- ▶ **The Appraisal Record is the property of the individual doctor in training.**

This Appraisal Record is in two parts:

1. Documentation to use for appraisal, and to set out personal learning plans.
2. A *Learning Experience Portfolio* for SHOs to use to record their experience and to identify their training needs which will be discussed in the appraisal meetings.

A master copy of each form is printed on heavier white paper for the SHO to photocopy. Completed forms should be retained within this folder and, where indicated, should also be submitted as verification of appraisal.

# Timing and frequency of appraisal

The appraisal process may work in different ways depending on whether a) the Educational Supervisor is also the supervising consultant, ie rotated at each post; or b) is the same individual throughout the SHO's rotation (see below).

Each appraisal meeting should be timetabled for a minimum of 30 minutes and preferably be open-ended so that it can be extended if necessary. Appraisal sessions should be in allocated time without interruptions, ie be bleep- and telephone-free. The SHO will need up to one hour in the timetable to prepare for each appraisal.

## a. Educational Supervisor changes with each post

i. **First appraisal** – it is suggested that this be combined with the firm/unit induction in the first week of the post. If this does not occur, then a time and date for the first appraisal should be set within the first few days of appointment. The appraisal and agreement of a **personal learning plan** should take place within two weeks and never more than four weeks of starting the post.

ii. **Mid-term appraisal** – this should occur half way through a post to review whether the agreed learning plan is being followed and whether it needs adjustment. In short posts, eg 3–4 months, it may not be practical to have a mid-term meeting. For posts of longer than 6 months duration, the minimum frequency of appraisal is 4-monthly.

iii. **End-of-post appraisal** – this should take place before the end of the post. The meeting should identify training requirements to inform the first appraisal and learning plan of the next post. This meeting may be combined with a discussion on the information that will be required for the RITA (Record of In-Training Assessment) process; however, **clear boundaries** must be drawn by the appraiser and understood by the SHO, between what is appraisal and what is **assessment**.

## b. Educational Supervisor constant throughout rotation

A structured departmental induction should allow the supervising consultant to discuss with the trainee the learning opportunities of the post in relation to the Core Curriculum. Appraisal should occur every 2–4 months. The very first appraisal and all mid-post (mid-term) appraisals are as described above (a i-iii). However, the end-of-post appraisal at the end of each post can also encompass the first appraisal for the next post and the next stage of the individual SHO's personal learning plan can be developed and agreed at the same time. As described above (a iii), there must also be a clearly separated assessment as part of the RITA process.

## SHO responsibility

The responsibility for organising appraisal meetings lies with the individual SHO. Any difficulties that the SHO experiences in arranging timely appraisal should be raised with the College Tutor, Postgraduate/Clinical Tutor (Director of Education) in the hospital or Course Organiser in General Practice. It should be noted that unless a personal learning plan has been negotiated as a result of an appraisal, then approval of study leave will be in jeopardy.

The SHO also has a responsibility to maintain an up-to-date record of progress, eg to complete an SHO Learning Experience Portfolio.

# Pre-appraisal preparation

- ▶ Before each appraisal the SHO should:
  1. Photocopy the appropriate forms, ensuring a blank master-copy of each is always retained.
  2. Review the *Core Curriculum for SHOs*.<sup>2</sup>
  3. Complete/update the *Learning Experience Portfolio* and ensure it is available for the appraisal meeting.
  4. Using the *Core Curriculum* and the *Learning Experience Portfolio*, complete the left hand column of the relevant appraisal form. If this is not your first SHO post you should use the information on your last end-of-post appraisal form to guide you when completing the first appraisal form of this post. After you have completed the left hand column, give the form to your Educational Supervisor at least 7 days before the appraisal meeting (before the first appraisal in each post include your *curriculum vitae*).
  
- ▶ Before each meeting the appraiser should consider:
  1. What should be the training objectives of this SHO at this stage to ensure career progression?
  2. In which specific areas can this post offer good training?
  3. In which specific areas can good training not be offered in this post?
  
