



Home Office



Department of

Justice

An Roinn Dlí agus Cirt

Máinnystrie O tha Laa

www.justice-ni.gov.uk

Example Appraisal Form: AG-002 for Forensic Pathologists

2026/27

This guidance sets out a worked example with explanatory notes (in purple font) of a doctor's preparation of the appraisal form AF-001 prior to their appraisal. It shows how the form should then be completed by both the appraiser and the appraisee during the appraisal. Where the authors of this guidance have considered that the questions and answers are self-explanatory, the box will be left blank, or the example used is in its simplest format.

This guidance can be used by forensic pathologists employed by the Department of Justice, Northern Ireland for appraisal and revalidation purposes.

All Home Office forms detailed within this document can be found here:

www.gov.uk/government/publications/annual-appraisal-for-forensic-pathologists.

All weblinks within this form and all other Home Office forms and guidance were checked in the last review of each relevant document. Review information can be found on the last page.

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1. Checklist for appraisal

This checklist should be completed by both the appraisee (prior to submission) and the appraiser (prior to the appraisal). The word “Yes” should be used as illustrated to indicate that all documents and supporting evidence were received and checked prior to the appraisal. An explanation should be recorded in the last section if the word “No” is entered at any point by either party. During the appraisal the word “Yes” should be entered by the appraiser to indicate that the documents and supporting information were reviewed and approved as part of the appraisal process.

You should provide your appraiser with appropriate supporting evidence as outlined in the updated General Medical Council document “Guidance on Supporting Information for Revalidation” <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/guidance-on-supporting-information-for-revalidation>

	Appraisee		Appraiser	
3. Statement of probity	Yes		Yes	
4. Statement of health	Yes		Yes	
5. Description of practice	Yes		Yes	
7.1 CPD				
RCPATH annual statement of participation (RCPATH participants only)	Yes		Yes	
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
7.2 Mandatory/statutory training				
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
8. Review of your practice				
8.1 Quality improvement activity (including reflective notes)				
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
8.2 Review of significant events (critical incidents and SUI)				
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
9. Feedback on your practice				
9.1 Feedback on performance (e.g. audit, 360 feedback)				

Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
9.2 Feedback from clinical supervision, teaching and training				
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
9.3 Review of complaints				
Supporting information provided?		No		No
Reviewed and approved by appraiser?				No
9.4 Review of compliments				
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
10. Personal development plan				
Supporting information provided?	Yes		Yes	
Reviewed and approved by appraiser?			Yes	
Please provide details below if answered “No” to any section				
This section can be used to provide an explanation to the appraiser, ahead of the appraisal meeting, as to why one or more boxes were answered “No” e.g. No complaints received in the appraisal period				

To be completed by the appraisee prior to submission to the appraiser:

I confirm that I have completed this form and reflected on the supporting information to support this appraisal. I am responsible for the contents and confirm that it is appropriate for this information to be shared with my appraiser and responsible officer.	
Appraisee:	Date:

2. General information

This section should be filled out by the appraisee prior to the appraisal. Please note that all boxes are expandable. Please use black ink or black type-font. If answering “yes” or “no”, the unapplicable answer can be crossed out (as exemplified below) or removed completely.

2.1 Personal details

Name of appraisee:	Enter full name here
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Address:	Work address
Email contact details:	example@example.co.uk
Preferred phone number:	01234 567890

2.2 Appraisal details

Date of appraisal:	DD/MM/YYYY	
Is this my first appraisal:	Yes	No
Appraisal year (1st April – 31st March):	2026/27	
Appraiser speciality:	Histopathology (forensic pathology)	
Previous year's appraiser's name:	Enter previous appraiser name here	
Current appraiser's name	Enter current appraiser name here	
Other appraiser names (if necessary):	Enter additional appraiser name(s) here	
Responsible Officer or Suitable Person:	Responsible Officer – Dr Name	
Revalidation recommendation due date:	DD/MM/YYYY	

Are you currently undergoing, or are you aware of any pending review of your professional or clinical performance?

Yes / No

If yes, please describe:

Enter the details here if applicable.

If an entry is made here, it should have been discussed with the responsible officer as soon as the review commenced.

2.3 Registration and qualifications

Even though this information is known to the General Medical Council, it must be restated to your appraiser.

Licence to practise:	Yes / No
GMC number:	Enter the number here
Type of registration currently held:	Enter as per your GMC entry
Date of primary medical qualification:	DD/MM/YYYY
Please provide details of your professional qualifications. Please include specialties/sub-specialties in which you are registered:	
Enter details of all professional qualifications including those, if held, outside the specialism of forensic pathology.	
Date and country of grant of any specialist registration/qualification outside the UK and specialty in which registered:	
Enter details here of any international qualifications or specialist registration. Include the country, the nature of the registration/qualification and the date of registration.	

