

APPRAISAL DOCUMENTS

CONTENTS

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 – click [here](#) to navigate to the relevant guidance in Appendix 4 of these forms.

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 list all 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.

Click [here](#) to navigate to the relevant guidance in Appendix 4.

<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 last year <p>Urodynamic</p>

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 practicing 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	- 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

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

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 Medicolegal expert witness reports mainly for Trusts

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.

FORM 3 - SUPPORTING INFORMATION & SUMMARY OF APPRAISAL DISCUSSION

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

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	
2	Clip report	
3	ISCP Trainee document	
4	Study leave	
5	OSCE Training online and Examiners training	
6	Final year Examiner	
7	Third Year examiner	
8	Attendance at World Congress of Endourology London 2015	
9	PCNL Course	
10	Regional Audit	
11	Southern Trust Audit Conference with Departmental Oral Presentation	
12	Poster presentation WCE – Prophylaxis Antibiotics and ESWL	
13	Original Article Journal of Clinical Urology – Radiation delivered to patients during endourology surgery – are they over-exposed?	
14	Research letter for departmental involvement [Bladder cancer study]	
15	Previous Form 4	
16	Reflective template	
17	Urology planning and Implementation Group	
18	Training passport	
Discussion <ul style="list-style-type: none"> - Work load above average – this has been helped by new departmental design - Continued supervisory role in education and examining - Was able to attend planned targeted meeting and course - Audit topic has had a resultant change in practice and of a standard to be picked for Trust Annual event. - Training passport now up to date. 		
Actions Agreed <ul style="list-style-type: none"> - Improve general recording of internal CPD - Supervisor role official training 		

[CLICK HERE](#) for further guidance about completing Form 3 and [HERE](#) for the Structured Reflective Templates
 To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Name: M R A Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2015 Page 7

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

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	CAH M&M Attendance Record	
2	Regional M&M + Audit [See Domain 1]	
3	ESWL Audit paper / poster WCE presentation [Domain 1]	
4	Reflective Template [following World congress meeting]	
5	Example of Dept. Governance Meeting	
6	Risk Management - Theatre specimen collection issue letter	
7	Reflective template relating to specimen issue	
8	SEA – complication of suprapubic catheter insertion	
9	Medical card and vaccination [see appraisal 2012]	
10	Training passport [domain 1]	
11	Policy surgical management of endoscopic tissue resection	
12	Learning / developmental event structured reflective template	
13	Consultant on-call and Patient handover	
14	Complaint	
15	Complaint response	
16	Reflective template	
17	Good standing letter Hillsborough Private Clinic	
18	GMC membership standing	
19	MDU membership standing	

Discussion

- Combining local and regional audit attendances produces an overall adequate attendance. The new format where there is hospital, departmental and governance meetings has been a welcome introduction. The frequency is right though the afternoon sessions do affect a lot of MY clinical activity.
- There has been a distinct change in practice in the Stone Treatment centre, having had a good reception to our ESWL paper at the WCE.
- There is a regional move to using Saline for TUR endoscopic surgery. CAH has been responsive to the monitoring required for these patients. As a department we have been trialling new resectoscopes over the past year. In 2016, we should be in the position to change to saline resection where required.
- The event of small bowel injury during suprapubic catheter insertion has produced deep thought and reflection.
- Patient referral to GMC was unexpected. The Trust response to the patients complaint was very supportive and did not find an issue with MY care. Referral was in late part of the year and was still with GMC at end of the year. [The investigation was completed without any further action needed. The Case has now been dismissed as of Easter time 2016]

Actions Agreed

Good standing letter from VIC to be obtained.

[CLICK HERE](#) for further guidance about completing Form 3 and [HERE](#) For Structured Reflective Templates

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

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	Example of Departmental Meeting	
2	Example of Thugs group meeting	
3	Dept of Health Regional Meeting on Urology Services in N.I [Domain 1]	
4	Appraiser template	
5		
6		
7		
8		
9		
10		

Discussion

- Larger department now. We have had successful meetings as a group to re-design the urology services in the Southern trust. We have been commended on our service provision and work as a group. Our oncology timelines are now one of the best in the province
- Our Stone Treatment Centre works full-time with few 'down' days – this would relate to machine issues rather than a lack of team members.
- Our nursing staff attend departmental meeting as required.
- Regional discussion are more unified in the directions to take

- Appraiser for Trust

Actions Agreed

Reflection taught on team working to be included

[CLICK HERE](#) for further guidance about completing Form 3 and [HERE](#) For Structured Reflective Templates

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

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	Thank you letters	
2	RCS I membership	
3	Health and Probity forms	
4	GMC [domain 2]	
5	MDU [domain 2]	
6	Vaccination and medical card [appraisal 2012]	
7	Reflective Template Compliments	
8		
9		
10		

Discussion

Discussion on GMC Complaint
Appraiser for Trust

Actions Agreed

Mr Young has several examples of compliments and / letters.
He has included the GMC referral (which I indicated
- has concluded in his favour earlier this year (2016)).
Evidence of compliments to be included