- ▶ At the first meeting the SHO and appraiser should read and sign an Educational Agreement (*see overleaf for example*).

## References

1. *Supporting doctors: protecting patients*. London: Department of Health, 1999.
2. *Core Curriculum for SHOs in General (Internal) Medicine and the Medical Specialties* (3rd Edition), Federation of Royal Colleges of Physicians, 2001.

Further reading

*General Professional Training: A Guide for Trainees and Trainers*. London: Royal College of Physicians, 2000.

**The SHO will:**

1. Take an active part in the appraisal process including setting educational objectives and developing a personal learning plan.
2. Make every effort to achieve the learning objectives including:
  - ▶ making the most of opportunities for learning provided in day-to-day work
  - ▶ attending all formal teaching sessions
  - ▶ planning personal study
  - ▶ making best use of locally provided educational resources
  - ▶ using designated study leave funds appropriately.
3. Act on the principles of adult learning:
  - ▶ reflecting and building upon their own experiences
  - ▶ identifying his/her learning needs
  - ▶ be involved in planning his/her own education and training
  - ▶ evaluating the effectiveness of learning experiences.

**The Educational Supervisor will:**

1. Be available for, and take an active part in, the appraisal process; including setting educational objectives in a personal learning plan.
2. Ensure that objectives are realistic, achievable and within the scope of the available learning opportunities.
3. Ensure that an individual SHO's timetable allows attendance at formal teaching sessions, is appropriate for his/her learning needs and that there is a correct balance between training and service in the post.
4. Encourage a 'climate for learning', including a positive attitude to SHOs.
5. Ensure that help and support are always available.

**I have read and understood the requirements of my role as set out above**

*Signed by SHO*

*Signed by Educational Supervisor*

Name (Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**AP2****First appraisal record**

RCP post number

Specialty:

SHO Name:

Date:

Appraiser:

**SHO to complete****Appraiser to complete**

(Key points from discussion)

*Identify your training objectives for this post*

Generic skills:

Core skills:

Investigations:

Practical procedures:

*What aspects of your last job did you do well and why?**Which items of your personal learning plan were not achieved in your last post, and why not?**Are you satisfied with your career progression to date? (include review of your CV)**What are your next examination goals?*

**AP3****Personal learning plan  
(complete at end of first appraisal meeting)**

Duration of Post

From:

To:

Agreed learning objectives	How can these objectives be met?	Timescale
Generic skills:		
Core skills:		
Investigations:		
Practical procedures:		
Examination goals:		

Date of next appraisal (mid-term) meeting will be \_\_\_\_\_

Signed by SHO: \_\_\_\_\_ Appraiser: \_\_\_\_\_

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

AP4

**Mid-term appraisal**

RCP post number

Specialty:

SHO Name:

Date:

Appraiser:

SHO to complete	Appraiser to complete (Key points from discussion)
<p><i>What have you achieved since your first appraisal?</i></p> <p>Generic skills</p> <p>Core skills</p> <p>Investigations</p> <p>Practical procedures</p>	
<p><i>What have you not achieved since the first appraisal, and why not?</i></p> <p>Generic skills</p> <p>Core skills</p> <p>Investigations</p> <p>Practical procedures</p>	
<p><i>Have you achieved your planned examination goals?</i></p>	
<p><i>What else would you like to achieve during the tenure of this post?</i></p>	

AP5

## Mid-term Review of Personal Learning Plan

Period covered by this review

From:

To:

Agreed learning objectives	How can these objectives be met?	Timescale
Generic skills:		
Core skills:		
Investigations:		
Practical procedures:		
Examination goals:		

Date of next appraisal (end-of-post) meeting will be \_\_\_\_\_

Signed by SHO: \_\_\_\_\_ Appraiser: \_\_\_\_\_

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_



**AP6**

**End-of-post Appraisal**

RCP post number

Specialty:

