

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

DOMAIN 3 - Communication, Partnership and Teamwork		
Attribute: 3.1 Communicate effectively		
Attribute: 3.2 Work constructively with colleagues and delegate effectively		
Attribute: 3.3 Establish and maintain partnerships with patients		
	List of Supporting Information	Applicable Date
1	Dept meeting with reference to linking with Primary care for pathways PCP Design team meeting Jan 13	16/5/13
2	Document – 'Consideration for Urology consultant job plans' outline of process to create team job plan	
3	Outpatient design and example of meetings	
4	ESWL room re-installation of new machine	
5	Ward reconfiguration	
6	Regional Urology Steering Group membership (example of notes of meeting)	
7	Thank-you letter from Mr Akhtar on his resignation	6/6/13
8	Patient 360	
9	Reflective template patient 360	
10	Colleague 360	
11	Reflective template colleague 360	
Discussion		
<p>No significant issues raised.</p> <p>Evidence presented of development in urology service and teamworking</p>		
Actions Agreed		

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan-Dec 2012

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DOMAIN 4 - Maintaining Trust

Attribute:4.1 Show respect for patients

Attribute:4.2 Treat patients and colleagues fairly and without discrimination

Attribute:4.3 Act with honesty and integrity

	List of Supporting Information	Applicable Date
1	Patient feedback ref domain 3	6/6/13
2	Patient feedback reflective ref domain 3	6/6/13
3	Thank you letters	6/6/13
4	Health ref form 5	6/6/13
5	Probity ref form 5	6/6/13
6	Copy medical card	6/6/13
7	vaccination	6/6/13
8		
9		
10		

Discussion

Regul of Patient Feedback

Actions Agreed

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan-Dec 2012

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 4 - PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should review progress against last year's personal development plan and identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

Review of last year's Personal Development Plan

Development needs	Actions agreed	Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?
Continue CPD by attending Major Educational Meeting	Attend EAU	Yes = attended EAU 2012 and 2013
Training for new ESWL machine	Onsite and off site training	Offsite training at an established London centre December 2012

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan-Dec 2012

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PERSONAL DEVELOPMENT PLAN for the year ahead		
Development needs	Actions agreed	Target dates
Enhance skill in new techniques for PCNL	Attend course on advanced PCNL techniques	2013/14
ESWL implementation = admin, patient information systems, full ESWL application training (to include paediatrics)	Course on paediatric ESWL	2013/14
Targeted ICT training specific to specialty		2013/14
CPD meeting for general urology provision		2013

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan-Dec 2012

FORM 5- HEALTH AND PROBITY STATEMENTS**HEALTH DECLARATION****Professional Obligations**

The GMC's guidance *Good Medical Practice* (2006) states that;

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where they require appropriate action.

Signature:

Date: 12-5-13

Name in capitals

Regulatory and Voluntary Proceedings

Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

OR

If I have been subject to any of the above, I have discussed these with my appraiser.

Signature:

Date: 12-5-13

Name in capitals

PROBITY DECLARATION

Professional obligations

I accept the professional obligations placed upon me in paragraphs 56 to 76 of *Good Medical Practice* (2006).

Signature.....

Date

12-5-13

Name in Capitals.....

M. Young

Convictions, findings against you and disciplinary action

Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

OR

If I have been subject to any of the above, I have discussed this with my appraiser.

Signature

Date

12-5-13

Name in Capitals

M. Young

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan-Dec 2012

FORM 6 - SIGN OFF

CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS	APPRAISER SIGNATURE	DATE

When you have completed the appraisal, the appraiser should check and sign the following:

GMC REQUIRED INFORMATION		PRESENT
Continuing professional development		<i>[Signature]</i>
Quality improvement activity		<i>[Signature]</i>
Significant events review		<i>[Signature]</i>
Review of complaints and compliments		<i>[Signature]</i>
Feedback from colleagues	Year undertaken OR Planned Year:	<i>[Signature]</i>
Feedback from patients (where applicable)	Year undertaken OR Planned Year:	<i>[Signature]</i>

APPRAISAL CHECKLIST	COMPLETED
Check that all sections of the documentation have been completed.	<i>[Signature]</i>
Ensure the previous year's Personal Development Plan has been reviewed.	<i>[Signature]</i>
Forward required Forms according to the organisation's appraisal policy.	

APPRAISAL COMPLETION	
We confirm that this summary is an accurate record of the appraisal discussion, the key documents used, and of the agreed personal development plan.	
APPRAISEE Signature of Appraisee: <i>[Redacted]</i>	Date: <u>6/6/13</u>
APPRAISER Signature of Appraiser: <i>[Redacted]</i>	Name of Appraiser: <u>L. S. Macdonald</u>
GMC Number: <u>2846385</u>	Date: <u>6/6/13</u>
CO-APPRAISER (if applicable) Signature of Co-Appraiser: _____ Name of Co-Appraiser: _____ GMC Number: _____ Organisation: _____	

FORM 7- REVALIDATION PROGRESS

Name: M Young	GMC Number: 2846385	Appraisal Period : Jan-Dec 2012
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Year 1

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2012 has been satisfactorily completed.

Current Outstanding Issues:

Action Required

Resolution

Signature of Appraiser:

Personal Information redacted by the USI

Name of Appraiser:

GMC Number:

2646042

Date:

F. S. WHEELER
6/8/13

Year 2

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:

Action Required

Resolution

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

Year 3

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:

Action Required

Resolution

Signature of Appraiser:

Name of Appraiser:

GMC Number:

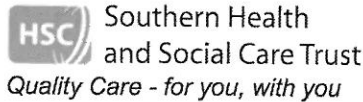
Date:

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan-Dec 2012

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION



APPRAISAL DOCUMENTS

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Appendix 3	Appraisee Feedback form
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FORM 1 - BACKGROUND DETAILS

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.
- The form includes an optional section for any additional information.

1.1	Full name	Michael Robert Andrew YOUNG
1.2	GMC Registered address (contact address if different)	Personal Information redacted by the USI
1.3	Main employer	Southern Trust Northern Ireland
1.4	Main place of work	Craigavon Area Hospital
1.5	Other employers/ places of work	Nil
1.6	Date of primary medical qualification	July 1983 MB BCh BAO
1.7	GMC registration number and type	2846385 Full
1.8	Start date of first substantive appointment in HSC as a trained doctor	August 1983
1.8	GMC Registration date and specialties	Urology 2 nd April 1998
1.9	Title of current post and date appointed	Consultant Urologist 1 st May 1998
1.10	For any specialist registration / qualification outside UK, please give date and specialty	
1.11	Please list any other specialties or sub-specialties in which you are registered	
1.12	Is your registration currently in question?	No
1.13	Date of last revalidation (if applicable)	June 2013
1.14	Please list all posts in which you have been employed in HSC and elsewhere in the last five years (including any	Southern Trust Health and social Care Northern Ireland

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honorary and/or part-time posts)	
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ANY ADDITIONAL INFORMATION

Consultant in urological surgery – general practice with specific interest in stone management.