See also HERE for further guidance about completing Form 3 and HERE For Structured Reflective Templates

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

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?
E learning and ict training	Trust documentation	Partial but this is an ongoing cycle and level attained to date MY feels is acceptable
PCNL COURSE	Unit visit	Nov 2015
Attend WCE	Attend meeting	Oct 2015
Management – enhancement of new urology arrangements	Management meetings	Good engagement with service manager

[CLICK HERE](#) for further CPD/PDP guidance. To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Name: M R A Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2015 Page 11

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PERSONAL DEVELOPMENT PLAN <u>for the year ahead</u>		
Development needs	Actions agreed	Target dates
Attend relevant Urology educational Meetings [local and national]		2017
Further National Audit involvement PCNL		2016
Complete required Educational teaching and supervisory course		2016
Commence Research project in renal stone formation		2016/17

[CLICK HERE](#) for further CPD/PDP guidance. To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

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

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

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 apply am taking the appropriate action.

Signature: _____

Date: _____

Name in Capitals: _____

NB: Additional Health and Probity forms are on the Southern Docs website – click [here](#)

Regulatory and Voluntary Proceedings [Please check relevant box by clicking on it and then sign below]

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: _____

Name in Capitals: _____

Name: _____

GMC Number: _____

Appraisal Period: _____

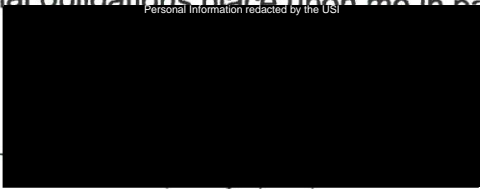
Page 13

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PROBITY DECLARATION

Professional obligations

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

Signature:  Date: 13.7.16

Name in Capitals: M. Young

Convictions, findings against you and disciplinary action [Please check relevant box by clicking on it and then sign below]

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



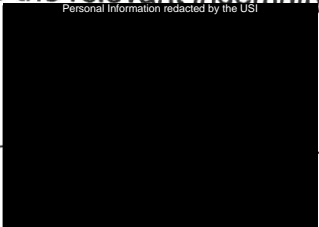
If I have been subject to any of the above, I have discussed this with my appraiser.

Signature:  Date: 28/7/16

Name in Capitals: M. Young

INDEMNITY DECLARATION

I confirm that I have the relevant indemnity as per the GMC's Guidance – click [here](#)

Signature:  Date: 13.7.16

Name in Capitals: M. Young

FORM 6 - SIGN OFF

Please ensure this section is fully completed, signed and dated by both Appraiser and Appraisee.

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:		28/7/16
Feedback from patients (where applicable)	Year undertaken OR Planned Year:		28/7/16

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.

APPRAISEE

Signature of Appraisee: _____

Date: _____

28/7/16

APPRAISER

Signature of Appraiser: _____

Date: _____

28.7.16

GMC Number: _____

2846385

CO-APPRAISER (if applicable)

Signature of Co-Appraiser: _____

Name of Co-Appraiser: _____

GMC Number: _____

Organisation: _____

Name: M R A Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2015 Page 15

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. Markov

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. Markov

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 2015 has been satisfactorily completed.

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

Signature of Appraiser:

Personal Information redacted by the USI

Name of Appraiser:

F. S. Markov

GMC Number:

2646042

Date:

28-7-16

Year 4

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 5

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

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: _____

Please ensure the section below is fully completed.

GMC Supporting Information Requirements	Year Completed	Reviewed by	Date
Feedback from colleagues 1 in 5 years			
Feedback from patients (where applicable) 1 in 5 years			
Significant Events Review			
Review of complaints and compliments			
Continuing Professional Development			
Quality Improvement Review			

Appendix 1 Education and Training Competencies Available for Medical Staff

Right Patient, Right Blood	Method	Core / Optional	Date Completed
RPRB Theory (Every 3 years)	Elearning Blood Transfusion Module Click Here	Core	
Competency 1,2 & 4 (Every 3 Years)	Face to face – Trust Haemovigilance Staff Contact Patricia Watt on <small>Personal Information redacted by the USI</small> <small>Personal Information redacted by the USI</small>	Core	