SHO Name:

Date:

Appraiser:

SHO to complete	Appraiser to complete (Key points from discussion)
<p><i>What have you achieved during the tenure of this post?</i></p> <p>Generic skills</p>  <p>Core skills</p>  <p>Investigations</p>  <p>Practical procedures</p>	
<p><i>What have you not achieved and why?</i></p> <p>Generic skills</p>  <p>Core skills</p>  <p>Investigations</p>  <p>Practical procedures</p>	
<p><i>Did you achieve your planned examination goals?</i></p>	
<p><i>What did you learn during your study leave?</i></p>	

# AP7 Confirmation of Appraisal

RCP post number

Specialty:

Name of SHO (Print):

Name of Educational Supervisor (Print):

**This is to confirm that first, mid-term and end-of-post appraisal took place**

First                      Yes       No                       Date:

Mid-term                Yes       No                       Date:

End-of-post            Yes       No                       Date:

*Signed by*      **SHO:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Signed by*      **Educational Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

After completion, copy this form and send to your RCP Tutor, or where appropriate to the VTS Course Organiser or the Postgraduate/Clinical Tutor (Director of Education) in your Trust.

# SHO Learning Experience Portfolio

## Introduction

This portfolio is designed to help **you** identify training needs; it is **personal** between you and your educational supervisor and **is not an assessment of your competence**.

Training and education is a continuum. During the SHO years, experience of cases is widened and responsibility increases. This portfolio is based on the *Core Curriculum for SHOs* (3rd edition). It is designed to allow you to reflect on your experience, using self-assessment confidence scales, and to identify perceived gaps in knowledge, skills and attitudes to plan future training needs.

It is recommended that you record your scores **before** each appraisal session to assist appraisal and the development of personal learning plans.

## Guidance for use of this portfolio

Master copies of the learning experience records in this portfolio have been provided. These should be photocopied as needed and blanks retained for later use.

Each item recorded in the portfolio is based on the *Core Curriculum for SHOs* (third edition). You should look at the required knowledge, skills and, where appropriate, attitude required and rate your competence using the self-assessment score 1-5 (see below) on the form provided.

### Self-assessment score

No experience so far	1
Not confident	2
Satisfactory, but lacking confidence	3
Confident in some cases but would like more experience	4
Fully confident in most cases	5

**We suggest you carry with you a copy of the Practical Procedures Training Record (LE5) so that you can regularly update your experience.**

Forms are provided to allow you to record:

- ▶ cases that are particularly interesting or difficult
- ▶ critical incidents
- ▶ audit projects
- ▶ study leave/formal teaching sessions.

These will help you to identify what you have learnt as a result of these experiences.



## Self-assessment score

No experience so far	1
Not confident	2
Satisfactory, but lacking confidence	3
Confident in some cases but would like more experience	4
Fully confident in most cases	5

SHO name:

RCP post number

Specialty:

**Self-assessment confidence rating score** (Give an overall score for each section and identify specific areas of uncertainty in the Comments column)

Appraisal:	Date: (first)			Date: (mid-term)			Date: (end-of-post)			Comments
	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	
Cross-specialty topics										
Cardiology										
Clinical pharmacology										
Dermatology										
Diabetes and endocrinology										
Gastroenterology										
Genito-urinary medicine										
Geriatric medicine										
Haematology										
Infectious diseases										
Medical oncology										
Neurology										
Palliative care										
Psychiatry										
Rehabilitation medicine										
Renal medicine										
Respiratory medicine										
Rheumatology										

## Self-assessment score

No experience so far	1
Not confident	2
Satisfactory, but lacking confidence	3
Confident in some cases but would like more experience	4
Fully confident in most cases	5

SHO name:

RCP post number

Specialty:

## A. Investigations commonly requested for general medical patients

## Self-assessment confidence rating score

Appraisal:	Date: (first)			Date: (mid-term)			Date: (end-of-post)			Comments
	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	
Investigation:										