Work involves outpatient clinics in the main hospital in Craigavon and at two outreach site, Banbridge and the new South West Acute Hospital in Enniskillen (attendance at the Armagh, previously undertaken on a monthly basis, has now been discontinued). In addition, a regular specialised stone clinic is undertaken weekly. Inpatient management involves ward rounds and weekly operating sessions as well as a monthly day-surgery list. Other fixed commitments have included two specialised stone sessions (ESWL). Other areas covered include urodynamic sessions and administration. My lead Clinician role in Urology has continued to evolve with the changes within the Trust and the development of the service.

My job description generally has remained unchanged from previous appraisals though ad hoc additional theatre lists, clinics and urodynamic sessions have been undertaken to help meet targets.

Recent changes however have resulted in moving the out-reach clinics to a different time slot to accommodate the additional clinical session of urology uro-oncology MDT.

The External Regional Review of Urology services for Northern Ireland which are affecting the Southern Board, combined with the previous introduction of the ICATS services is now all coming into fruition with extra consultant appointments.

I am a member of the following medical associations:

Fellow of the Royal College Surgeons in Ireland
British Association of Urological Surgeons
BAUS subsection of Endourology
British Medical Association

Medical Defence Union

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FORM 2 - CURRENT MEDICAL ACTIVITIES

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 2 is to provide an opportunity to describe your current post(s) in the HSC, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held or held in the past year.
- Information should cover your practice at all locations since your last appraisal or during the last 12 months whichever is longer.
- You may wish to comment in addition on factors which affect the provision of good health care.

<p>2.1 Please give a short description of your work, including the different types of activity you undertake</p>	<p>I am a Consultant urologist with an interest in stone management.</p> <p>Work involves a general outpatient clinic at the main hospital in Craigavon, Banbridge outreach polyclinic and at the South West Acute Hospital. In addition I have a weekly specialised stone clinic. Other specialist areas include a session of urodynamics combined with oncology assessment clinics.</p> <p>I run the Stone Treatment Centre with a team of nurses and Radiographers to provide a twice weekly ESWL service. This has increased to three sessions per week during this current year and relates to a new lithotripter being installed.</p> <p>Inpatient management involves ward rounds and weekly operating sessions as well as a monthly general anaesthetic day-surgery list. A supervisory role covers flexible cystoscopy lists performed by our SpRs and Specialty Doctors.</p> <p>Ad hoc additional theatre lists, clinics and urodynamic sessions have been undertaken to help meet Health Dept targets.</p> <p>I have a weekly Private Practice clinic held at the Hillsborough Private Clinic with a monthly theatre and clinic session at the Ulster Independent Clinic.</p> <p>The lead Clinician in Urology role has continued to evolve with the changes within the Trust and the development of the service.</p> <p>I am also the Educational supervisor for our two SpR trainees in urology</p>
<p>2.2 List your main sub-specialist skills and commitments / special interests</p>	<ul style="list-style-type: none"> - Director of Stone Treatment Centre. - Provide Percutaneous nephrolithotomy minimally invasive renal stone surgery service. - Laparoscopic urological procedures - Urodynamic.

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2.3 Please give details of any emergency, on-call and out of hours responsibilities	Participate in the Craigavon hospital Consultant Urologist Rota. This provides for after hours and weekend ward rounds and emergency theatre requirements. This was on a 1:2 rota when first employed, changed to 1:3 in 2006 and more recently to 1:4 / 1:5 in 2012
2.4 Please give details of out-patient work if applicable	Out-patient activity is solely urological. This currently averages three clinics per week and once a month at four a week. Clinic type include one stone clinic, one to two general clinics and a specialized clinic for urodynamics and oncology patients. The SWAH clinic is an all day general clinic
2.5 Details of any other clinical work	Urological surgery is performed on day case and inpatients. ESWL stone therapy is provided in the Stone Treatment Centre under my stewardship.
2.6 In which non-HSC hospitals and clinics do you enjoy practising privileges or have admitting rights? Please give details including: <ul style="list-style-type: none"> Number and type of cases. Any audit or outcome data for the private practice. Details of any adverse events, critical incidents. Details of any investigations into the conduct of your clinical practice or working relationships with colleagues 	Private Practice privileges are at the Hillsborough Private clinic where outpatient consultation and local anaesthetic endoscopy is performed. The majority of the endoscopy has been part of Contract work for the clinic on behalf of waiting list target workload for other Trusts. Feedback is given by the Clinic to the relevant Trusts. Monthly clinic and inpatient surgery is performed at the Ulster Independent Clinic. I am unaware of any adverse incident on either site.
2.7 List any non-clinical work that you undertake which relates to teaching	Partake in the Regional Urology teaching Forum for SpRs. I am an Educational supervisor for both our SpRs in Craigavon and am a past Urology Programme Director for Urology in Northern Ireland. I am both an undergraduate and post graduate examiner.
2.7.1 List any non-clinical work that you undertake which relates to management	Lead Clinician for Urology in Southern Trust

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2.7.2 List any non-clinical work that you undertake which relates to research	Past mentor for M.D fellowship within Trust. However there has not been a Fellow for some years now due to a change in the urology training scheme in the UK.
2.7.3 List any work you undertake for regional, national or international organisations.	Member of Regional Urology review team and its sub-committees, both in 2009 and 2013
2.7.4 Please list any other activity that requires you to be a registered medical practitioner	Member of the MDU

CURRENT JOB PLAN

If you have a current job plan, please attach it. If you do not have a current job plan, please summarise your current workload and commitments in the space below: -

No particular change in this document other than the on call arrangements have changed due to there now being five consultant in the team plan.

ADDITIONAL INFORMATION

Please use to record issues which impact upon delivery of patient care.

Variability in the Consultant numbers with the employment of three new consultants at one interview, their arrival and subsequent departure of two, has impacted on service delivery.

Hillsborough Private Clinic See Domain 2

NIMDTA Educational Supervisor for Urology SpR See domain 1

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FORM 3 - SUPPORTING INFORMATION & SUMMARY OF APPRAISAL DISCUSSION**DOMAIN 1 - Knowledge, Skills and Performance**

Attribute: 1.1 Maintain your professional performance

Attribute: 1.2 Apply knowledge and experience to practice

Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.

	List of Supporting Information	Applicable Date
1	Job Plan April 13	
2	Job plan in 2012	
3	Clip report	
4	ARCP and ISCP - Educational supervisor	
5	3 rd year examiner	
6	EAU international Urology Meeting 2013 and attended sessions	
7	BAUS 2011	
8	MRI / haematospermia Audit poster	
9	Audits studies – Radiation exposure from endoscopic urology procedures	
10	Case – rare condition of nephrocutaneous fistula	
11	Reflective template on case study	
12	Previous Form 4	
13	Training Passport	

Discussion

Evidence supplied to support MY maintaining professional performance both for clinical activity and educationally.

Has reflected on an unusual case.