Annual Updates	Method	Core / Optional	Date Completed
Fire Safety	Face to Face. Part of the Trust mandatory training day – click here for dates and program . Email <small>Personal Information redacted by the USI</small> to <small>Personal Information redacted by the USI</small> to book a place.	Core	
2 Yearly Updates	Method	Core / Optional	Date Completed
Infection Prevention and Control	SHSCT E-Learning Module Click Here	Core	
Resuscitation	Face to Face. <small>Personal Information redacted by the USI</small> / Bleep: <small>Personal Information redacted by the USI</small> / Bleep: <small>Personal Information redacted by the USI</small> Ext: <small>Personal Information redacted by the USI</small> / Bleep: <small>Personal Information redacted by the USI</small>	Optional	
Safeguarding Children & Vulnerable Adults	Face to Face. Part of the Trust mandatory training day – click here for dates and program . Email <small>Irrelevant information redacted by the USI</small> to <small>Personal Information redacted by the USI</small> to book a place.	Core	
3 Yearly Updates	Method	Core / Optional	Date Completed
Information Governance/Data Protection/IT Security	SHSCT E-Learning Module Click Here	Core	
Moving and Handling	SHSCT E-Learning Module Click Here	Core	
Health & Safety / Control of Substances Hazardous to Health (COSHH)	SHSCT E-Learning Module Click Here	Core	
Discovering Diversity	HSC E-Learning Module Click Here	Optional	
Recruitment & Selection	HSC E-Learning Module Click Here	Optional	
Sickness & Absenteeism Training	Face to Face. Contact ELD on <small>Personal Information redacted by the USI</small> or email <small>Irrelevant information redacted by the USI</small>	Optional	
Hyponatraemia	BMJ E-Learning Module Click here	Optional	
Management of Actual or Potential Aggression	Face to Face. Contact ELD on <small>Personal Information redacted by the USI</small> or email <small>Irrelevant information redacted by the USI</small>	Optional	
Fraud Awareness	HSC E-Learning Module Click here	Optional	
Seeking and Obtaining Consent for Hospital Post Mortem Examination	SHSCT E-Learning Module Click here	Optional	

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

WLT-52518

Once off Training	Method	Core / Optional	Date Completed
National Early Warning System	National NEWS e-learning Click here	Optional	
Obstetrics Early Warning System	Online Module Click here	Optional	
Paediatrics Early Warning System	Face to Face. Contact CAH Dr S Shah <small>Personal Information redacted by the USI</small> Contact DHH Dr B Aljarad <small>Personal Information redacted by the USI</small>	Optional	
Consent	In House E-Learning Module Click here	Optional	
Blood Culture	In House E-Learning Module Click here	Optional	
Peripheral Line	In House E-Learning Module Click here	Optional	
Oral Anticoagulants	MHRA Module Click here Once on the site choose the Anticoagulant Module. On completion of the module, complete the assessment and print a completion certificate. Takes 24 hours for registration.	Optional	
Naso Gastric Tube Placement	In House E-Learning module Click here	Optional	
Protocol following death of patient	In House E-Learning module Click here	Optional	
Guide to Prescribing in SHSCT	In House E-Learning module Click here	Optional	
Research and Development - Good Clinical Practice Training	Elearning Module Click here	Optional	
VTE	King's Thrombosis Centre E-learning Click here	Optional	
Safe Sedation [Module 1,2 & 3]	In House Elearning Modules Click here (Part 1) Click here (Part 2) Click here (Part 3)	Optional	
Gastrointestinal endoscopy	Face to Face Contact Dr A Murdock <small>Personal Information redacted by the USI</small>	Optional	
Chest Drain Insertion	Face to Face Contact Dr A Ferguson <small>Personal Information redacted by the USI</small>	Optional	
Blood Gas Instrument	Face to Face Contact Derek McKillop 028 38613709 <small>Personal Information redacted by the USI</small> Face to face	Optional	
Appraiser Training	Face to face Dates available here	Optional	
Appraisee Training	Face to face Dates available here	Optional	
Insertion and Management of Indwelling Urinary Catheters	Online Module Click here	Optional	
Coroner's Investigations and Inquests Programme	Online Module Click here	Optional	
HIV Awareness Training	Face to Face Contact Lyndsey Hasson Tel: <small>Personal Information redacted by the USI</small>	Optional	
Patients enrolled in Clinical Trials	In House E-Learning module Click here	Optional	

Waste Management	SHSCT E-Learning Module Click Here	Optional	
Modules proposed for E-Learning	Method	Core / Optional	Date Completed
Better Communication/Complaint Handling	Face to face	Optional	
Incident Reporting	Face to face	Optional	
Clinical Negligence	Not currently available	Optional	

Your training record will be updated following this submission, a copy of which can be obtained from the Revalidation Support Team, Irrelevant information redacted by the USI

Please note that when you complete a training module either face-to-face or via elearning, you need to email the Revalidation Support Team in order that your training passport can be updated as the Team are not automatically informed.

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: Personal Information redacted by the USI

Name of Appraisee: M. Young

GMC Number: 284

Date: 28/7/16

APPRAISER

Signature of Appraiser: Personal Information redacted by the USI

Name of Appraiser: L. Mackin

GMC Number: 2846042

Date: 28.7.16

APPRAISER FEEDBACK FORM

Appraiser: <u>Mr Mackib</u>	Appraisee: <u>Mr Young</u>	Date of Appraisal: <u>28/7/16</u>
-----------------------------	----------------------------	-----------------------------------

Before the Appraisal

1. How challenging did you find it to review the paperwork for this appraisal? *(Click in the relevant box)*

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Very Difficult	Difficult	Neither Difficult / Easy	Easy	Quite Simple

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

Over 5 hours <input type="checkbox"/>	Between 2 and 5 hours <input type="checkbox"/>	Between 1 and 2 hours <input checked="" type="checkbox"/>	Less than 1 hour <input type="checkbox"/>
---------------------------------------	--	---	---