Has your registration been called into question since your last appraisal?	Yes	No	
If this is your first appraisal, is your registration currently in question?	N/A	Yes	No

2.4 Employment information

Employment status (delete as appropriate):	Employed	Self-employed	
Do you have a contract with this employer?	N/A	Yes	No
Full-time/part-time? Please describe:	Enter "Full-time" or "Part-time" here		
Name of employer (if employed):	Enter employers name here		
Managerial accountability	If you are accountable to a more senior manager for example through full time employment or working in a partnership where there is a senior partner who has managerial responsibility for the group practice enter their name here.		

Proposed retirement age and date	Enter an age or year when you propose to retire. Although you may not know this for certain you should enter a realistic date. This should NOT be left blank.
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2.5 Use of retirement date / age

I **do** / ~~do not~~ (delete as necessary) give my consent for my proposed retirement date / age to be shared as anonymised group practice data with the Designated Body I am associated with for the purposes of future service provision planning.

Signed:		Dated:	
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3. Statement of probity

Section 3 and 4 must comply with the General Medical Council's guidance on probity and health. Guidance to assist you can be found at the following web resource:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/additional-information-required-for-your-appraisal>

The General Medical Council requires that doctors who are preparing for revalidation should provide details of their medical indemnity cover, declare any criminal charges against them and make a declaration to confirm that they comply with the principles relating to professional and personal probity set out in *Good Medical Practice*. The General Medical Council now have the powers to check whether doctors have appropriate insurance or indemnity in place.

Medical indemnity provider:

This must be filled in

Medical indemnity membership number:

This must be filled in

Details of any criminal charges that you have been, or are currently subject to:

I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately:

Yes

No

If no, for whatever reason, please explain why below.

Required if answered 'Yes' above. Optional if answered 'No' above.

In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal, I have something to declare:

Yes

No

Required if answered 'Yes' above. Optional if answered 'No' above.

If you have been suspended from any medical post, have restrictions placed on your practice or are currently under investigation by the General Medical Council or any other body since your last appraisal, please include a brief commentary below. You will be able to describe and discuss it in more detail with your appraiser.

Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?

Yes

No

Required if answered 'Yes' above. Optional if answered 'No' above.

If you have, please include a brief commentary here. You will be able to describe and discuss it in more detail with your appraiser.

Signed:

Dated:

4. Statement of health

Section 3 and 4 must comply with the General Medical Council's guidance on probity and health. Guidance to assist you can be found at the following web resource:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/additional-information-required-for-your-appraisal>

The General Medical Council requires that doctors who are preparing for revalidation should confirm that they are registered with a GP every year, immunised against common serious communicable diseases where vaccines are available and if they know or think they might have a serious condition that could be passed on to a patient, or could affect your judgement or performance that you consult a suitably qualified colleague. You

should make a declaration to confirm that they comply with the principles relating to health as set out in *Good Medical Practice*.

I confirm that I am currently registered with a general practitioner:

Yes

No

I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Yes

No

Optional

If applicable, please give context to your health declaration and describe any adjustments you are required to make to your practice to protect yourself or your patients. If there are any other physical or mental health related issues you wish to discuss, please also include these here:

Tip: If you have any concerns about your physical or mental health but do not wish to discuss them at your appraisal, you can use AF-009, the Work Leisure Balance Assessment tool, to reflect upon your current work/life balance. Additionally, sources of support can be found in SOP-007.

Optional

You may wish to consider the following points:

- How has the period since you last appraisal impacted upon you?
- Have you needed any support, and was the help you needed available?
- How have you maintained your health and wellbeing, and what do you need, or wish, to do differently, if anything?

Signed:

Dated:

5. Whole scope of work

All doctors **must** have a detailed description of their current whole scope of practice. This description of practice is what your appraisal and future revalidation is based upon. **It must be filled out at first appraisal and then updated annually to reflect any changes in your practice.**

You must sign the self-declaration at the end of the description. Providing a misleading or inaccurate description of practice is a probity issue and would be referred directly to the General Medical Council. Doctors practising outside of the areas described in the description of practice would place themselves at risk of litigation.

5.1 Direct clinical care, including private practice and on-call work

Direct clinical care is defined in generic terms as work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the Trust. However, in the case of a forensic pathologist, direct clinical care can be interpreted as any clinical work arising from the living or the dead, at home or abroad, involving examination, interpretation or providing an opinion.

In this section, you should provide a summary of *all* of your duties as a doctor. You should also provide contact details for any employing organisations and places where you have worked in the period since your last appraisal (at the level of the overarching organisation, not every site you have visited). This should include a description of your autopsy service, laboratory work, court work, opinion and scene work. National and international autopsy forensic pathology should be included. If you undertake *any* other form of paid or voluntary work in the capacity of a medical practitioner, then this should also be entered here.