Training passport for several domains are soon to expire

Actions Agreed

Has noted the areas in the Mandatory Training Passport that need attention for the next two years

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DOMAIN 2 - Safety and Quality

Attribute: 2.1 Contribute to and comply with systems to protect patients

Attribute: 2.2 Respond to risks to safety

Attribute: 2.3 Protect patients and colleagues from any risk posed by your health

	List of Supporting Information	Applicable Date
1	M & M 2013	
2	Antibiotic ward round example	
3	Audits (see Domain 1)	
4	Reflective templates on audit results	
5	Suprapubic training set-up	
6	Addition stone clinics in response to recognition of backlog	
7	Glycine used for urology irrigation during surgery - Regional issue post SAI in another Hospital - response letter on behalf of CAH urology Dept	
8	Purchase of second laser - quality issue	
9	Complaints	
10	Reflective template on complaint	
11	GP medical card - see 2012 appraisal	
12	Vaccination - see 2012 appraisal	
13	Statement of health and probity	

Discussion

M&M = attendance now 75% plus additional regional urology M&M brings attendance to 83%

Has reflected on an audit

Has set up a suprapubic training regime in light of NPSA and Trust Governance request.

Only one complaint regarding waiting list time

No issues from the Hillsborough Private Clinic.

Actions Agreed

Will rewrite to the Ulster Clinic for similar documentation. It is logged that MY still has practicing privileges

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DOMAIN 3 - Communication, Partnership and Teamwork

Attribute: 3.1 Communicate effectively

Attribute: 3.2 Work constructively with colleagues and delegate effectively

Attribute: 3.3 Establish and maintain partnerships with patients

	List of Supporting Information	Applicable Date
1	Theatre Users Group meeting dates	
2	Communication re Team job planning and clinic design	
3	New Thorndale Unit opening - Team meeting	
4	Clinical workshop on unscheduled care pressure	
5	Medical management meeting schedule	
6	Business case Group for New Thorndale unit	
7	X-ray conference team meeting	
8	Oncology MDM attendance	

Discussion

Good attendance at MDM

Evidence of engagement for development of the urology service

Actions Agreed

Nil required

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DOMAIN 4 - Maintaining Trust

Attribute:4.1 Show respect for patients

Attribute:4.2 Treat patients and colleagues fairly and without discrimination

Attribute:4.3 Act with honesty and integrity

	List of Supporting Information	Applicable Date
1	Letters / cards from patients	
2	Letter from colleague who has just left the Trust	
3	Letter from pharmaceutical representative	
4	Health see form 5	
5	Probity see form 5	
6	Medical card see domain 2	
7	Vaccination see domain 2	

Discussion

No issues raised in this section

Actions Agreed

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FORM 4 - PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should review progress against last year's personal development plan and identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

Review of last year's Personal Development Plan

Development needs	Actions agreed	Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?
Enhanced skill in new PCNL techniques	Attend course on same	2013/14 No not attained – No specific course. Would require to visit another unit. Dates from supporting service and units not forthcoming or suiting
ESWL implementation	Course on paediatric ESWL	2014 Unit in France to be visited in 2014
Target ICT training specific to speciality		2013/14 Ongoing and partially completed but should be by end of 2014 or into early 2015
CPD meeting for general urology provision		2013 Attended EAU in mid 2013

Name: M Young

GMC Number: 2846385

Appraisal Period : 2013

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PERSONAL DEVELOPMENT PLAN for the year ahead		
Development needs	Actions agreed	Target dates
CPD for General urology	Attend nation meeting	2014
Management – enhance units Team to meet demand	Action to increase consultant numbers	2014
Complete ICT training	Trust education	2014/15
Further specific training in advanced stone management	Visit other units	2014/15
More involved in national audit collection data	BAUS platform	2014
E –learning module participation	Trust documentation	2015
ESWL paediatric Training	Visit specialized unit	2014

Name: M Young

GMC Number: 2846385

Appraisal Period : 2013

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Name: M Young	GMC Number: 2846385	Appraisal Period : 2013	Page 12
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FORM 5- HEALTH AND PROBITY STATEMENTS**HEALTH DECLARATION****Professional Obligations**

The GMC's guidance *Good Medical Practice* (2006) states that;

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where t Personal Information redacted by the USI appropriate action.

Signature: Personal Information redacted by the USI Date: 22.10.14

Name in capitals Personal Information redacted by the USI M. Young

Regulatory and Voluntary Proceedings

Since my last appraisal/revalidation I have not, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

OR

If I have been subject Personal Information redacted by the USI I have discussed these with my appraiser.

Signature: Personal Information redacted by the USI Date: 22-10-14

Name in capitals Personal Information redacted by the USI M. Young

PROBITY DECLARATION

Professional obligations

I accept the professional obligations set out in paragraphs 56 to 76 of *Good Medical Practice* (2006).

Signature:

Date:

22-10-14

Name in capitals

M. Young

Convictions, findings against you and disciplinary action

Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

OR

If I have been subject to any of the above, I have discussed this with my appraiser.

Signature:

Date:

22-10-14

Name in capitals

M. Young

FORM 6 - SIGN OFF

CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS	APPRAISER SIGNATURE	DATE

When you have completed the appraisal, the appraiser should check and sign the following:

GMC REQUIRED INFORMATION			PRESENT
Continuing professional development			✓
Quality improvement activity			✓
Significant events review			✓
Review of complaints and compliments			✓
Feedback from colleagues	Year undertaken OR Planned Year:		—
Feedback from patients (where applicable)	Year undertaken OR Planned Year:		—

APPRAISAL CHECKLIST	COMPLETED
Check that all sections of the documentation have been completed.	✓
Ensure the previous year's Personal Development Plan has been reviewed.	✓
Forward required Forms according to the organisation's appraisal policy.	

APPRAISAL COMPLETION	
We confirm that this summary is an accurate record of the appraisal discussion, the key documents used, and of the agreed personal development plan.	
<div style="display: flex; justify-content: space-between;"> <div> APPRAISEE Signature of Appraisee: _____ </div> <div> Date: <u>31.12.14</u> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> APPRAISER Signature of Appraiser: _____ </div> <div> Name of Appraiser: <u>P. J. W. Maclellan</u> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> GMC Number: <u>28468042</u> </div> <div> Date: <u>31.12.14</u> </div> </div>	
CO-APPRAISER (if applicable)	
Signature of Co-Appraiser: _____ Name of Co-Appraiser: _____	
GMC Number: _____ Organisation: _____	

FORM 7- REVALIDATION PROGRESS**Year 1**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2013 has been satisfactorily completed.

Current Outstanding Issues:**Action Required****Resolution**

Signature of Appraiser:

Personal Information redacted by the USI

Name of Appraiser:

GMC Number:

Date:

31-12-14**Year 2**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:**Action Required****Resolution**

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

Year 3

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:**Action Required****Resolution**

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

Appendix 1 Education and Training Competencies Available for Medical Staff

Right Patient, Right Blood	Method	Core / Optional	Date Completed
RPRB Theory (18 month refresher required)	Learn Blood Transfusion Module	Core Module	15.3.13
Competency 1,2 & 4 (Every 3 Years)	Face to face – Trust Haemovigilance Staff	Core Module	15.5.13

