# Quick reference guide

## Appraisal Requirements

|  |
| --- |
| Personal Details |
| Scope of work |
| Health Questionnaire  |
| Attendance review  |
| Yearly: evidence of completion of mandatory training  |
| Review of learning objectives from the previous appraisal period with evidence of how these have been met. |
| Five pieces of reflective accounts per three-year period.  |
| Quality Improvement activity as agreed with your appraiser  |
| Personal good character and probity review  |
| Multi-Source Feedback |
| Achievement, challenges and aspirations  |
| PDP objectives for the next appraisal period |
| Professional indemnity check |
| Significant event discussion  |
| Practice feedbackFeedback - review of compliments / complaints. MSF should be completed  |

# Portfolio Review (to include as a minimum)

## PORTFOLIO

It is mandatory for all ACCPs to maintain a contemporaneous portfolio. This will contain the following documentary evidence in addition to the information laid out in the domains identified above. The Portfolio must be available for inspection at the time of the appraisal meeting.

* Record of meetings with Educational Supervisor and Line Manager (one of each per year)
* Logbook
* Current job plan
* CPD undertaken
* Teaching undertaken
* Audit/QI undertaken
* Research undertaken
* Courses attended & certificates

|  |
| --- |
| Clinical Pillar  |
| Logbook ReviewEvidence should be provided on activities undertaken to ensure practice is up to date.Development of new skills/ procedures All Workplace based assessments undertakenService user feedbackTeam feedback  |
| Leadership Pillar |
| Involvement in unit, Trust/health board / National activity Evidence of role modelling trust / ACCP values /scope of practice  |
| Education Pillar |
| Teaching undertaken.Feedback Courses attended & certificates |
| Research Pillar  |
| QIAudit Research activity |
| Personal development plan for the next year |
| Summary of appraisal discussion  |

# Personal details

## (Reviewed yearly)

|  |  |
| --- | --- |
| NMC/HCPC Number |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Email address |  |

|  |  |
| --- | --- |
| Telephone number |  |

|  |  |
| --- | --- |
| Employer address |  |

|  |  |
| --- | --- |
| Name of designated body (for revalidation purposes) |  |

|  |  |
| --- | --- |
| Qualifications (including Awarding Body & Dates)Please include ACCP qualifications |  |

|  |  |
| --- | --- |
| FICM Status |  |

|  |  |
| --- | --- |
| Year of appraisal |  |

|  |  |
| --- | --- |
| Revalidation date |  |

|  |  |
| --- | --- |
| Membership of learned societies (e.g.ICS, SICS, EDIC, ACTA) |  |

# Health

## (Completed yearly)

Please confirm that you are capable of fulfilling the Professional Obligations placed upon you by your professional regulatory body. This states that you must be in a state of health that ensures you are capable of safe and effective practice without supervision after any reasonable adjustments are made by your employer. It does not necessitate a complete absence of any disability or illness.

I accept the professional obligation placed upon me about my personal health [ ]

|  |
| --- |
| If you feel you are unable to accept this statement for whatever reason, please explain why in the comments box: |
|  |

### Are you registered with a GP? Yes [ ]  No [ ]  [ ] Is your immunisation state up to date? Yes [ ]  No [ ]

|  |
| --- |
| Please provide the dates of your last immunisation and certificates:  |
|  |

|  |  |
| --- | --- |
| How many sick days have you taken since your last appraisal? |  |
| How many sick days have you taken in the last three years? |  |
| If so date of referral to occupational health services |  |
| Please provide any additional comments regarding any health issues and your role as an ACCP?  |
|  |

# Scope of Practice – Local

## (Completed once – reviewed/amended yearly)

Scope of work information should be completed and any alterations on yearly review clearly noted, including any additional scope of practice in relation to Standard Operating Procedures for roles/responsibilities above and beyond the base Job Description.

|  |
| --- |
| Clinical commitments including current job plan, job description/job specification (if available) |
|  |

|  |
| --- |
| Work Setting – brief description of Critical Care unit – number of beds, admissions per year, types of cases admitted, sub-specialty areas |
|  |

|  |
| --- |
| Regular Clinical roles - ICU, HDU, Outreach, ED, MAU, OP Clinics |
|  |

|  |
| --- |
| Ad-hoc clinical roles – as above but undertaken less than once per month |
|  |

|  |
| --- |
| Out of hours commitment (hours/frequency) |
|  |

|  |
| --- |
| Educational Roles |
|  |

|  |
| --- |
| Research Roles |
|  |

|  |
| --- |
| Managerial & Leadership roles |
|  |

|  |
| --- |
| Any other roles |
|  |

|  |
| --- |
| Healthcare Roles external to Designated Body |
|  |

|  |
| --- |
| Dates of Practice |
|  |

|  |
| --- |
| Average hours worked per week clinically for last year |
|  |

|  |
| --- |
| Record of total hours worked for last 3 years (NMC minimum is 450) |
|  |

|  |
| --- |
| Detail & review the local governance arrangements for the individual ACCP scope of practice including as a minimum:  |
| Risk Assessment Cross reference with logbook of activityPatient/ service NeedImpact on training Governance arrangementsReview dates  |

|  |
| --- |
| Please describe any changes to your scope of work that you envisage taking place in the next year |
|  |

# Professional Indemnity Arrangements

## (Completed Yearly)

You must clearly state whether your indemnity arrangement is through:

* Your employer [ ]
* A membership with a professional body [ ]
* A private insurance arrangement [ ]

You must show evidence to demonstrate that you have an appropriate arrangement in place.