You must include a list of all of the bodies to which you provide a service.

The following is an example of possible direct clinical care activities that a forensic pathologist could enter into this field.

I am a Home Office registered forensic pathologist working in the XXX group practice.

Working with the other forensic pathologists of the Group Practice, on an agreed rota, I provide a forensic autopsy service for Her Majesty's Coroner and police forces within the geographic call-out area of the counties of A, B, C, D, etc. The rota equates to a 1:X weeks on call.

The forensic pathology work involves telephone advice from home or at my place of work, day and night call out, travel, scene of crime work, radiology imaging, autopsy work, report/statement writing, case conferences (in person, by telephone, internet or video) and court appearances.

In addition to my police-related work I undertake independent autopsy examinations for HM Coroners, solicitors and the general public as requested. This will result in the writing of reports/statements and can result in case conferences and attendance at a variety of types of courts.

I undertake live patient examinations for the purpose of assessment of injuries at the request of the police and solicitors.

I provide opinions concerning injuries sustained to live patient through examinations of statements and photographs at the request of the police and solicitors.

Occasionally work is undertaken for police forces, HM Coroners, solicitors, family and national and international agencies that involves foreign travel, often at only a few hours' notice.

My work is on adults and children and can involve laboratory medicine such as histology, toxicology and interpretation of laboratory results as well as mortuary management, risk assessment for hospital incidents and local mass-disaster planning.

I am a member of UK-DVI and provide, as requested, both a local, national and international forensic pathology service in the event of a mass fatality.

I am a trustee of a medical charity undertaking non-paid volunteer first aid work for the charity.

I perform autopsies for:

X, Senior Coroner for Y

Zshire police

A and B Solicitors

5.2 Other supporting professional activities

Other supporting professional activities are defined as activities that underpin direct clinical care. This may include participation in training, medical education, continuing professional development, audit, job planning, appraisal, clinical management and local clinical governance activities.

In this section, you should indicate the nature of your participation in the following categories of other supporting professional activities. If a category does not apply to you then please indicate with the words 'Not applicable'.

The following are examples of possible supporting professional activities that a forensic pathologist could enter into these fields. This could be entered as bullet points (as illustrated) or free text.

Managerial and administrative duties

- I am the Chief / Deputy Chief / Senior Forensic Pathologist for the xxx Group Practice.
- I am a member of the yyy hospital mortuary management team.
- I am a member of the xxx regional Forensic Pathology User Group management board.
- I am self-employed and manage my own daily practice.

Accountability and reporting arrangements

- I participate in critical checking within the xxx Group Practice. In doing that, I adhere to the Home Office guidance for this area and local standard operating procedures (SOPs).
- I am accountable to my employer, the University of xxx.
- I adhere to the SOPs for autopsy practice and production of reports within the xxx Group Practice.
- My autopsy practice complies with the Code of Practice and Performance Standards for Forensic Pathology of The Royal College of Pathologists.

Clinical governance

The elements of clinical governance that should be discussed are education and training, audit, effectiveness, research and development, openness and risk management.

- All doctors are involved in clinical governance to some degree. You should detail your role here. For further guidance on clinical governance as applied to doctors please see the general medical Council's guidance document found at: <https://www.gmc-uk.org/registration-and-licensing/employers-medical-schools-and-colleges/effective-clinical-governance-to-support-revalidation>
- The domains to cover can be summarised as:
- Education and training
- Clinical audit
- Clinical effectiveness
- Research and development
- Openness
- Risk management

5.3 Appraisal

Please indicate if you are a trained appraiser. Please indicate if you undergo appraisal outside that of this appraisal system. You do not need to record that you participate in the Home Office annual appraisal program as this form provides evidence of participation. Therefore, if this category does not apply to you then please indicate with the words 'Not applicable'.

- I undergo employer (state employer) annual appraisal
- I am a trained appraiser having undergone my training in insert date here. I participate in annual appraisers training (insert last date here).
- If you undertake medical practice outside forensic pathology, you should enter how this practice is appraised each year.
- Not applicable

5.4 Academic activities

Please indicate the nature of your participation in the following categories of other professional activities. If a category does not apply to you then please indicate with the words 'Not applicable'.

Teaching and training

- If you are involved in providing any form of medical or non-medical under or postgraduate training or any other form of medico-legal training, it should be listed here. Please indicate if you are registered with the General Medical Council in a medical educational capacity.
- Not applicable

Research

- I have received funding to the value of £100K from the MRC to undertake research into the aging of bruises in relation the victims of domestic abuse (please list any

grant or source of funding, the value of the funding and the title of the study been undertaken).

- Not applicable

5.5 Other professional responsibilities including voluntary roles

Please describe any responsibilities not normally undertaken by forensic pathologists and which are not covered in the supporting professional activities section.