Annual Updates	Method	Core / Optional	Date Completed
Fire Safety	Face to Face – Trust Mandatory Training Day	Core Module	12.3.13
2 Yearly Updates	Method	Core / Optional	Date Completed
Infection Prevention and Control	Face to Face – Trust Mandatory Training Day	Core Module	12.3.13
Resuscitation	Face to Face		
Safeguarding Children & Vulnerable Adults	Face to Face – Trust Mandatory Training Day	Core Module	—
3 Yearly Updates	Method	Core / Optional	Date Completed
Information Governance/Data Protection/IT Security	SHSCT E-Learning Module	Core Module	—
Moving and Handling	SHSCT E-Learning Module	Core Module	6.7.13
Health & Safety / Control of Substances Hazardous to Health (COSHH)	SHSCT E-Learning Module	Core Module	18.9.13
Discovering Diversity	HSC E-Learning Module		
Recruitment & Selection	HSC E-Learning Module		
Hyponatraemia	BMJ E-Learning Module		
Management of Actual or Potential Aggression	Face to Face		
Fraud Awareness	HSC E-Learning Module		
Seeking and Obtaining Consent for Hospital Post Mortem Examination	SHSCT E-Learning Module		
Once off Training	Method	Core / Optional	Date Completed
National Early Warning System	National NEWS e-learning		
Obstetrics Early Warning System	OEWS e-learning		
Paediatrics Early Warning System	PEWS e-learning		
Consent	In House E-Learning module		
Blood Culture	In House E-Learning module		
Peripheral Line	In House E-Learning module		
Anticoag (Starting and Maintaining)	BMJ E-Learning Module		
Naso Gastric Tube Placement	Merck & In House E-Learning module		
Protocol following death of patient	In House E-Learning module		
Guide to Prescribing in SHSCT	In House E-Learning module		

Patients enrolled in Clinical Trials	In House E-Learningmodule		
VTE	E-learning for Health		
Safe Sedation [Module 1,2 & 3]	In House E-Learning module		
Gastrointestinal endoscopy	Face to face		
Chest Drain Insertion	Face to face		
Blood Gas Instrument	Face to face		
Appraiser Training	Face to face		
Appraisee Training	Face to face		
Fraud Awareness	HSC Module		
Modules proposed for E-Learning	Method	Core / Optional	Date Completed
Better Communication/Complaint Handling	Face to face		
Incident Reporting	Face to face		
Clinical Negligence	Not currently available		
Infection Prevention and Control	Face to face		
Waste Management	Not currently available		

Links to the various e-learning modules and information regarding face-to-face training can be found [here](#). Your training record will be updated following this submission, a copy of which can be obtained from the Revalidation Support Team, medical.revalidation@southerntrust.hscni.net

TRAINING DECLARATION

I understand that it is my responsibility to make the necessary arrangements to allow me to complete the Trust's Mandatory Training Core Modules and those Optional Modules as agreed between myself and my Appraiser that are necessary for me to undertake my role within the Southern Health and Social Care Trust.

APPRAISEE

Signature of Appraisee: _____

Date: 22.10.14

GMC Number: _____

APPRAISER

Signature of Appraiser: _____

Date: 31.12.14

PRINT NAME OF APPRAISER: _____

2646042

APPRAISER FEEDBACK FORM

Appraiser:

Appraisee:

Date of Appraisal:

Before the Appraisal

1. How challenging did you find it to review the paperwork for this appraisal?

1 ☐

Very Difficult

2 ☐

Difficult

3 ☐

Neither Difficult / Easy

4 ☒

Easy

5 ☐

Quite Simple

2. How much time did you spend preparing for this appraisal?

Over 5 hours ☐

Between 2 and 5 hours ☐

Between 1 and 2 hours ☐

Less than 1 hour ☒

3. Overall, how would you say you were feeling towards this impending appraisal?

1 ☐

Very Negative

2 ☐

Negative

3 ☐

Neither Negative / Positive

4 ☐

Positive

5 ☒

Very Positive

During the Appraisal

4. Did you begin the appraisal feeling clear about what was going to be discussed?

1 ☐

Not at all

2 ☐

A Little Unclear

3 ☐

Fairly Clear

4 ☒

Very Clear

5 ☐

We agreed this at the beginning

5. Did you feel that the confidentiality of the process was understood?

1 ☐

Not at all

2 ☐

A Little

3 ☐

Fairly Understood

4 ☐

Well Understood

5 ☒

Completely Understood

6. Did you feel at ease during this appraisal?

1 ☐

I felt ill at ease throughout

2 ☐

I felt a little uneasy

3 ☐

I felt neither easy / uneasy

4 ☐

I felt fairly at ease

5 ☒

I felt completely at ease from the start

7. Did you feel that the appraisee was familiar with the paperwork?

1 ☐

They did not appear to have read it

2 ☐

May have read it briefly

3 ☐

Was fairly familiar

4 ☐

Was very familiar

5 ☒

Had clearly taken time to read and think about it

8. Did you feel that the appraisal addressed all the issues that needed to be addressed?

1 ☐

Not at all

2 ☐

A Little

3 ☐

Could have been addressed better

4 ☐

Almost

5 ☒

Completely

9. Did you feel that the feedback you gave was constructive?

1 ☐

Not at all

2 ☐

A Little Unconstructive and Unfair

3 ☐

A Little Constructive and Fair

4 ☒

Fairly Constructive and Fair

5 ☐

Very constructive and fair

10. To what extent did this appraisal help reflect on and identify development needs?

1 ☐

2 ☐

3 ☐

4 ☒

5 ☐

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Appendix 3

APPRAISEE FEEDBACK FORM

1 Very poor / Strongly disagree	2 Poor / Disagree	3 Average / Neutral	4 Good / Agree	5 Very good / Strongly agree
The organisation's approach to appraisal				
1. The organisation's appraisal system				
				5
My appraiser's skills				
				5
				5
				5
				5
				5
				5
				5
The appraisal discussion				
				5
				5
				5
				5
				5
				5
The administration of appraisal				
				5
				5
				5
				5
				5

How long did the appraisal meeting take? just over an hour minutes.

How could the Appraisal Meeting have been improved?

no suggestions

Comments to help appraisers improve their skills:

suggested that the
CLP report be produced
earlier in the yr.
for completeness sake.



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MEDICAL APPRAISAL DOCUMENTS

PLEASE USE THESE FORMS FOR CALENDAR YEAR JANUARY TO
DECEMBER 2014 ONWARDS

Remember to include:-	✓
Your name, GMC No, and the appraisal period covered in the footer of the forms. Simply double-click on the relevant section.	yes
Evidence of Reflection on Practice and use of Structured Reflective Templates	yes
Evidence of Research Activity (if applicable)	
Evidence of at Least 66% Attendance at M&M Meetings or equivalent	yes
Use of M&M Structured Reflective Template with Appropriate Detail of Involvement	yes
Evidence of Regular Participation in Clinical Audit	yes
Evidence of discussion during the appraisal meeting against all four Domains of GMP	yes
Record of agreed actions against each Domain of GMP after the appraisal discussion	yes
Personal Development Plan Developed from the Discussions Around the Four Domains	yes

Click [here](#) to obtain examples of what supporting information should be included against the four GMP Domains within Form 3.

Remember to sign:-	✓
Form 5 Health Declaration – both sections signed by the Appraisee	yes
Form 5 Probity Declaration – both sections signed by the Appraisee	yes
Form 6 Sign off – signed by both Appraisee and Appraiser	yes
Form 7 Sign-off – signed by Appraiser	yes
Appendix 1 – Training Declaration - signed by both Appraisee and Appraiser	yes

Please do not submit these appraisal forms unless all of the above requirements have been met as they will be returned as incomplete.