* Appropriate Standard Operating Procedures (SOPS)/ Governance Frameworks reviewed in relation to current scope of practice outside that of the initial Job Specification
* Review of clinical logbook of procedures, identification of any areas of limited practice and these should be added to a development plan if required.

If your indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.

|  |  |
| --- | --- |
| Insurer |  |
| Name |  |
| Renewal date |  |

# Probity

## (Completed Yearly)

I confirm I have read and understand my professional responsibility as an ACCP in relation to probity and have discussed any areas of concern or conflict with my appraiser.

### I accept the professional obligation placed upon me in relation to probity [ ]

|  |  |
| --- | --- |
| ACCP signature |  |
| Print name |  |

|  |  |
| --- | --- |
| Appraiser signature |  |
| Print name |  |
| Date |  |

# Mandatory Training

## (Completed Yearly)

Please provide an up-to-date list of the Mandatory Training that you are required to undertake by your local Trust, both generic (e.g. Fire & Safety, Conflict Resolution) and specific to your role in Critical Care (e.g. Blood Transfusion, ALS/CALS).

Please also indicate which elements of the mandatory training you are currently up to date with.

As each organisation will have different requirements for completion of mandatory training, please obtain a copy of these and attach to this document for completion of appraisal.

# Personal Development Plan for last year and Review of Progression

## (Completed Yearly)

|  |  |
| --- | --- |
| Date of last appraisal |  |

|  |  |
| --- | --- |
| Name of last appraiser |  |

This section should clearly list each component of last year’s PDP (as defined in last year’s appraisal if applicable) and the current status of progression towards meeting the goals within the PDP. Learning or development needs should be assessed in relation to patient safety/service needs, risk, frequency of required skill/ capability, and appropriate governance requirements.

|  |  |  |
| --- | --- | --- |
| Learning/development need | Was this need met?Yes/No/In progress | If yes, please describe how and when this need was met. If no or in progress, please explain why not or how the need is progressing.  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| General comments concerning last year’s progress |
|  |

# Educational Supervisor Meetings

### Please provide details of your meetings with your Line Manager

## (Completed Yearly)

|  |  |
| --- | --- |
| Name of Line Manager |  |

|  |  |
| --- | --- |
| Job Title  |  |

|  |  |
| --- | --- |
| Date of Meeting  |  |

|  |
| --- |
| Outcomes Agreed |
|  |

# Educational Supervisor Meetings

### Please provide details of your meetings with your Educational Supervisor

## (Completed Yearly)

|  |  |
| --- | --- |
| Name of Educational Supervisor |  |

|  |  |
| --- | --- |
| Job Title  |  |

|  |  |
| --- | --- |
| Date of Meeting  |  |

|  |
| --- |
| Outcomes Agreed |
|  |

# Achievements, challenges, and aspirations

## (Completed Yearly)

Whilst these topics are not mandatory for revalidation, it is important to discuss your achievements over the past year, your aspirations for the future and any challenges you may be currently facing with your appraiser. Appraisal is a formative process and therefore you are encouraged to discuss these topics and record and documentation in support of these discussions.

### Achievements

###

### Challenges

##

###

### Aspirations

[ ] [ ] [ ] [ ] Significant Events

## (Completed Yearly)

Significant events are an additional source of supporting information that can be used to demonstrate that an ACCP is continuing to meet the principles and values set out in Good Medical Practice.

If your employing trust utilises data capture software for Significant Events, please record any output from this that is relevant to you.

Please give details of any significant events in which you have been involved, either clinically or in a managerial capacity. These should include:

* Never events
* Near misses
* Morbidity & Mortality Reviews
* Datix events
* Coroner’s Reports & Attendances (anonymised)
* Patients referred to the Procurator Fiscal

|  |
| --- |
| In addition to a concise description of the event, the ACCP should reflect on each episode and give details of the lessons learnt from the significant event and any action subsequently taken. |
|  |

# Reflective Accounts

## (Completed every 3 years)

Good practice in any field requires you to reflect on your practice and whether you are working to the relevant standards. Within each 3-year revalidation cycle, you must record at least 5 pieces of formal written reflection that explain how this CPD and/or Quality Improvement Activity demonstrates that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

|  |  |
| --- | --- |
| Discussion topic |  |
| Key lessons learnt |  |

|  |  |
| --- | --- |
| Discussion topic |  |
| Key lessons learnt |  |

|  |  |
| --- | --- |
| Discussion topic |  |
| Key lessons learnt |  |

|  |  |
| --- | --- |
| Discussion topic |  |
| Key lessons learnt |  |

|  |  |
| --- | --- |
| Discussion topic |  |
| Key lessons learnt |  |

|  |  |
| --- | --- |
| Name of reviewer |  |
| NMC/HCPC/GMC number |  |
| Signature |  |
| Date |  |

# Non-Medical Prescribing Review

## (Reviewed Yearly)

One reflective piece per year must be in relation to activities as a Non-Medical Prescriber.