This includes such roles as being a medical director, clinical director, or lead clinician, or acting as a Caldicott guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean or a mortuary designated individual. These might also include trades union duties, undertaking inspections, acting as an external member for an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, work for the medical royal colleges in the interests of the wider NHS, Home Office, British Association in Forensic Medicine, a government department or the General Medical Council.

In this section, you should indicate the nature of any responsibilities not normally undertaken by forensic pathologists and which are not covered in the supporting professional activities section. A non-exhaustive example list of activities is provided:

- group practice lead
- clinical audit lead
- public health
- other: specify

The following are examples of possible professional responsibilities that a forensic pathologist could enter in this field.

- I am President or Honorary Secretary or Treasurer or Meeting Secretary, etc. of the British Association in Forensic Medicine or another national or international association or professional body. Being a Fellow or a Member of a society such as the BAFM should not be listed unless there is an associated work-related responsibility.
- I am the Chair or Member of The Royal College of Pathologists Sub-committee for Forensic Pathology. Membership of this committee or a similar that has roles and responsibilities for members can be listed here.
- I am a pathology member of the Home Office Pathology Delivery Board
- I am a member of the Resilience Forum for the County of XX.
- I am the editor/member of the editorial board of a forensic journal where being a member has a clear role and responsibility.
- I am a pathology advisor to NCEPOD.
- Not applicable

5.6 Exceptional circumstances

In this section, you should detail any exceptional circumstances affecting your medical practice which need to be taken into account during your appraisal.

- I currently do not have a valid driving license, which affects my ability to respond to requests to attend scenes of crime. Arrangements are in place with the local police forces to assist me.
- I recently suffered a broken leg in a skiing accident. I have had to take off an extended period from work and am currently unable to undertake autopsies. However, I am able to continue my teaching and research commitments to my employer.
- Not applicable

5.7 Indemnity arrangements

If work is undertaken outside the UK mainland, please describe your indemnity arrangements for such work. The appraiser must be satisfied that you have appropriate indemnity arrangements for all medical practice that you undertake both within and outside the UK.

- I have professional indemnity for my forensic pathology practice through the MDU or MDDUS or MPS.
- I have additional medical indemnity for assisting as a doctor at the annual county cross country horse event.
- I have NHS or university indemnity through my employment by [university] or [X NHS Hospital Trust].
- I undertake autopsy work for the coroner of Gibraltar. I am indemnified for this work by X.

5.8 Other additional comments

In this section, you should detail any further relevant information not provided elsewhere in this section of the documents.

Enter the details here or write "Not applicable".

5.9 Appraisal Declaration

At the appraisal both sections should be completed.

Appraisee

I confirm that this is an accurate description of my entire medical work.

Signed:		Dated:	
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Appraiser

I confirm that I have reviewed and discussed section 5 with the appraisee.

Signed:		Dated:	
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The following section should then be completed by the appraiser to summarise the review of this section at the appraisal.

Summary of key points Example 1. Dr x undertakes a portfolio of work appropriate to a self-employed forensic pathologist. They did not go under or exceed the Home Office recommended annual caseload. They participate in a range of appropriate CPD and annual audit activity. They currently undertake no teaching roles which is appropriate to their employment status. They have no other professional duties outside their forensic autopsy work. Their indemnity is appropriate for the work they undertake. Example 2. Dr x is working in a group practice where, due to colleague illness, they have had to pick up extra casework and therefore have exceeded the recommended Home Office case load. This has affected their work-homelife balance. This corresponded with becoming a member of the RCPATH forensic specialty advisory committee. They have increased their teaching commitments recently. They undertake voluntary medical work but it was unclear whether their professional indemnity covered them for this work.
Action agreed Example 1 actions: Dr X wishes to engage in a degree of post graduate medical education. They are to explore the requirements of this role and undertake any training necessary. Example 2 actions: Dr X agreed to monitor their caseload carefully and seek additional colleague assistance so as not to exceed their annual case workload. They agreed not to take on any further professional duties whilst the increased workload persisted and to try and reduce their teaching commitments where possible. They agreed to contact their indemnity provider to clarify the need to increase their current indemnity provision.

6. Review of previous appraisal

For each section of the appraisal form, the actions that arose from the previous year's appraisal, as entered in each relevant section, should be entered here by the appraisee prior to the appraisal. They should then be reviewed at the appraisal.

Section 5. Description of practice

Enter the "Action agreed" from the previous year's appraisal here.

Section 7. Keeping up to date

Enter the "Action agreed" from the previous year's appraisal here.

Section 8. Review of your practice

Enter the "Action agreed" from the previous year's appraisal here.

Section 9. Review of Significant events

Enter the "Action agreed" from the previous year's appraisal here.

Section 10. Reflective practice

Enter the "Action agreed" from the previous year's appraisal here.