Once fully completed, please submit the following:-

- All seven signed original forms - electronic signatures will not be accepted
- Appendix 1 (Training Matrix)
- Appendix 2 (Appraiser Feedback Questionnaire)
- Appendix 3 (Appraisee Feedback Questionnaire)
- You do not need to submit Appendix 4 – this is for your guidance only.

You can submit by scanning and emailing the original signed copies to:-

Irrelevant information redacted by the USI

Or send the originals by internal mail to Katie Shields at the address below where they will be scanned in, saved and returned to you:-

Revalidation Support Team, Medical Directorate, Clanrye House, DHH.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION



Southern Health
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APPRAISAL DOCUMENTS

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Form 1	Background Details
Form 2	Current Medical Activities
Form 3	Supporting Information for Appraisal & Summary of Appraisal Discussion
Form 4	Personal Development Plan
Form 5	Health & Probity Statements
Form 6	Sign Off -
Form 7	Revalidation Progress
Appendix 1	Education and Training Competencies Available for Medical Staff
Appendix 2	Appraiser Feedback Form
Appendix 3	Appraisee Feedback form
Appendix 4	Aide Memoire and Quality Assurance Audit Tool

FORM 1 - BACKGROUND DETAILS

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.
- The form includes an optional section for any additional information.

1.1	Full name	Mr Michael Robert Andrew YOUNG
1.2	GMC Registered address (contact address if different)	Personal Information redacted by the USI
1.3	Main employer	Southern Trust Northern Ireland
1.4	Main place of work	Craigavon Area Hospital
1.5	Other employers/ places of work	Nil
1.6	Date of primary medical qualification	July 1983 MB BCh BAO
1.7	GMC registration number and type	2846385 Full
1.8	Start date of first substantive appointment in HSC as a trained doctor	August 1983
1.8	GMC Registration date and specialties	Urology 2 nd April 1998
1.9	Title of current post and date appointed	Consultant Urologist 1 st May 1998
1.10	For any specialist registration / qualification outside UK, please give date and specialty	
1.11	Please list any other specialties or sub-specialties in which you are registered	
1.12	Is your registration currently in question?	No
1.13	Date of last revalidation (if applicable)	June 2013
1.14	Please state posts in which you have been employed in HSC and elsewhere in the last five years (including any honorary and or part-time posts)	Southern Trust Health and social Care Northern Ireland

ANY ADDITIONAL INFORMATION

Consultant in urological surgery – general practice with specific interest in stone management.

Work involves outpatient clinics in the main hospital in Craigavon and at two outreach site, Banbridge and the new South West Acute Hospital in Enniskillen (attendance at the Armagh, previously undertaken on a monthly basis, has now been discontinued for several years now). In addition, a regular specialised stone clinic is undertaken weekly. Inpatient management involves ward rounds and weekly operating sessions as well as a monthly day-surgery list. Other fixed commitments have included two specialised stone sessions (ESWL). Other areas covered include urodynamic sessions and administration. My lead Clinician role in Urology has continued to evolve with the changes within the Trust and the development of the service.

My job description generally has remained unchanged from previous appraisals though ad hoc additional theatre lists, clinics and urodynamic sessions have been undertaken to help meet targets.

Recent changes however have resulted in moving the out-reach clinics to a different time slot to accommodate the additional clinical session of urology uro-oncology MDT. The External Regional Review of Urology services for Northern Ireland has resulted in several changes. Additional consultant colleagues have joined the unit and in the latter part of the year moved to a Consultant of the Week method of working.

The New Urology investigative Unit also has been up and running within the main hospital building.

I am a member of the following medical associations:

Fellow of the Royal College Surgeons in Ireland
 British Association of Urological Surgeons
 BAUS subsection of Endourology
 British Medical Association

Medical Defence Union

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 2 - CURRENT MEDICAL ACTIVITIES

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 2 is to provide an opportunity to describe your current post(s) in the HSC, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held or held in the past year.
- Information should cover your practice at all locations since your last appraisal or during the last 12 months whichever is longer.
- You may wish to comment in addition on factors which affect the provision of good health care.

<p>2.1 Please give a short description of your work, including the different types of activity you undertake</p>	<p>I am a Consultant urologist with an interest in stone management.</p> <p>Work involves a general outpatient clinic at the main hospital in Craigavon, Banbridge outreach polyclinic and at the South West Acute Hospital. In addition I have a weekly specialised stone clinic. Other specialist areas include a session of urodynamics combined with oncology assessment clinics.</p> <p>I run the Stone Treatment Centre with a team of nurses and Radiographers to provide a ESWL service four times a week. (The number of sessions have increased over the years).</p> <p>Inpatient management involves ward rounds and weekly operating sessions as well as a monthly general anaesthetic day-surgery list. A supervisory role covers flexible cystoscopy lists performed by our SpRs and Specialty Doctors.</p> <p>Ad hoc additional theatre lists, clinics and urodynamic sessions have been undertaken to help meet Health Dept targets.</p> <p>This year introduced a change in delivery of services with a New patient investigative outpatient session and a Surgeon of the week for on-call.</p> <p>I have a weekly Private Practice clinic held at the Hillsborough Private Clinic with a monthly theatre and clinic session at the Ulster Independent Clinic.</p> <p>The lead Clinician in Urology role has continued to evolve with the changes within the Trust and the development of the service.</p> <p>I am also the Educational supervisor for one of our SpR trainees in urology</p>
<p>2.2 List your main sub-specialist skills and commitments / special interests</p>	<ul style="list-style-type: none"> - Director of Stone Treatment Centre. - Provide PCNL renal stone surgery service. - Laparoscopic urological procedures – discontinued during this year - Urodynamic

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

2.3 Please give details of any emergency, on-call and out of hours responsibilities	Participate in the Craigavon hospital Consultant Urologist Rota. This provides for after hours and weekend ward rounds and emergency theatre requirements. This was on a 1:2 rota when first employed, changed to 1:3 in 2006 and more recently to 1:4 / 1:5 in 2012 and from mid 2014 is now 1:6
2.4 Please give details of out-patient work if applicable	Out-patient activity is solely urological. This routinely is three clinics per week but twice a month is four / five clinics a week. Clinic type includes one stone clinic, one to two general clinics and a specialized clinic for urodynamics and oncology patients. The SWAH clinic is an all day general clinic and a further outreach clinic is held in Banbridge polyclinic
2.5 Details of any other clinical work	Urological surgery is performed on day case and inpatients. ESWL stone therapy is provided in the Stone Treatment Centre under my stewardship.
2.6 In which non-HSC hospitals and clinics do you enjoy practising privileges or have admitting rights? Please give details including: <ul style="list-style-type: none"> ▪ Number and type of cases. ▪ Any audit or outcome data for the private practice. ▪ Details of any adverse events, critical incidents. ▪ Details of any investigations into the conduct of your clinical practice or working relationships with colleagues 	Private Practice privileges are held at the Hillsborough Private clinic where outpatient consultation and local anaesthetic endoscopy is performed. The majority of the endoscopy has been part of Contract work for the clinic on behalf of waiting list target workload for other Trusts. Feedback is given by the Clinic to the relevant Trusts. Monthly clinic and inpatient surgery is performed at the Ulster Independent Clinic. Operative work at the UIC is endoscopic based procedures in addition to day-case urology. I am unaware of any adverse incident on either site.
2.7 List any non-clinical work that you undertake which relates to teaching	Partake in the Regional Urology teaching Forum for SpRs. I am an Educational supervisor for one of our SpRs in Craigavon and am a past Urology Programme Director for Urology in Northern Ireland. I am an undergraduate examiner, though have previously been a post graduate examiner also.
2.7.1 List any non-clinical work that you undertake which relates to management	Lead Clinician for Urology in Southern Trust Committee member for Regional Urology Review Trust Clinical Management team SAI report committee
2.7.2 List any non-clinical work that you undertake which relates to research	<ul style="list-style-type: none"> - Past mentor for M.D fellowship within Trust. However there has not been a Fellow for some years now due to a change in the urology training scheme in the UK. - Partake in Audits undertaken by our Registrars