Is non-medical prescribing defined in your job description and registered with the regulatory body if appropriate?

### Yes [ ]  No [ ]

Have you completed one reflective account form relating to non-medical prescribing?

### Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Title of the non-medical prescribing related reflection for this CPD period |  |

All ACCPs must be aware of and conform to [NICE guidelines [NG5] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](https://www.nice.org.uk/guidance/ng5/chapter/Recommendations) (Published date: March 2015) and the [Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework) (2023)

### I confirm that I am aware of and conform to this guideline [ ]

|  |  |
| --- | --- |
| Signature of ACCP |  |
| Date |  |

|  |  |
| --- | --- |
| Signature of reviewer |  |
| Date |  |

# Additional Advanced Skills Framework (AASF) Review

## (Reviewed Yearly)

### *Duplicate as many times as required for the number of AASFs held*

Additional Advanced Skills Framework Reviewed:

|  |
| --- |
|  |

Is the AASF identified, still relevant to the role of the ACCP?

### Yes [ ]  No [ ]

Is logbook evidence sufficient to show competency and currency of practice in relation to the AASF identified?

### Yes [ ]  No [ ]

Have there been any adverse incidents or reported issues in relation to the AASF identified?

### Yes [ ]  No [ ]

If Yes please detail the incident/issue and the remedies identified.

|  |  |
| --- | --- |
| Incident |  |
| Remedies |  |

I confirm that I will continue to practice within my scope of practice and will ensure an appropriate logbook of procedures is maintained to show currency and competency at any point that it may be requested. [ ]

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Signature of reviewer |  |
| Date |  |

# Quality Improvement Activity

You must demonstrate that you regularly participate in activities that contribute to QI within critical care, as an individual or as part of the Critical Care Team.

Please complete a separate form for each quality improvement activity.

|  |
| --- |
| Brief description of the quality improvement activity; please include its function, dates, and times if applicable |
|  |

|  |
| --- |
| What was your involvement in this activity?  |
|  |

|  |
| --- |
| What action have you taken in response to the results/outputs of the activity? (e.g. action plans, changes to practice) |
|  |

|  |
| --- |
| Demonstrate evaluation and reflection on the results of the activity (e.g. reflective notes, discussion of the results with peer-supervision, contributions to your personal development) |
|  |

|  |
| --- |
| Is any further action to be taken, such as re-audits? If so, please provide details:  |
|  |

# Personal Development Plan for next year

## (Completed Yearly)

Following a thorough examination and discussion with your appraisers, you should agree on a set of educational and CPD goals for the forthcoming year and incorporate these into a coherent Personal Development Plan.

This section should clearly list each component of next year’s PDP.

|  |  |
| --- | --- |
| Learning/development need | When and how will this be met? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Summary of Appraisal Discussion

## (Completed Yearly)

The appraisers and the ACCP being appraised must record here a jointly agreed and concise summary of the appraisal discussion. To directly address the appraisal process to the combined requirements of NMC Revalidation/ HCPC and GMC Good Medical Practice, it is useful to consider the appraisal in four distinct areas.

In preparation for the appraisal, the ACCP should use these four areas to summarise the evidence they have provided within the domains laid out above.

### 1. Maintaining Effective Practice via a Knowledge, Skills and Performance Framework

### 2. Preserving and promoting Safety and Quality

### 3. Prioritising people via Communication, Partnership & Teamwork

### 4. Promoting & Maintaining Professionalism and Trust

# Appraisal Outputs

## (Completed Yearly)

**1.** An appraisal has taken place that reflects the whole of the ACCP’s scope of work and addresses the principles and values set out in Good Medical Practice

### Yes [ ]  No [ ]

**2.** Appropriate supporting information has been presented for appraisal and revalidation purposes and this reflects the nature and scope of the ACCP’s work

### Yes [ ]  No [ ]

**3.** A review that demonstrates progress against last year’s personal development plan has taken place

### Yes [ ]  No [ ]

**4.** An agreement has been reached with the ACCP about a new Personal Development Plan and any associated actions for the coming year

### Yes [ ]  No [ ]

**5.** No information has been presented or discussed that raises a concern about the ACCP’s fitness to practice

### Yes [ ]  No [ ]

Appraiser Comments

##

## Appraisee Comments

|  |  |
| --- | --- |
| Signature of Appraiser 1 |  |
| NMC/ GMC number: |  |

|  |  |
| --- | --- |
| Signature of Appraiser 2 |  |
| GMC/ NMC number: |  |

|  |  |
| --- | --- |
| ACCP signature |  |
| Registration number andRegulator (NMC/HCPC):  |  |

|  |  |
| --- | --- |
| Date: |  |