Section 11. Feedback on your practice

Enter the "Action agreed" from the previous year's appraisal here.

Section 12. Review of complaints

Enter the "Action agreed" from the previous year's appraisal here.

Appraiser declaration

I confirm that I have reviewed and discussed section 6 with the appraisee.

Signed:		Dated:	
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7. Keeping up to date

Please provide a brief commentary, covering the period since your last appraisal, which considers your most important learning, quality improvement activities and feedback. You may wish to include:

- What have you done to keep up to date across the whole of your scope of work?
- What are the most significant things you have learned?
 - Have you shared this learning with colleagues or do you intend so to do (**Required**)
 - How has this learning changed your practice (**Required**)

- Have you identified any learning needs that you need, or want, to address, or key learning to be shared? If so, what action have you taken as a result?
- What have you learned from reviewing your practice across the whole of your scope of work?
- What are the most significant things you have changed as a result and how effective have those changes been?
- What else do you want to change (if anything)?
(Required)
- What have you learned from any feedback, solicited and unsolicited, you have had about your practice, both individually and as part of the teams you work in (if any)?
- What have you changed, or do you want to change (if anything) because of any feedback you have received?

I complete CPD in the Royal College of Pathologist scheme and attend local case review meetings. I have reviewed the most recent Good Medical Practice to ensure appraisal forms are fit for current requirements.

I have learned that updating forms can be challenging. I need to learn how to balance clinical commitments and other roles. I have set aside “protected time” for RO work.

I want to add another consultant to the group which will help with the challenges identified.

7.1 Continuing professional development (CPD)

The appraisee should provide evidence of CPD activity each year. CPD activity must be undertaken in all fields of your medical practice, not just forensic pathology if you undertake other roles. Those registered with the Royal College of Pathologist’s CPD scheme should produce their annual statement of participation for the year relating to the appraisal period. They should then provide a portfolio (hard copy or electronic) of supporting evidence of the professional, clinical and academic activities they have undertaken. This should be reviewed by the appraiser who must be satisfied that the CPD undertaken is relevant to the appraisees medical practice. Further guidance on CPD can be found at the following General Medical Council website:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development>

7.2 Mandatory, statutory and professional training

List all mandatory/statutory training attended. Mandatory training refers to the training required as terms of your employment or that which is required by your responsible officer.

If one of the pre-filled sections does not apply to you, please enter “Not Applicable” under the date completed. DVI training is mandatory ONLY for pathologists who undertake DVI work. The study day is NOT mandatory but it is strongly advised you attend if possible.

- **Appraiser training.** Yearly mandatory training is required to be an appraiser associated with the Home Office appraisal process. You should enter the date for each year of the 5-year cycle when you attended the appraisal training.
- **DVI training** is mandatory for any practitioner who wishes to participate in a live DVI investigation. The date on which training was undertaken twice in the 5-year cycle should be recorded. If undertaken more than twice then add additional rows and enter the date. Participation in a live investigation can be recorded as long as it is proceeded by at least one training exercise.
- **Home Office update training** is held annually. Please indicate each of the dates in the 5-year cycle you attended the training.
- If you are required by employment within the NHS or university sector to undertake mandatory training, please use the lower section of the table to record the nature of the training and the date when it was undertaken.

If by virtue of your practice you are not required to undertake any form of mandatory or statutory training, then enter “Not applicable”.

Course Name	Frequency	Revalidation cycle	Date completed
Appraiser training	When provided	Year 1	
		Year 2	
		Year 3	
		Year 4	
		Year 5	
DVI training	Twice in a revalidation cycle	Year 1,2,3,4,5	I do not undertake DVI cases
		Year 2,3,4,5	
Home Office Pathology Study Day	Yearly	Year 1	
		Year 2	

		Year 3	
		Year 4	
		Year 5	

Appraiser declaration

I confirm that I have reviewed and discussed section 7 with the appraisee. I confirm that I have reviewed the portfolio of CPD activity presented for the appraisal.

Signed:		Dated:	
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Please use the boxes below to provide a summary of the discussion held and record actions that have been agreed for the next year that arise from this discussion.

Summary of key points
Example: Dr X presented a portfolio of CPD activities appropriate to their medical practice. They had undertaken mandatory training required by their NHS Trust but had not completed all the training required by the university. They had participated in a local DVI tabletop exercise.
Action agreed
Example: Dr X agreed to undertake the training required by the university and to monitor any future training requirements.

8. Review of your practice

8.1 Quality improvement activity

Please provide to your appraiser supporting documentation on quality improvement activity as exemplar in section 32 - 38 of "[Guidance on Supporting Information for Revalidation](#)". You are required to demonstrate that you have undertaken at least one quality improvement activity in addition to participation in the Pathology Delivery Board (previously the Forensic Science Regulator) annual audit once within each revalidation cycle.