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Very Negative	Negative	Neither Negative / Positive	Positive	Very Positive

During the Appraisal

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Not at all	A Little Unclear	Fairly Clear	Very Clear	We agreed this at the beginning

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Not at all	A Little	Fairly Understood	Well Understood	Completely Understood

6. Did you feel at ease during this appraisal?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
I felt ill at ease throughout	I felt a little uneasy	I felt neither easy / uneasy	I felt fairly at ease	I felt completely at ease from the start

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
They did not appear to have read it	May have read it briefly	Was fairly familiar	Was very familiar	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Not at all	A Little	Could have been addressed better	Almost	Completely

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Not at all	A Little Unconstructive and Unfair	A Little Constructive and Fair	Fairly Constructive and Fair	Very constructive and fair

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Not at all	A little	Fairly Good Extent	Very Good Extent	Totally

Name: M R A Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2015 Page 21

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

WIT-52521

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

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

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

- Yes ☐ No ☒ Role discussed: _____

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

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

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

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

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

- 1 ☐ Very negative 2 ☐ Negative 3 ☐ Neither Positive/ Negative 4 ☐ Positive 5 ☒ 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 ☐ Very Unsuitable 2 ☐ Unsuitable 3 ☐ Neither Unsuitable / Suitable 4 ☐ Suitable 5 ☒ 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 ☐ Not at all 2 ☐ A Little 3 ☐ Reasonably Fair & Accurate 4 ☐ Very Fair & Accurate 5 ☒ Completely Fair & Accurate



Southern Health
and Social Care Trust
Quality Care - for you, with you

Appendix 3

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				(Click in the relevant box)				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My appraiser's skills								
2. The appraiser's preparation for the appraisal				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The appraiser's skill in conducting my appraisal				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The appraiser's ability to listen to me				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. The appraiser was supportive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. The appraiser's feedback was constructive and helpful				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. The appraiser helped me think about new areas for development				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Overall rating of my appraiser in their role as an appraiser				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The appraisal discussion								
9. The appraiser reviewed progress against last year's development plan				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. How challenging was the appraisal in making me think about my practice				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. How useful was the appraisal in my professional development				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. The PDP reflects my main priorities for development				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. How useful was the appraisal in preparation for revalidation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. I have confidence in the confidentiality of the appraisal discussion				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The administration of appraisal								
15. I had access to forms and materials for appraisal				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. I was given adequate notice of the date of my appraisal				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. I had access to the necessary supporting information				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. I was satisfied with the process for appraiser allocation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Overall rating of the administration supporting appraisal in the Trust				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

How could the Appraisal Meeting have been improved?

Comments to help appraisers improve their skills:

MEDICAL APPRAISAL DOCUMENTS CHECKLIST
PLEASE USE THESE FORMS FOR CALENDAR YEAR
JANUARY TO DECEMBER 2015 ONWARDS

Remember to include:- <i>(Please ensure all boxes are checked before returning the documentation – simply click on the box to put an 'X' in it)</i>	<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"/>
Have accounted for 100% Attendance / non-Attendance at all M&M / Patient Safety / Governance or equivalent Meetings throughout the year	<input checked="" type="checkbox"/>
Have reflected on a Significant Event and Included Implications for own practice or have used the M&M SBAR Template with appropriate detail of Involvement – click here	<input type="checkbox"/>
Evidence of Regular Participation in Clinical Audit	<input checked="" type="checkbox"/>
Remember to send the following:- <i>(Please ensure all boxes are checked before returning the documentation – simply click on the box to put an 'X' in it)</i>	<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 type="checkbox"/>
APPENDIX 2 – NOT REQUIRED / COMPLETE AND 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](#)

APPRAISAL DOCUMENTS

CONTENTS

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	Alde 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 – click [here](#) to navigate to the relevant guidance in Appendix 4 of these forms.

1.1	Full name	Mr Michael Robert Andrew YOUNG <small>Personal Information redacted by the USI</small>
1.2	GMC Registered address (contact address if different)	
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 and Consultant Post May 1998
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	Southern Trust Health and social Care Northern Ireland

Name: MRA Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2016	Page 2
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in the last five years (including any 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 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. This has further changed from my last appraisal. My New patient clinic now runs on a Thursday afternoon and clashes with Oncology MDT. I have been unable to attend this meeting over the past year despite attempting to gain a time slot to attend.

The External Regional Review of Urology services for Northern Ireland has resulted in several changes. Additional consultant colleagues have joined the unit and has resulted in some stability within the unit. We work on the Consultant of the Week principle and again this has been up and running for at least two years.

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.

Click [here](#) to navigate to the relevant guidance in Appendix 2.

