

Form 4 guidance

Introduction

What is the purpose of Form 4?

Appraisal is designed to enable the doctor to consider all aspects of their work; to reflect on their achievements, performance and learning for the past year, and to think ahead for the next year. These discussions are summarised on the Form 4, and they need to be accurate, comprehensive, and clear. Form 4 will typically make reference to the supporting evidence in broad terms and refer to the relevance of it for the appraisee and their scope of work. It is a summary for the appraisee and a reminder of agreed actions for them and their appraiser at the next appraisal. It will also be taken into consideration by the responsible officer (RO) when making their revalidation recommendation to the GMC.

Appraisers need to address (rather than merely “touch upon”) all the core elements within the 4 domains of revalidation in the appraisal interview and the corresponding Form 4. The Form 4 should record all the key areas discussed at the interview. The appraiser and the appraisee will have spent considerable time and effort in preparing for, and undertaking, the appraisal interview. Form 4 needs to reflect this commitment. It can be de-motivating for the appraisee and make the task of the RO difficult if the Form 4 is completed in a minimalist fashion, omitting description of key areas, issues and outcomes discussed and agreed at the appraisal.

Access

Appraisal Forms 1-3 submitted by the appraisee are confidential and will only be viewed by their Appraiser. No one else has access to this information, including the RO, unless the appraisee gives their consent for this information to be shared.

Appraisal Form 4 can be accessed by the appraiser, the appraisee, the local appraisal lead and the RO/deputy RO. Future appraisers can view the previous Form 4 so they can refer to it to inform a forthcoming appraisal. The appraisee can also download a PDF of the Form 4 for their own records or to forward it to other organisations that need to be satisfied the appraisee has had an appraisal.

Form 4 protocols

- Form 4 should be completed on SOAR
- It is the appraiser’s responsibility to draft and complete the Form 4
- Form 4 must be signed off by both appraiser and appraisee before the appraisal is considered “complete”
- It should be drafted as soon as possible following the appraisal

Prompt completion of Form 4s ensures better recall of the appraisal discussion by both appraisee and appraiser, and fewer amendments or rejections.

Good Practice

An effective Form 4 should:

- 1) Be clear
- 2) Be comprehensive
- 3) Be specific
- 4) Be objective
- 5) Avoid assumptions
- 6) Avoid collusion
- 7) Include achievements
- 8) Record any significant difficulties experienced

Clear and comprehensive

- Clarity of the language used is essential for understanding.
- Form 4s should be written in the 3rd person, active voice; e.g. Dr X stated he/she will
- Abbreviations should be explained in full in prior text. Avoid jargon and speciality specific terms someone from a different specialty may not understand.
- Each section should have a concise but informative summary of that part of the appraisal interview. This does not need to list all information submitted but include observations and conclusions arising from the discussion.
- Use positive language which acknowledges the appraisee's achievements. Examples are 'achieved', 'evaluated'.
- Avoid negative terms such as 'failed to', 'was unable to'

Specific and objective

- The summary should be relevant and factually correct.
- It is helpful to summarise and prioritise those activities which have made the greatest impact on practice, highlighting key learning points and evidence of implementation of the learning and impact on patient care.
- The commentary should include reference to supporting information seen and reviewed by the appraiser. Absence of required supporting information or previously identified PDP objectives that have not been met should be noted and linked to specific action points to improve the situation before the next appraisal (giving thought to the requirements of revalidation) or to an agreement that they are no longer relevant.
- This detail can be used for future reference as an aide memoir or benchmark for measuring progress towards agreed goals. This is vital when there is a change of appraiser.

Avoid Assumptions or Collusion

- Whilst the role of the appraiser is to support the clinical practice and the professional development of the doctor, the appraisal process may be flawed by making assumptions or colluding with the appraisee. These issues can arise in all aspects of the appraisal process e.g. accepting without question that an appraisee's CPD was appropriate without any reference to impact or development.
- Appraisers may be tempted to rescue and collude with an appraisee when discussing sensitive areas such as complaints, critical incidents or negative feedback.
- The appraiser should avoid judgemental statements, which include either effusive or critical adjectives.

Form 4 is not a transcript of the appraisal discussion. It is a summary of the discussion and needs to provide some evidence for all four GMC domains and where relevant include the trainer element of appraisal under the RoT domain. The SOAR template provides the relevant headings to guide appraisers in this and allows easy recording that appropriate supporting information has been submitted at the start of each section.