

Guidelines for Practice Nurse Appraisals



NHS Kent and Medway 2012

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1. Introduction

Appraisals have long been recognised as an important process that helps both Organisations and individuals achieve their goals. The process provides many benefits including:

- A clear idea of what is expected regarding the job responsibilities and roles, increasing job satisfaction
- Helpful feedback giving the nurse a chance to develop and feel valued
- An opportunity to reflect and identify learning needs
- The agreement of a Personal Development Plan (PDP) enabling the nurse to work effectively within the organisation
- Improved communication.

For a number of years, annual appraisals and personal development plans have been mandatory for practice nurses under the GMS contract in order to achieve the management quality indicators. More recently, a series of outcomes and standards developed by the Care Quality Commission (CQC) cover this domain too.

A need to develop local guidelines in Kent and Medway was identified in 2011 when it became apparent that the format of appraisals varied very much from one practice to another as well as the range of skills and knowledge amongst individuals carrying out nurse appraisals.

It was felt that guidelines for both practice nurses and their appraisers would help to reduce this disparity and ensure minimum standards. Excellent work has already taken place on this topic with the appraisal handbook produced by NHS Education for Scotland (NES 2009) and the RCN practice nurse Appraisal guidelines (RCN 2012). We have integrated some of their ideas. We have also looked at GP appraisals as much work has taken place in this field.

The aim of this guideline is to provide nurses, GPs and practice managers with a standard but flexible resource to use in the appraisal process and also to help practices and nurses become comfortable with the idea of appraisal for nurses. The resources provided may be adapted to suit the needs of each practice.

The guidelines and the forms may be downloaded from the following websites:
<http://kmgp.nhslearn.com> and www.kentlmc.org

2. Definition

The appraisal is a formal review in protected time to reflect on performance, to celebrate achievements, to identify disappointments and to look at the nurse's developmental needs through setting objectives and identifying learning needs in conjunction with the Practice Professional Development Plan (PPDP) for the coming year.

There should be a climate of development rather than blame. Regular staff appraisals are essential for effective team-working and developing good practice.

The appraisal/review is a two-way process, allowing for joint solving of problems that may hamper performance or development and for joint objective setting. The process should be balanced, with the appraiser being supportive and providing constructive feedback.

Annual appraisals are part of Continuing Professional Development (CPD), a continuous process in order to maintain and further develop competence and performance across all areas of practice, a requirement of the Nursing and Midwifery Council.

The Appraisal process is not about creating unrealistic expectations, a time for disciplinary procedures, a substitute for the appraiser's responsibility to provide ongoing feedback to staff or a counseling session. There should be no surprises.

3. Who should carry out the appraisal?

We recognise the diverse range of employment settings for practice nurses. They are also in a unique position with their diverse roles often varying very much from one practice to another and as an employee of another clinician. We therefore have outlined a few options inspired from the NHS Education for Scotland Appraisal Handbook (NES 2009)

1. A Lead Practice Nurse, external to the surgery or a practice nurse advisor from Kent and Medway Commissioning Support

This option is essentially similar to the GP appraisal model and would ensure appropriate professional input to the process. However, the nurse appraiser is unlikely to know the practice well, so may be unable to agree appropriate objectives with the nurse and could not commit practice funds or resources to meeting any agreed development plan. The issue of funding also needs to be taken into consideration. This may be looked into by the Clinical Commissioning Groups (CCGs).

2. A Senior Nurse within the Practice Team

Where there is an identified nurse with responsibility for leading the team, he/she will be ideally placed for the appraisal of staff nurses and health care assistants. In order to work effectively, the practice would need to be prepared to support development plans identified from the process and the appraiser would need to be well informed on the practice's plans and priorities.

3. GP or Practice Manager

This option has the benefit of ensuring that the practice nurse's objectives fit within the overall practice plans and giving a practice commitment to development plans. However, expertise in professional nursing issues will be lacking, which may make it more difficult to agree an appropriate development plan or to appropriately explore and challenge the nurse's self-assessment. The appraiser will need to familiarise themselves with the NMC code of conduct and the NHS Kent and Medway Practice nurse competency Framework (please refer to the resource section).

4. A combination of 1 and 3

This Option essentially would involve a professional component of the appraisal taking place with an external appraiser, with a discussion within the practice to agree the coming

year's work objectives and to sign off the personal development plan. In considering these, the most important points to consider are:

- The nurse needs to be confident in the person identified as appraiser
- The practice must have confidence in the appraiser if they are to commit to meeting the identified development needs.

4. Training

In order to get the most out of the appraisal process, it is essential that both the appraisee and appraiser be appropriately trained.

The appraisee should be able to reflect on their practice, formulate objectives and identify learning needs in order to fully participate in the appraisal process and writing of the Personal Development Plan.