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2.7.3 List any work you undertake for regional, national or international organisations.	Member of Regional Urology review team and its sub-committees, both in 2009 and 2013. This is ongoing.
2.7.4 Please list any other activity that requires you to be a registered medical practitioner	Member of the MDU

CURRENT JOB PLAN

If you have a current job plan, please attach it. If you do not have a current job plan, please summarise your current workload and commitments in the space below: -

No particular change had occurred during the initial six months but with the arrival of the sixth consultant urologist, 'blue sky' thinking and introduction of the new approach to delivering outpatients and surgeon of the week, has indeed altered how work is delivered. Overall however the principle of delivery and volume of work has maintained the same PA contribution.

ADDITIONAL INFORMATION

Please use to record issues which impact upon delivery of patient care.

The variability in the Consultant numbers with the employment of three new consultants at one interview, their arrival and subsequent departure of two, had impacted on service delivery in previous years.
The unit is now much more stable with a complement of six consultants, two SpRs and a Staff Grade Fellow.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 3 - SUPPORTING INFORMATION & SUMMARY OF APPRAISAL DISCUSSION**DOMAIN 1 - Knowledge, Skills and Performance**

Attribute: 1.1 Maintain your professional performance

Attribute: 1.2 Apply knowledge and experience to practice

Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.

	List of Supporting Information	Applicable Date
1	Job plan 2014	
2	Clip report	
3	ISCP SpR activity 2014	
4	Final Year Medical examiner	
5	BAUS meeting June 2014	
6	NI Bladder Forum November 2014	
7	Southern Trust Acute Audit Conference October 2014	
8	Regional Audit May 2014	
9	Audit – Antibiotic prophylaxis and ESWL abstract	
10	Audit – Radiation dosages - Abstract	
11	Reflective Practice - x-ray for colic pathway	
12	Visit to EDAP TMS and Hospital in Lyon for Paediatric ESWL training June 2014	
13	Previous Form 4	
14	Training Passport	
15	Urology Modernization -- part of the Vision document Domain 3	
16	Record of courses attended	
17	Personal Development Plan structured reflective template	
18		

Discussion

Job plan much more structured now even though there are more consultants and changes in clinic design.

Work load = acceptable volume and outcomes.

Urology regional audit is a good forum as meeting with other Urologist from the different Trust has proven advantageous. Our antibiotic audit in the STC is an apt study in the current climate, and the radiation studies along with the Annual prize going to a Radiology SpR on the topic of CT scans for stones, has proven to be a productive year.

The opportunity to meet as a department and discuss the New Clinic design to enhance productivity for our urology patient has been timely with the building of our new Thorndale unit. This has been well supported by the DoH.

Disappointing that PCNL course fell through but was able to attend the Paed. ESWL unit this has further enhanced the STC unit in CAH as a regional unit for this therapy

Actions Agreed

A focus on the Passport activity as several will run out soon.

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DOMAIN 2 - Safety and Quality

Attribute: 2.1 Contribute to and comply with systems to protect patients

Attribute: 2.2 Respond to risks to safety

Attribute: 2.3 Protect patients and colleagues from any risk posed by your health

	List of Supporting Information	Applicable Date
1	M & M 2014	
2	Regional Audit (see Domain 1)	
3	Audit re antibiotics in ESWL (see Domain 1)	
4	Reflective Practice - antibiotics for ESWL	
5	See Reflective template re x-ray pathway (Domain 1)	
6	Datrix form re drug dosage	
7	Example of X-Ray meeting discussion	
8	SAI Chairperson (email summary)	
9	GP medical card - see 2012 appraisal - no change / update	
10	Vaccination - see 2012 appraisal - no change / update	
11	Letter from Matron UIC	
12	Letter from Sister in charge Hillsborough Clinic	
13	New Urology Pathway and Consultant of the Week 'Vision'	
14	Complaints and incidents	
15	Reflective template on complaint	

Discussion

M&M including local and regional records adequate attendance. As noted in domain 1 – finding these meeting have improved and gaining more from them.

Will be introducing the changes in antibiotic management in the STC

Chair of the SAI and found this an important carepathway

Also discussed the potential for change in TURP surgical care and impact on Trust and our surgical technique.

Regard the New Clinic and way urology patients will be looked after a major new initiative. This model has been tried and tested in a London teaching centre and has worked well. Now that we have enough consultants on the rota, it will make this possible.

Complaints are at a low level

Actions Agreed

Attendance at M&M is boosted by regional audit ∴ satisfactory.
 Reflective template recognises a change in practice as a result
 of an audit.
 Supported governance structure by changing on SAI level 2.

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DOMAIN 3 - Communication, Partnership and Teamwork

Attribute: 3.1 Communicate effectively

Attribute: 3.2 Work constructively with colleagues and delegate effectively

Attribute: 3.3 Establish and maintain partnerships with patients

	List of Supporting Information	Applicable Date
1	Urology Dept Meeting (example of discussion) see domain 2 'Vision'	
2	THUGS meeting dates for the year	
3	Xray conference meeting	
4	Letter from transplant team re urodynamics	
5	Appraiser structured reflective template	
6		
7		
8		
9		
10		

Discussion

Enjoying continuing to be clinical lead.
 Exciting times with a lot of 'new blood on board'.

Between Departmental, Thugs and Trust Management meeting, is engaging with urology and general team approach to hospital business.

Looking forward to further DoH meetings to further enhance urology in Northern Ireland

Actions Agreed

Teamwork and Partnership improving as a result of new look
 to share workload.