Please provide supporting documentation on quality improvement activity. This can include but is not limited to:

- results of participation in local or national audit activity. A copy of the output letter should be provided for discussion at the appraisal.
- notes of case review meeting (two per year)
- information on critical conclusion checks (to include number done and details of those undertaken on your cases).

Activity	Frequency	Revalidation cycle	Date completed
Pathology Delivery Board audit	Yearly	Year 1	
		Year 2	
		Year 3	
		Year 4	
		Year 5	
Quality improvement activity	Once per revalidation cycle	Year 1,2,3,4,5	Audit of turnaround times

Appraiser declaration

I confirm that I have reviewed and discussed section 8 with the appraisee.

Signed:		Dated:	
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Please use the boxes below to provide a summary of the discussion held and record actions that have been agreed for the next year that arise from this discussion.

Summary of key points
Action agreed

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9. Review of significant events (critical incidents and SUI)

I have been named in one or more significant events or serious incidents in the period since my last appraisal	Yes	No
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The General Medical Council defines a significant incident / event as follows:

“For the purposes of this guidance a significant event is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. We recognise that your organisation may use a different term for these events (for example, serious untoward incident or serious incident requiring investigation) or they may have defined the term more broadly to include learning events other than those that resulted in harm. For the purpose of meeting our requirements under this heading, you should focus on your learning from any events that have or could have harmed your patients”. <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/significant-events#reflecting-on-significant-events-065AE323291C4E69B76984CC8DDD8494>

In terms of forensic pathology, you should consider this definition and whether it applies to an incident that occurred during your practice. Thus, for example, if an incident occurred in a mortuary whilst you were working or involving one of your cases that required the incident to be referred to the Human Tissue Authority or be investigated by an NHS trust then this should be recorded as a significant event.

If the answer to this question is “yes”, the appraiser should provide details of the incident to the appraiser using the Significant Event Form: [AF-004](#).

Appraiser declaration

I confirm that I have reviewed and discussed section 9 with the appraisee.

Signed:		Dated:	
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Please use the boxes below to provide a summary of the discussion held and record actions that have been agreed for the next year that arise from this discussion.

Summary of key points
Example 1: Dr X had no significant events during the appraisal year.

Example 2. Dr X provided evidence of a significant event involving the loss of a dura sample meant for neuropathological examination by a mortuary. This was reported to the Human Tissue Authority and investigated by the NHS Trust. The outcome of these enquires has led to an alteration in the way dura is retained and prepared for transportation by that mortuary. This was reported to the Human Tissue Authority and investigated by the NHS Trust. The outcome of these enquires has led to an alteration in the way dura is retained and prepared for transportation by that mortuary.

Action agreed

Example 1: As no significant event occurred during the appraisal year, no action is required.

Example 2: Dr X agree to write a reflective note on this incident using the Reflective Practice form: [AF-002](#) and discuss with one other colleague before the next appraisal.

10. Reflective practice

Please provide a short summary addressing the following three questions:

- What personal and professional challenges or constraints have you faced?
- What have been your greatest achievements?
- What do you hope to achieve in the future, personally and professionally?

Please provide to your appraiser for discussion, **at least** one positive and one negative experience as an example of reflective practice, using Reflective Practice Form: [AF-002](#). Further guidance is provided by the General Medical Council on reflective practice: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice>.

Appraiser declaration

I confirm that I have reviewed and discussed section 10 with the appraisee.

Signed:

Dated:

Please use the boxes below to provide a summary of the discussion held and record actions that have been agreed for the next year that arise from this discussion.

Summary of key points

Dr X produced 4 reflective notes which illustrated appropriate reflection of both positive and negative experiences related to their practice. These were discussed during the appraisal.

Action agreed

Dr X agreed to reflect upon and make adjustments to their practice as a consequence of the reflective practice and events discussed during the appraisal.

11. Feedback on your practice

11.1 Compliments

Have you received any compliments during the appraisal year	Yes	No
If "Yes" please provide the date undertaken		

11.2 Feedback from patients / medical services users

At least **once** in each revalidation cycle you must reflect on feedback collected from 15 patients. If you do not have patients, you should reflect on feedback from others you provide medical services to, using Service User Feedback Form [AF-006](#). These can be collected all within a single year or spread over the 5-year cycle.

The General Medical Council's principles for collecting and reflecting on patient / medical service users can be found at: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/patient-feedback---or-feedback-from-those-you-provide-medical-services-to#principles-for-collecting-and-reflecting-on-patient-feedback-and-how-to-apply-them-CF865948B164448CA01F295DB07855BA>

Have you undertaken a patient / medical services feedback exercise in the last 5 years?	Yes	No
If "Yes" please provide the number undertaken for each year of the revalidation cycle	Year 1	5
	Year 2	2
	Year 3	7
	Year 4	0
	Year 5	1

11.3 Feedback from colleagues / peers

At least **once** in each revalidation cycle you must reflect on feedback collected from 15 colleagues from across your whole medical practice. This will be done as a single exercise using an online service provider.