<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 an ESWL service three times a week. (The number of sessions have decreased from four to three sessions over the past year due to funding).</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>The recently introduced New patient investigative outpatient session and a Surgeon of the week for on-call has been a welcome inclusion to the job plan.</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 have now been taken over by one of my colleagues - Urodynamic

<p>2.3 Please give details of any emergency, on-call and out of hours responsibilities</p>	<p>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. Since late Autumn 2016 this is down to 1:5 with a locum week to cover (due to an unfilled Consultant post)</p>
<p>2.4 Please give details of out-patient work if applicable</p>	<p>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 is for Review patients.</p>
<p>2.5 Details of any other clinical work</p>	<p>Urological surgery is performed on day case and inpatients. ESWL stone therapy is provided in the Stone Treatment Centre under my stewardship.</p>
<p>2.6 In which non-HSC hospitals and clinics do you enjoy practicing privileges or have admitting rights? Please give details including:</p> <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 	<p>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. There has been little of this over the past year or so. 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.</p>
<p>2.7 List any non-clinical work that you undertake which relates to teaching</p>	<p>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.</p>
<p>2.7.1 List any non-clinical work that you undertake which relates to management</p>	<p>Lead Clinician for Urology in Southern Trust Committee member for Regional Urology Review Trust Clinical Management team SAI report committee.</p>

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

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
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 GMC registration. Medicolegal Expert Witness – reports mainly for Trusts

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. My job plan is unchanged from last year though due to commitment to my new patient clinic it has not been possible to attend Oncology MDT this past year.

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 several years ago, their arrival and subsequent departure of two, had impacted on service delivery in previous years.

For the last three years however, 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

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

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	
2	Clip report	
3	ISCP Educational Supervisor - go to website and print also ARCP meetings	
4	Uroneurology course at Queens Square London Oct 2016	
5	reflective template on course	
6	Study leave	
7	Training passport	
8	Previous form 4	
9	Safe guarding e learning	
10	Diversity e - learning	
11	Email to Prof McCormack and others with proposal for stone research project	
12	Trainee Support workshop - Doctors in difficulty	
13	Teaching the Teachers	
14	Certificate Of Recognition NIMDTA - Post Graduate Medical Trainer	
15	CPD via BAUS	
<p>Discussion</p> <p>Sub plan signed and enclosed. Clip report shows above average workload. Is educational supervisor for on S.R. Good mix of internal and external CPD GMC trainee support workshop x4 completed</p>		
<p>Actions Agreed</p> <p>Needs to complete Form M2016 in 2017. Evidence of 1.3 needed for next year.</p>		

CLICK HERE for further guidance about completing Form 3 and **HERE** for the Structured Reflective Templates

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

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	GMC enquiry outcome (see domain 4 for reflection)	
2	GMC Retention Fee	
3	MDU membership	
4	RSCI membership	
5	Trust Excellence Award – Overall winners	
6	Supervisory Skill workshop	
7	Dept Governance Meeting (example)	
	Urology Departmental Meetings Examples (Domain 3 – safety Issues)	
8	Email re xray reports and timing and discussion	
9	Hillsborough Clinic - letter of good standing	
10	UIC - letter of good standing - getting sister to do letter	
11	Visit to Edinburgh Regional stone Unit to experience management of ureteric stone s by ESWL (documents of travel)	
12	Incidents - nil	
13	M&M Record	
14	Declaration of absence of significant events	

Discussion

Gmc enquiry completed with decision of 'No further action'.

Thomdale Urology Unit won the Trust Excellence Award 2016.

Minutes of Governance meetings held in folder.

100% attendance at M&M meetings

No significant events or incidents.

Actions Agreed

Needs to do reflection on Gmc enquiry.

+ Note reflection already done and in Domain 4.

CLICK HERE for further guidance about completing Form 3 and **HERE** For Structured Reflective Templates

Name: MRA Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2016	Page 8
-----------------	---------------------	-----------------------------------	--------

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	Case Conference Pt and their MP - Summary document 9 see domain 4 for reflection)	
2	THUGS Meeting example Chairman session	
3	Urology Departmental Meetings Examples	
4	Dept Governance Meeting (see Domain 2)	
5	Vision of Urology services document	
6		
7		
8		
9		
10		
Discussion <p>Summary of case conference / discussion with pt with their MP. - satisfactory conclusion - Sample THUGS minutes entered - Mr Jung had acted as Deputy Chairman. Summary taken from 'Vision for Urology' entered.</p>		
Actions Agreed <p>Should do a reflection on eg Departmental Meeting for 2017</p>		

CLICK HERE for further guidance about completing Form 3 and **HERE** For Structured Reflective Templates
To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 2 of this document, click [here](#).

Name: MRA Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2016	Page 9
-----------------	---------------------	-----------------------------------	--------

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	Reflective template on GMC case	
2	Bank account details re Urology Fund	
3	Complaints declaration	
4	Reflective template on case conference	
5	Compliments letter	
6	Hillsborough Clinic - letter of good standing (see Domain 2)	
7	UIC - letter of good standing (see Domain 2)	
8	Health and probity declaration	

Discussion

No complaints over past year
 Sample. Thanks you much attached.
 Supporting form for Health & Probity Attached

Actions Agreed

Should do a reflective template on Health & Probity you much for
 2017

CLICK HERE for further guidance about completing Form 3 and **HERE** For Structured Reflective Templates

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 2 of this document, click [here](#).