Letter from Transplant team shows how the unit is co-operating
 on a regional basis

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DOMAIN 4 - Maintaining Trust

Attribute:4.1 Show respect for patients

Attribute:4.2 Treat patients and colleagues fairly and without discrimination

Attribute:4.3 Act with honesty and integrity

	List of Supporting Information	Applicable Date
1	Letter for reference re colleague	
2	Thank you cards	
3	Form 5 and 6 health and Probity	
4	GMC form	
5	MDU form	
6	RCS Ireland	
7	Vaccination and Medical card = as per previous appraisals for revalidation	
8		
9		
10		

Discussion

Low level of complaints – mainly waiting time. Communication with patients resolved the issues

Takes an open approach to incorporate other team members in decision making process for the unit

Relevant forms enclosed

Actions Agreed

Relevant forms noted. Several samples of thank you cards & letters present.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 4 - PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should review progress against last year's personal development plan and identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

Review of last year's Personal Development Plan

Development needs	Actions agreed	Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?
New techniques for PCNL	Attend course 2013/14	Not achieved as course cancelled but I am logged for this in 2015
Paediatric ESWL	Attend course / unit	Visited Urology unit in Lyons France
ICT training and E- learning	Trust training	ongoing
Attend General Urology National meetings for CPD	Attend meeting	BAUS annual meeting June 14
Management – enhance unit team to meet demand	To increase consultant numbers	Two further Consultants employed bringing unit up to six
Specific training in advanced stone management	Visit other units	As above = France visit and planned PCNL course coming in 2015
National audit involvement	Baus platform	Involvement in PCNL national audit collection

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2014

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PERSONAL DEVELOPMENT PLAN for the year ahead		
Development needs	Actions agreed	Target dates
E learning modules and ICT training	Trust documentation	2016
Ensure PCNL course attended	Course or unit visit	2015
Attend World Congress of Endourology	Attend course	2015
Management = enhancement of New Urology arrangements	Management meetings	2015

Name: M Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2014

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FORM 5- HEALTH AND PROBITY STATEMENTS**HEALTH DECLARATION****Professional Obligations**

The GMC's guidance *Good Medical Practice* (2006) states that;

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where Personal Information redacted by the USI appropriate action.

Signature: [Redacted Signature] Date: 4-12-15

Name in capitals [Redacted Name] M. Young

Regulatory and Voluntary Proceedings

Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

OR

If I have been subject to either of the above I have discussed these with my appraiser.

Signature: [Redacted Signature] Date: 4-12-15

Name in capitals [Redacted Name] M. Young

Name:	GMC Number:	Appraisal Period :	Page 13
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PROBITY DECLARATION**Professional obligations**

I accept the professional obligations place upon me in paragraphs 56 to 76 of *Good Medical Practice* (2006).

Signature: Date: 4-12-15

Name in capitals M-Young

Convictions, findings against you and disciplinary action

Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

OR

If I have been subject to any of the above, I have discussed this with my appraiser.

Signature: Date: 4-12-15

Name in capitals M-Young

Name: M Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2014	Page 14
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FORM 6 - SIGN OFF

CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS	APPRAISER SIGNATURE	DATE

When you have completed the appraisal, the appraiser should check and sign the following:

GMC REQUIRED INFORMATION			PRESENT
Continuing professional development			✓
Quality improvement activity			✓
Significant events review			✓
Review of complaints and compliments			✓
Feedback from colleagues	Year undertaken OR Planned Year:		N/A
Feedback from patients (where applicable)	Year undertaken OR Planned Year:		N/A

APPRAISAL CHECKLIST	COMPLETED
Check that all sections of the documentation have been completed.	✓
Ensure the previous year's Personal Development Plan has been reviewed.	✓
Forward required Forms according to the organisation's appraisal policy.	

APPRAISAL COMPLETION	
We confirm that this summary is an accurate record of the appraisal discussion, the key documents used, and of the agreed personal development plan.	
<div style="display: flex; justify-content: space-between;"> <div> APPRAISEE Signature of Appraiser: _____ </div> <div> Date: <u>4-12-15</u> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> APPRAISER Signature of Appraiser: _____ </div> <div> Name of Appraiser: <u>K. S. WILKINSON</u> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> GMC Number: <u>2646042</u> </div> <div> Date: <u>4/12/15</u> </div> </div>	
CO-APPRAISER (if applicable)	
<div style="display: flex; justify-content: space-between;"> <div> Signature of Co-Appraiser: _____ </div> <div> Name of Co-Appraiser: _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> GMC Number: _____ </div> <div> Organisation: _____ </div> </div>	

Name: M Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2014	Page 15
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WIT-52494

FORM 7- REVALIDATION PROGRESS**Year 1**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2013 has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser:

Personal Information redacted by the USI

Name of Appraiser:

F. S. W. BOKILL

GMC Number:

2646042

Date:

31-12-14**Year 2**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2014 has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser:

Personal Information redacted by the USI

Name of Appraiser:

F. S. W. BOKILL

GMC Number:

2646042

Date:

4-12-15**Year 3**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

Appendix 1 Education and Training Competencies Available for Medical Staff

Right Patient, Right Blood	Method	Core / Optional	Date Completed
RPRB Theory (18 month refresher required)	Learn Blood Transfusion Module	Core Module	15/5/13
Competency 1,2 & 4 (Every 3 Years)	Face to face – Trust Haemovigilance Staff	Core Module	15/5/13

Annual Updates	Method	Core / Optional	Date Completed
Fire Safety	Face to Face – Trust Mandatory Training Day	Core Module	Nov 15
2 Yearly Updates	Method	Core / Optional	Date Completed
Infection Prevention and Control	Face to Face – Trust Mandatory Training Day	Core Module	12/3/15
Resuscitation	Face to Face		
Safeguarding Children & Vulnerable Adults	Face to Face – Trust Mandatory Training Day	Core Module	
3 Yearly Updates	Method	Core / Optional	Date Completed
Information Governance/Data Protection/IT Security	SHSCT E-Learning Module	Core Module	
Moving and Handling	SHSCT E-Learning Module	Core Module	
Health & Safety / Control of Substances Hazardous to Health (COSHH)	SHSCT E-Learning Module	Core Module	18/9/13
Discovering Diversity	HSC E-Learning Module		
Recruitment & Selection	HSC E-Learning Module		
Hyponatraemia	BMJ E-Learning Module		
Management of Actual or Potential Aggression	Face to Face		
Fraud Awareness	HSC E-Learning Module		
Seeking and Obtaining Consent for Hospital Post Mortem Examination	SHSCT E-Learning Module		
Once off Training	Method	Core / Optional	Date Completed
National Early Warning System	National NEWS e-learning		
Obstetrics Early Warning System	OEWS e-learning		
Paediatrics Early Warning System	PEWS e-learning		
Consent	In House E-Learning module		11/5/13
Blood Culture	In House E-Learning module		
Peripheral Line	In House E-Learning module		15/5/13
Anticoag (Starting and Maintaining)	BMJ E-Learning Module		
Naso Gastric Tube Placement	Merck & In House E-Learning module		
Protocol following death of patient	In House E-Learning module		11/5/13

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Guide to Prescribing in SHSCT	In House E-Learning module		
Patients enrolled in Clinical Trials	In House E-Learning module		
VTE	E-learning for Health		
Safe Sedation [Module 1,2 & 3]	In House E-Learning module		
Gastrointestinal endoscopy	Face to face		
Chest Drain Insertion	Face to face		
Blood Gas Instrument	Face to face		
Appraiser Training	Face to face		24/9/15
Appraisee Training	Face to face		30/1/14
Fraud Awareness	HSC Module		
Modules proposed for E-Learning	Method	Core / Optional	Date Completed
Better Communication/Complaint Handling	Face to face		
Incident Reporting	Face to face		
Clinical Negligence	Not currently available		29/6/10
Infection Prevention and Control	Face to face		
Waste Management	Not currently available		

Links to the various e-learning modules and information regarding face-to-face training can be found [here](#). Your training record will be updated following this submission, a copy of which can be obtained from the Revalidation Support Team, medical.revalidation@southerntrust.hscni.net

TRAINING DECLARATION

I understand that it is my responsibility to make the necessary arrangements to allow me to complete the Trust's Mandatory Training Core Modules and those Optional Modules as agreed between myself and my Appraiser that are necessary for me to undertake my role within the Southern Health and Social Care Trust.