## B. Less frequently used investigations requested by SHOs

## Self-assessment confidence rating score

Appraisal:	Date: (first)			Date: (mid-term)			Date: (end-of-post)			Comments
	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	
Investigation:										

continued

**Self-assessment score**

- No experience so far 1
- Not confident 2
- Satisfactory, but lacking confidence 3
- Confident in some cases but would like more experience 4
- Fully confident in most cases 5

SHO name:

**RCP post number**

**Specialty:**

**C. Investigations requiring senior input into selection**

**Self-assessment confidence rating score**

Appraisal:	Date: (first)			Date: (mid-term)			Date: (end-of-post)			Comments
Investigation:	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes	





**LE5**

**Practical procedures training record / SHO Learning Experience Portfolio**

SHO name:

RCP post number

Specialty:

For practical procedures it is important that your experience is also listed and verified by whoever supervised the procedure\*. Ask your **supervisor\*** to initial and date this form when you have observed/practised/performed a procedure.

\*Note: The supervisor may be a doctor in training but must be competent and have recent experience of the procedure.

Procedure	Observed	Practised in Clinical Skills Laboratory	Performed																	
			Procedure performed under supervision	Procedure performed alone (SHO to initial and date)																
Elective DC cardioversion	Supv. Initial																			
	Date																			
Central venous lines	Supv. Initial																			
	Date																			
Temporary cardiac pacing	Supv. Initial																			
	Date																			
Tracheostomy management	Supv. Initial																			
	Date																			
Pleural and ascitic fluid aspiration	Supv. Initial																			
	Date																			

continued



**LE6**

## Record of interesting cases / SHO Learning Experience Portfolio

SHO name:

Date:

RCP post number

Specialty:

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Brief history of case

---

What made this case difficult/interesting?

---

What has been achieved/learnt from this case?

---

How would you manage if this type of problem occurred again?

---

Further training/educational needs identified by this case:

---

**LE7**

## Critical incident analysis / SHO Learning Experience Portfolio

SHO name:

Date:

RCP post number

Specialty:

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What happened and where?

---

Why did this incident occur?

---

How may incidents like this be prevented?

---

What has been achieved/learnt from this case?

---

Further training/educational needs identified by this case:

---

**LE8**

## **Audit / SHO Learning Experience Portfolio**

SHO name:

Date:

RCP post number

Specialty:

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What was the audit topic and why did you choose it?

---

What were the major findings and what changes to practice do they suggest?

---

How can a change in practice be implemented?

---

What have you learned from this audit?

---

Further training/educational needs identified by this audit:

---

**Study leave/formal teaching session review / SHO Learning Experience Portfolio**

SHO name:

Date:

RCP post number

Specialty:

---

What did you study and where?

---

Which areas were covered well?

---

What was missing?

---

What did you expect from the training?

---

Was this achieved?

---

Future plans for formal education in this topic:

---

## Feedback form for use by SHOs

The Royal Colleges would like to hear your opinions about the Appraisal Record and Learning Experience Portfolio. Please feel free to complete this form and return to the RCP London at the address listed below. The RCP London is co-ordinating responses.

1. How easy to use did you find this document overall?

- Easy to use     Mostly easy to use     Mostly difficult to use     Difficult to use

2. How might it be improved?

3. Which sections are most useful?

4. Which are less useful and why?

5. What is not covered which you think should be?

Please return to:

General Professional Training Department, Royal College of Physicians of London  
11 St Andrews Place, Regent's Park, London NW1 4LE

## Feedback form for use by Educational Supervisors

The Royal Colleges would like to hear your opinions about the Appraisal Record and Learning Experience Portfolio. Please feel free to complete this form and return to the RCP London at the address listed below. The RCP London is co-ordinating responses.

1. How easy to use did you find this document overall?

- Easy to use     Mostly easy to use     Mostly difficult to use     Difficult to use

2. How might it be improved?

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