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?
E learning and ict training	Trust documentation	Partial
PCNL course	Unit visit	Nov 2015
Attend WCE	Attend meeting	Oct 2015
Management - enhancement of new urology arrangements	Management meetings	Good engagement with service manager

CLICK HERE for further CPD/PDP guidance. To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 2 of this document, click here.

Name: MRA Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2016

Page 11

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PERSONAL DEVELOPMENT PLAN <u>for the year ahead</u>		
Development needs	Actions agreed	Target dates
Urology related external meeting	Attend BAUS Endourology Syt 17→	
Research development plan		2017 - 2018
Outstanding known Safety issues addressed	Complete Maudsley Training Module	2017 - 18

CLICK HERE for further CPD/PDP guidance. To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click here.

Name: MRA Young

GMC Number: 2846385

Appraisal Period : Jan – Dec 2016

Page 12

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

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 2 of this document, click [here](#).

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  appropriate action.

Signature: _____

Date: _____

25.9.17.

Name In Capitals: _____

M. Young

NB: Additional Health and Probity forms are on the Southern Docs website – click [here](#)

Regulatory and Voluntary Proceedings [Please check relevant box by clicking on it and then sign below]

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: _____

Date: _____

25.9.17.

Name In Capitals: _____

M. Young

Name:

GMC Number:

Appraisal Period:

Page 13

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PROBITY DECLARATION

Professional obligations

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

Signature:  Date: 25-9-17

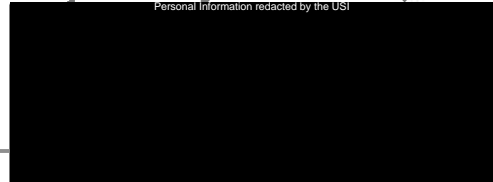
Name in Capitals: M. Young

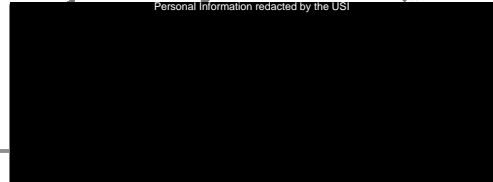
Convictions, findings against you and disciplinary action [Please check relevant box by clicking on it and then sign below]

- ☐ 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.

 as discussed by GMC & of my partner. Dr. Whacker

Signature:  Date: 25/9/17

Name in Capitals: M. Young

INDEMNITY DECLARATION

I confirm that I have the relevant indemnity as per the GMC's Guidance – click [here](#)

Signature:  Date: 25/9/17

Name in Capitals: M. Young

Name: MRA Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2016	Page 14
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HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 6 - SIGN OFF

Please ensure this section is fully completed, signed and dated by both Appraisee and Appraiser.

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			<input checked="" type="checkbox"/>
Quality improvement activity			<input checked="" type="checkbox"/>
Significant events review			<input checked="" type="checkbox"/>
Review of complaints and compliments			<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
Ensure the previous year's Personal Development Plan has been reviewed.	<input type="checkbox"/>
Forward required Forms according to the organisation's appraisal policy.	<input type="checkbox"/>

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.	
Personal Information redacted by the USI	
APPRAISEE	
Signature of Appraisee: _____	Date: <u>25.9.17</u>
Personal Information redacted by the USI	
APPRAISER	
Signature of Appraiser: _____	Date: <u>25.9.17</u>
GMC Number: <u>2646042</u>	
CO-APPRAISER (if applicable)	
Signature of Co-Appraiser: _____	Name of Co-Appraiser: _____
GMC Number: _____	Organisation: _____

Name: MRA Young	GMC Number: 2846385	Appraisal Period : Jan – Dec 2016	Page 15
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FORM 7- REVALIDATION PROGRESS

Ensure these sections are fully completed to indicate where the appraisee is in their 5 Year Revalidation Cycle.

Year 1		
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 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: _____		

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Year 4

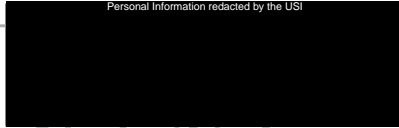
I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2016 has been satisfactorily completed.

Current Outstanding Issues:

Action Required

Resolution

Signature of Appraiser:



Name of Appraiser:

F. S. Whelan

GMC Number:

2646042

Date:

26.9.17

Year 5

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

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:

Please ensure the section below is fully completed.