APPRAISEE

Signature of Appraisee: _____ Date: 4.12.15

GMC Number: 2846385

APPRAISER

Signature of Appraiser: _____ Date: 4.12.15

PRINT NAME OF APPRAISER: F. S. MARK LIA

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Not at all A little Fairly Good Extent Very Good Extent Totally

11. To what extent are you confident that enough evidence was gathered for revalidation as a doctor in HSC ?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Not at all A little Moderately Confident Fairly Confident Very Confident

12a. Did you discuss other roles in addition to the clinical role?

Yes ☒ No ☐ Role discussed: Lead Clinician

12b. If yes, to what extent are you confident that enough revalidation evidence was gathered for this other role?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Not at all A little Moderately Confident Fairly Confident Very Confident

13. Did you feel that a fair and appropriate personal development plan was identified by the end of the interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Not at all A little Could have been better More or Less Very Much So

14. Overall, how did you feel by the end of appraisal interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Very negative Negative Neither Positive/
Negative Positive Very Positive

After the Appraisal

15. How long did the appraisal interview last?

Over 2 hours ☐ Between 1.5 and 2 hours ☐ Between 1 and 1.5 hours ☒ Less than 1 hour ☐

16. Did it feel the right length?

Too long ☐ Too short ☐ Just about right ☒

17. Please rate the venue of the appraisal in terms of convenience to get to, comfort and freedom from interruption:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Very Unsuitable Unsuitable Neither Unsuitable
/ Suitable Suitable Very Suitable

18. How soon after the meeting did you complete the paperwork?

Not yet complete ☐ within 2 weeks ☐ within 1 week ☐ We completed it together straight after the interview ☒

19. How many hours did it take to complete the paperwork?

4 hours or more ☐ Between 2 – 3 hours ☐ Between 1 – 2 hours ☐ Less than 1 hour ☒

20. Did you feel the completed paperwork reflected a fair and accurate account of your discussion?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Not at all A Little Reasonably Fair &
Accurate Very Fair & Accurate Completely Fair & Accurate

APPRAISEE FEEDBACK FORM

1 Very poor / Strongly disagree	2 Poor / Disagree	3 Average / Neutral	4 Good / Agree	5 Very good / Strongly agree				
				1	2	3	4	5
The organisation's approach to appraisal								
1. The organisation's appraisal system								x

My appraiser's skills								
2. The appraiser's preparation for the appraisal								x
3. The appraiser's skill in conducting my appraisal								x
4. The appraiser's ability to listen to me								x
5. The appraiser was supportive								x
6. The appraiser's feedback was constructive and helpful								x
7. The appraiser helped me think about new areas for development								x
8. Overall rating of my appraiser in their role as an appraiser								x

The appraisal discussion								
9. The appraiser reviewed progress against last year's development plan								x
10. How challenging was the appraisal in making me think about my practice							x	
11. How useful was the appraisal in my professional development							x	
12. The PDP reflects my main priorities for development								x
13. How useful was the appraisal in preparation for revalidation							x	
14. I have confidence in the confidentiality of the appraisal discussion								x

The administration of appraisal								
15. I had access to forms and materials for appraisal								x
16. I was given adequate notice of the date of my appraisal								x
17. I had access to the necessary supporting information								x
18. I was satisfied with the process for appraiser allocation								x
19. Overall rating of the administration supporting appraisal in the Trust								x

How long did the appraisal meeting take? _____ 60 _____ minutes.

How could the Appraisal Meeting have been improved?

I was content

Comments to help appraisers improve their skills:

None



WIT-52500

Remember to include:- [Please ensure all boxes are checked before returning the documentation – simply click on the box to put an 'X' in it]	<input checked="" type="checkbox"/>
Your name, GMC No, and the appraisal period covered in the footer of the forms. Simply double-click on the relevant section at the bottom of the document.	<input checked="" type="checkbox"/>
Evidence of Reflection on Practice and use of Structured Reflective Templates – click here	<input checked="" type="checkbox"/>
Evidence of Research Activity (if applicable)	<input checked="" type="checkbox"/>
Evidence of at Least 66% Attendance at M&M Meetings	<input checked="" type="checkbox"/>
Use of M&M SBAR Template with Appropriate Detail of Involvement – click here	<input checked="" type="checkbox"/>
Evidence of Regular Participation in Clinical Audit	<input checked="" type="checkbox"/>
Remember to send:- [Please ensure all boxes are checked before returning the documentation – simply click on the box to put an 'X' in it]	<input checked="" type="checkbox"/>
FRONT PAGE CHECKLIST – with <u>all</u> boxes ticked	<input type="checkbox"/>
FORM 1 – all parts completed by Appraisee	<input checked="" type="checkbox"/>
FORM 2 – all parts completed by Appraisee to include <u>whole practice</u> i.e. Private / Medico Legal Work etc.	<input checked="" type="checkbox"/>
FORM 3 – All four GMP Domains completed jointly by Appraisee and Appraiser to include list of supporting information and evidence of the discussion that took place during the appraisal meeting – click here	<input checked="" type="checkbox"/>
FORM 3 – Inclusion of agreed actions against <u>all four</u> GMP domains – click here	<input checked="" type="checkbox"/>
FORM 4 – Review of Last Year's PDP	<input checked="" type="checkbox"/>
FORM 4 – PDP for the Year Ahead Developed from the Discussions Around the Four GMP Domains – click here	<input checked="" type="checkbox"/>
FORM 5 – all parts completed with FIVE signatures, one for each section	<input checked="" type="checkbox"/>
FORM 6 – completed, signed and dated by both Appraisee & Appraiser	<input checked="" type="checkbox"/>
FORM 7 – Completed in respect of where the appraisee is in their forthcoming Revalidation Cycle i.e. Year 1, 2, 3 etc. Please ensure last section also completed in relation to whether the Revalidation Requirements have been met or when they are proposed to be met.	<input checked="" type="checkbox"/>
APPENDIX 1 – all parts completed, signed and dated by Appraisee & Appraiser	<input checked="" type="checkbox"/>
APPENDIX 2 – completed fully by Appraiser	<input checked="" type="checkbox"/>
APPENDIX 3 – completed fully by Appraisee	<input checked="" type="checkbox"/>
APPENDIX 4 – NOT REQUIRED / KEEP FOR YOUR OWN RECORDS	<input type="checkbox"/>

PLEASE DO NOT SUBMIT THESE FORMS UNLESS ALL OF THE ABOVE BOXES HAVE BEEN TICKED AS THEY WILL NOT BE ACCEPTED FOR PROCESSING.

You can submit the documentation by scanning and emailing the original signed copies to:-

Irrelevant information redacted by the USI

Or send the signed originals by internal mail to the Revalidation Support Team at the address below where they will be scanned in, saved and returned to you:- (Copies will not be accepted).

Revalidation Support Team, Medical Directorate, Clanrye House, DHH.

For further guidance and FAQ's – click [here](#)