Have you undertaken a 360-colleague feedback exercise in the last 5 years?	Yes	No
If “Yes” please provide the date undertaken		

11.4 Feedback from clinical supervision, teaching and training

Are you involved in teaching / education?	Yes	No
Are you a GMC recognised trainer?	Yes	No

If you answer “Yes” to either of the questions above, you should provide to your appraiser supporting documentation that you are keeping up to date with your teaching / educational roles. This can include:

- Evidence of update training for your clinical educator / supervisor role
- Student / course / lecture feedback
- Local or national trainers training course certification

Appraiser declaration

I confirm that I have reviewed and discussed section 11 with the appraisee.

Signed:		Dated:	
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Please use the boxes below to provide a summary of the discussion held and record actions that have been agreed for the next year that arise from this discussion.

Summary of key points
Example 1: Dr X was not at a stage of the revalidation cycle to necessitate a 360-colleague feedback exercise. They are also not at a stage to necessitate a service user feedback exercise. They had provided a talk at the RCPATH symposium on autopsy practice which, according to the symposium participant feedback, had been received well. Example 2: Dr X undertook a 360-colleague feedback exercise during the appraisal year. The outcome was reflected upon with Dr X. They had also provided the results of the service users feedback exercise, the contents of which were also reflected upon at the appraisal. Evidence of other compliments received during the year were evidenced.

Action agreed

Example 1: Dr X agreed to undertake both a 360-colleague and separate service user feedback exercise before the end of the 5-year appraisal cycle.

12. Review of complaints

The NHS England Complaints Procedure defines complaints and concerns as “A complaint or a concern is an expression of dissatisfaction about an act, omission or decision either verbal or written, and whether justified or not, which requires a response and/or redress.” Further guidance on what constitutes a complaint can be found at: <https://www.england.nhs.uk/publication/nhs-england-complaints-policy/>.

The General Medical Council requires you to declare and reflect upon *all* formal complaints made about you.

The General Medical Council guidance defines a complaint as “complaints received about you or your team that have been formally acknowledged or recorded by you or the organisation to which it was sent.” Further guidance on what constitutes a complaint can be found at: <https://www.gmc-uk.org/about/get-involved/complaints-and-feedback-about-our-service>.

I have been named in one or more complaints in the period since my last appraisal

Yes

No

However, you do not have to discuss every complaint at the appraisal but rather only those that evidence your insight and learning into your practice and those that have caused you to make change to your practice. You must be able to explain to your appraiser, if asked, why you have chosen these complaints over others as part of your appraisal discussion.

The details of any complaint should be documented using the Complaint Form: [AF-005](#) in conjunction with the Pathology Delivery Board’s, Responsible Officer’s Standard Operating Procedure: SOP-004.

Appraiser declaration

I confirm that I have reviewed and discussed section 12 with the appraisee.

Signed:

Dated:

Please use the boxes below to provide a summary of the discussion held and record actions that have been agreed for the next year that arise from this discussion.

Summary of key points
Action agreed

13. Personal development plan (PDP)

13.1 Previous PDP

The appraisee should incorporate (copy and paste) the previous year's PDP into this form for the appraiser to review. Leave blank if this is your first appraisal.

Not all goals need be met in a single year. As a rule of thumb, at least **two thirds** of the previous year's agreed PDP goals should be successfully achieved. Where a goal is not achieved, the reason for this should be entered onto the template. Unachieved goals can be carried over into the next PDP plan but no single item within the PDP should be carried over or repeated for **two years or more**. New PDP activities should be developed under such circumstances.

[Insert your previous personal development plan template here.]

2024/25

Learning and/or development need What do you want to change, or achieve, and why is it a priority now?	Agreed action(s) or goal(s) How might you do this? What options do you have? Describe the actions or steps you plan to take...	Timescale for completion By when will you have done this? Do intermediate steps have their own timescales that are worth recording?	How I intend to demonstrate success How will you know that you have achieved your goal? Describe what success will look and feel like. What will be the impact on you, your colleagues/teams and/or patients or	Is this activity complete? If not, please explain why

			those that use your services?	
Update my knowledge on gunshot injuries	Attend the annual Home Office FP Study Day which is focused in 2024 on the subject of gunshot injuries.	October 2024	Evidence of attendance. Reflective note on learning and sharing of information.	I attended the study day and wrote a reflective note.
Implement a new case management system	An appropriate provider will be identified which meets my budget and software requirements	During the appraisal year	This system will update my old management system, permitting modern data storage, security, communication and audit.	The implementation of a new system is in the final stages of completion. If it runs into the next appraisal year, I will add it to the PDP.
To become an umpire to support my son's cricket club	Observe others undertaking the role. Find a course to support my learning	Start of next season	Supporting the team is a relaxing and pleasurable activity that will help me take my mind off work.	Due to a knee injury, I decided against this at this time.