GMC Supporting Information Requirements	Year Completed	Reviewed by	Date
Feedback from colleagues 1 in 5 years			
Feedback from patients (where applicable) 1 in 5 years			
Significant Events Review			
Review of complaints and compliments			
Continuing Professional Development			
Quality Improvement Review			

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Appendix 1 Education and Training Competencies Available for Medical Staff

Competency	Right Blood	Method	Core / Optional	Date Completed
RPRB Theory (Every 3 years)		Elearning Blood Transfusion Module Click Here	Core	14.4.19 14.5.16
Competency 1,2 & 4 (Every 3 Years)		Face to face – Trust Haemovigilance Staff Contact Patricia Wait on <small>Personal Information redacted by the USI</small> / <small>Personal Information redacted by the USI</small>	Core	14.5.16
Desist Notice		To obtain a desist notice, click here	Core	To be updated

Annual Updates	Method	Core / Optional	Date Completed
Fire Safety	Face to Face. Part of the Trust mandatory training day – click here for dates and program. Email <small>Irrelevant information redacted by the USI</small> to book a place.	Core	TOD 31.10.16
2 Yearly Updates	Method	Core / Optional	Date Completed
Infection Prevention and Control	SHSCT E-Learning Module Click Here	Core	14.4.18
Resuscitation	Face to Face. CAH - Helen Cullen <small>Personal Information redacted by the USI</small> Ext: <small>Personal Information redacted by the USI</small> / Bleep: <small>Personal Information redacted by the USI</small> DHH - Bernie O'Connor <small>Personal Information redacted by the USI</small> Ext: <small>Personal Information redacted by the USI</small> / Bleep: <small>Personal Information redacted by the USI</small>	Optional	
1 Yearly Updates	Method	Core / Optional	Date Completed
Safeguarding Children & Vulnerable Adults	Face to Face. Part of the Trust mandatory training day – click here for dates and program. Email <small>Irrelevant information redacted by the USI</small> to book a place.	Core	14.4.19
Information Governance/Data Protection/IT Security	SHSCT E-Learning Module Click Here	Core	18.3.19
Moving and Handling	SHSCT E-Learning Module Click Here	Core	17.3.19
Health & Safety / Control of Substances Hazardous to Health (COSHH)	SHSCT E-Learning Module Click Here	Core	17.3.19
Discovering Diversity	HSC E-Learning Module Click Here	Optional	
Recruitment & Selection	HSC E-Learning Module Click Here	Optional	
Sickness & Absenteeism Training	Face to Face. Contact ELD on <small>Personal Information redacted by the USI</small> or email <small>Irrelevant information redacted by the USI</small>	Optional	
Hyponatraemia	BMJ E-Learning Module Click here	Optional	
Management of Actual or Potential Aggression	Face to Face. Contact ELD on <small>Personal Information redacted by the USI</small> or email <small>Irrelevant information redacted by the USI</small>	Optional	
Fraud Awareness	HSC E-Learning Module Click here	Optional	
Seeking and Obtaining Consent for Hospital Post Mortem Examination	SHSCT E-Learning Module Click here	Optional	

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Once off Training	Method	Optional	Date Completed
National Early Warning System	National NEWS e-learning Click here	Optional	
Obstetrics Early Warning System	Online Module Click here	Optional	
Paediatrics Early Warning System	Face to Face. Contact CAH Dr S Shah <small>Personal Information redacted by the USI</small> Contact DHH Dr B Aljarad <small>Personal Information redacted by the USI</small>	Optional	
Consent	In House E-Learning Module Click here	Optional	
Blood Culture	In House E-Learning Module Click here	Optional	
Peripheral Line	In House E-Learning Module Click here	Optional	
Oral Anticoagulants	MHRA Module Click here Once on the site choose the Anticoagulant Module. On completion of the module, complete the assessment and print a completion certificate. Takes 24 hours for registration.	Optional	
Naso Gastric Tube Placement	In House E-Learning module Click here	Optional	
Protocol following death of patient	In House E-Learning module Click here	Optional	
Guide to Prescribing in SHSCT	In House E-Learning module Click here	Optional	
Research and Development - Good Clinical Practice Training	Elearning Module Click here	Optional	
VTE	King's Thrombosis Centre E-learning Click here	Optional	
Safe Sedation [Module 1,2 & 3]	In House Elearning Modules Click here (Part 1) Click here (Part 2) Click here (Part 3)	Optional	
Gastrointestinal endoscopy	Face to Face Contact Dr A Murdock <small>Personal Information redacted by the USI</small>	Optional	
Chest Drain Insertion	Face to Face Contact Dr A Ferguson <small>Personal Information redacted by the USI</small>	Optional	
Blood Gas Instrument	Face to Face Contact Derek McKillop <small>Personal Information redacted by the USI</small> Face to face	Optional	
Appraiser Training	Face to face Dates available here	Optional	
Appraisee Training	Face to face Dates available here	Optional	
Insertion and Management of Indwelling Urinary Catheters	Online Module Click here	Optional	
Coroner's Investigations and Inquests Programme	Online Module Click here	Optional	
HIV Awareness Training	Face to Face Contact Lyndsey Hesson <small>Personal Information redacted by the USI</small> Tel: <small>Personal Information redacted by the USI</small>	Optional	
Patients enrolled in Clinical Trials	In House E-Learning module Click here	Optional	

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Waste Management	SHSCT E-Learning Module Click Here	Optional	
Modules proposed for E-Learning	Method	Core / Optional	Date Completed
Better Communication/Complaint Handling	Face to face	Optional	
Incident Reporting	Face to face	Optional	
Clinical Negligence	Not currently available	Optional	

Your training record will be updated following this submission, a copy of which can be obtained from the Revalidation Support Team, [Redacted]

Please note that when you complete a training module either face-to-face or via elearning, you need to email the Revalidation Support Team in order that your training passport can be updated as the Team are not automatically informed.

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.

APPRAISEESignature of Appraisee: [Redacted]Name of Appraisee: M. YoungGMC Number: 2846385Date: 25/9/17**APPRAISER**Signature of Appraiser: [Redacted]

Name of Appraiser: _____

GMC Number: _____

Date: _____

Young, Michael(2846385) - 2018 appraisal

Form 1 - Background

Personal Details

Title Dr

Forename Michael

Surname Young

Division

Specialty

Grade

Optional Appraisal Start/End Dates

Appraisal Start Date 01/01/2018



Appraisal End Date 31/12/2018

GMC/GDC Registered
AddressPersonal Information
redacted by the USIPersonal
InformationPersonal
Information

Postcode

Personal
Information

Contact Address (If different from above)

Contact Address

Postcode

Registration Details

Primary Medical or Dental Qualification (in the UK or elsewhere)

Qualification Date

04/08/1983



GMC/GDC Registration

Registration Type

Full

Registration No

2846385

Registration Date

04/08/1984



Registration Specialty Urology

Specialty (Other)

Specialist Registration/Qualification outside the UK

Specialty

--Please Select--

Specialty (If Other Give
Details)

Date obtained

Country obtained /
Awarding Body

Please list Other Specialties or Sub-Specialties in which you are registered.

Other Specialties / Sub-
Specialties

Has your registration been called into question since your last appraisal (or if this is your first appraisal, is your registration in question)?

If Yes, Please Give
Details

WIT-52545

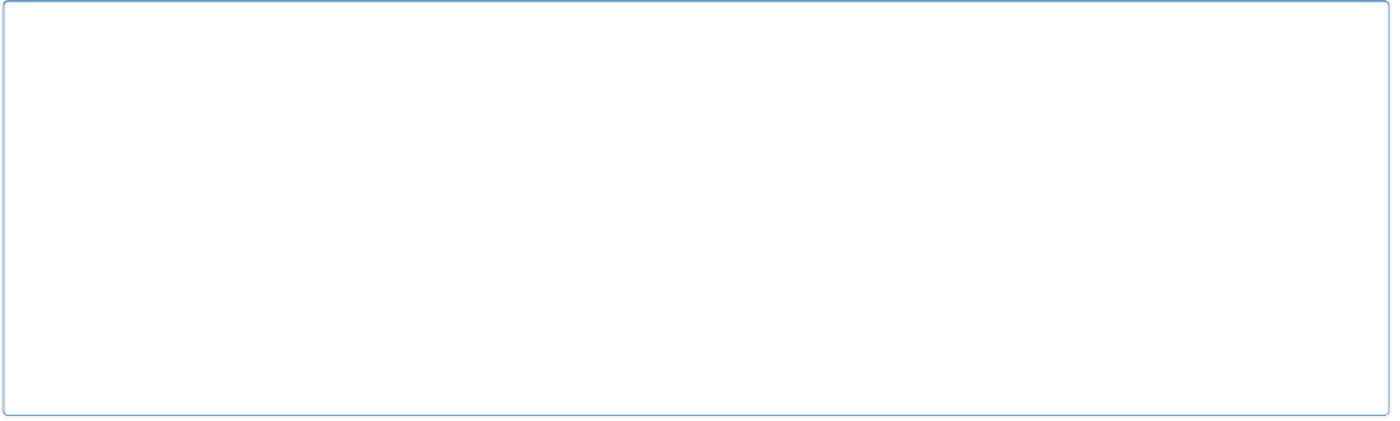
Date of next
Revalidation



Employers / Posts

Please list all employers / places of work

Employer Name	Address	Main Employer
southern Health and Social Servives Board	Craigavon Area Hospital 68 Lurgan Rd Portadown	Yes



Form 2 - Current Activities

Current Activities 1

Please give a short description of your work, including the different types of activity you undertake

I am a Consultant urologist with an interest in stone management.

Work involves a general outpatient clinic at the main hospital in Craigavon, Banbridge 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.

I run the Stone Treatment Centre with a team of nurses and Radiographers to provide an ESWL service three times a week. (The number of sessions have decreased from four to three sessions over the past year due to funding). A stone MDT has been introduced in the past year.

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.

Ad hoc additional theatre lists, clinics and urodynamic sessions have been undertaken to help meet Health Dept targets.

The New patient investigative outpatient session and a Surgeon of the week for on-call has been a welcome inclusion to the job plan a few years ago and is working well.

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.

The lead Clinician in Urology role has continued to evolve with the changes within the Trust and the development of the service.

I am also the Educational supervisor for one of our SpR trainees in urology

List your main Sub-specialist skills and commitments / special interests

- Director of Stone Treatment Centre.
- Provide PCNL renal stone surgery service.
- Urodynamic

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. (Autumn 2016 for 2 years was back to 1:5 due to a vacant post)

Details of out-patient work if applicable

Out-patient activity is solely urological. This generally 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 for Review patients.

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.