13.2 Current PDP

The appraisee's PDP and CPD activities go hand in hand and should be mapped against the General Medical Council's 4 domains and 3 sub-domains of Good Medical Practice (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>).

The template below should be populated with proposed PDP activities (minimum of **3** activities, one of which can be personal rather than professional) by the appraisee prior to the appraisal and used to develop an agreed PDP, using the SMART criteria, for the forthcoming year. Continuing personal development needs and therefore the PDP should include the **whole** of the appraisee's professional practice. This includes both the clinical and non-clinical aspects of practice, and any organisational, management, administrative, research, teaching or training responsibilities.

When completing this table consider what are your top priorities for the period until your next appraisal? Think about the things that are important to you. What will make the most

positive difference to your personal and professional development, or the team/system that you work in, and have the biggest impact?

Learning and/or development need What do you want to change, or achieve, and why is it a priority now?	Agreed action(s) or goal(s) How might you do this? What options do you have? Describe the actions or steps you plan to take...	Timescale for completion By when will you have done this? Do intermediate steps have their own timescales that are worth recording?	How I intend to demonstrate success How will you know that you have achieved your goal? Describe what success will look and feel like. What will be the impact on you, your colleagues/teams and/or patients or those that use your services?

14. Appraisal Summary

The doctor and the appraiser should agree the content of a succinct written summary of the appraisal. This is normally drafted by the appraiser and must be agreed with the doctor before the appraisal is completed. It should support the doctor in demonstrating that they remain competent in the four domains of Good Medical Practice and that they have engaged with the appraisal process.

It should cover the nature and scope of the doctor's work, the supporting information and the doctor's accompanying commentary, both documented and verbal, including the extent to which the supporting information covers the doctor's whole scope of practice.

It should include other key elements of the doctor's reflection from the appraisal discussion, particularly around challenges, achievements, and aspirations. It may also be

helpful for the appraiser to record a brief agreed summary of important issues for the doctor to ensure continuity from one appraiser to the next and act as an aide memoir for the doctor, but it should not be a verbatim account of the discussion.

The summary should be structured in line with the requirements of Good Medical Practice with an introductory section to set out an overview of the context for the doctor and the appraisal and a general summary at the end, which highlights any gaps in the appraisal portfolio.

Note: The four domains to be included in the summary are:

1. Domain 1 Knowledge, skills and development
2. Domain 2 Patients, partnership and communication
3. Domain 3 Colleagues, culture and safety
4. Domain 4 Trust and professionalism

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15. Appraisal feedback, statement and sign-off

15.1 Appraisal feedback

At the end of the appraisal the appraisee should be encouraged to provide feedback of the appraisal experience to the **clinical lead appraiser**, not the responsible officer, using the Appraisal Feedback Form: [AF-003](#).

15.2 Statement and sign-off

At the end of the appraisal the following section should be completed. The use of electronic signatures is permitted. The entire form should then be sent by the appraiser to the **Responsible Officer's CJSM** account in a word document format. **Please DO NOT send via hard copy mail systems or to the responsible officer's non CJSM email accounts.**

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in Good Medical Practice	Yes	No
Appraiser sign off:		Date:
Second appraiser sign off (where appropriate):		Date:

2. Appropriate supporting information has been presented in accordance with the General Medical Council 'Guidance on supporting information for revalidation' and this reflects the nature and scope of the doctor's work			Yes	No
Appraiser sign off:		Date:		
Second appraiser sign off (where appropriate):		Date:		

3. A review that demonstrates appropriate progress against the previous personal development plan has taken place			Yes	No
Appraiser sign off:		Date:		
Second appraiser sign off (where appropriate):		Date:		

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming appraisal period.			Yes	No
Appraiser sign off:		Date:		
Second appraiser sign off (where appropriate):		Date:		

5. I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated, and patients protected where necessary			Yes	No
Appraiser sign off:		Date:		
Second appraiser sign off (where appropriate):		Date:		

6. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.				
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Appraiser sign off:		Date:	
Second appraiser sign off (where appropriate):		Date:	

END OF DOCUMENT

This form has been created and is managed by the Home Office Forensic Pathology Unit within the Home Office Science Directorate.

Any suggestions for improvements or comments should be directed to the team at: pathology@homeoffice.gov.uk.

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Next Review	01/04/2027
Audience	Home Office registered forensic pathologists, State Pathologists for Northern Ireland, and those persons within the Pathology Delivery Board's independent responsible officer's appraisal scheme.
Approved by	Dr Stuart Hamilton, Responsible Officer of the Pathology Delivery Board.