The appraiser will need to be suitably trained too, including in the skills of giving feedback to ensure a positive experience and constructive outcomes. GP appraisers will have undergone training so will not be required to attend further training. However, if the appraiser is not a nurse, in order to understand issues relating to nurses, they will need to become familiar with this guideline, the NMC code of conduct and the Practice nurse competences document (please refer to the resource section).

Training is currently available for appraisees (Half day) and for appraisers (1 day) via the Kent and Medway GP staff training centre. Training is also provided in Clinical supervision. <http://kmgp.nhslearn.com>

It is also recommended that the appraiser attend clinical supervision in order to reflect on their role and share good practice with other appraisers. This could be organised by Kent and Medway Commissioning Support (KMCS) in the future.

5. Confidentiality

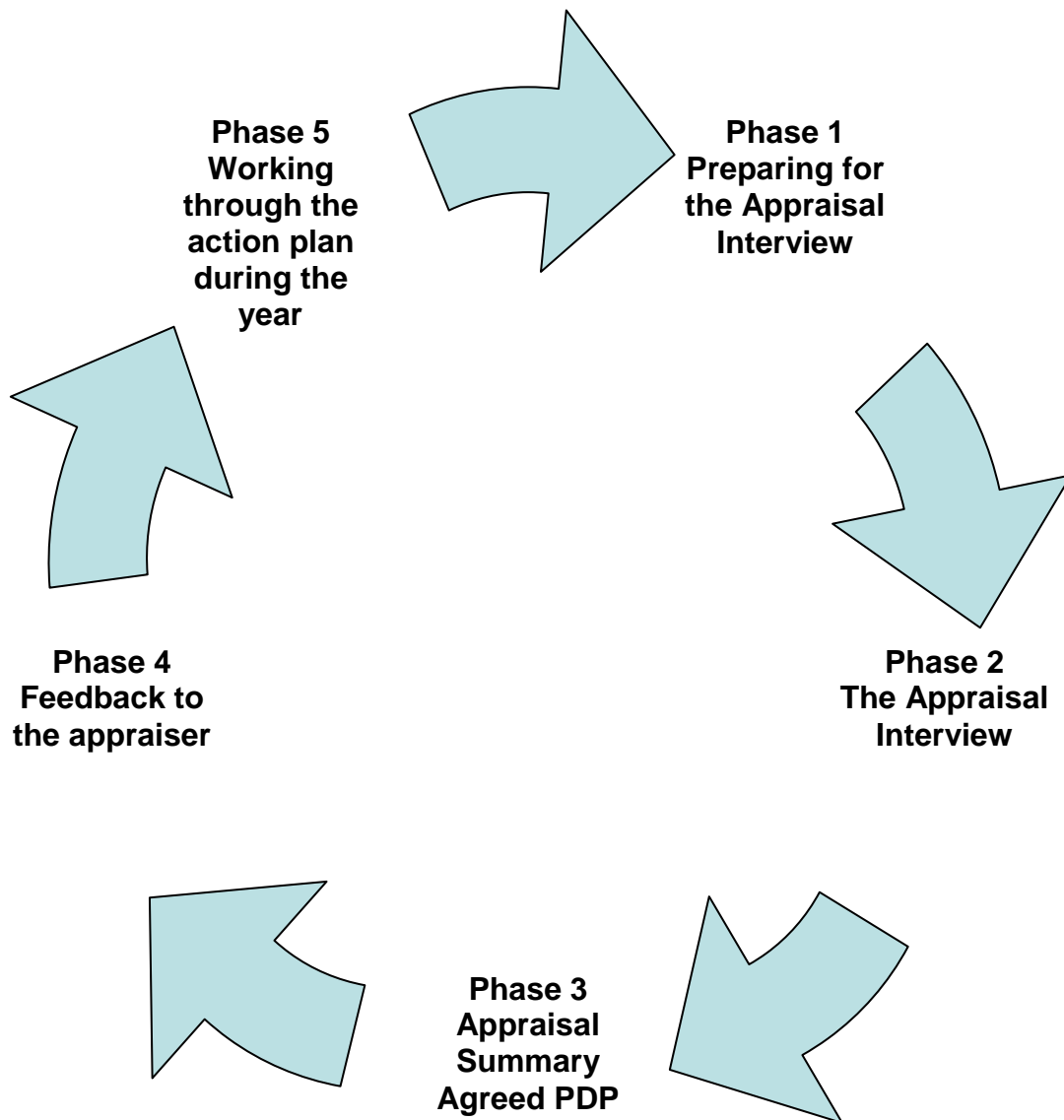
It is essential that the appraisal interview and the documentation surrounding it remain confidential in order to instill confidence in the integrity of the process and encourage openness. Confidentiality will also apply to the appraisee's portfolio. Patient identifiable information should be removed from the documents (names and dates of birth) as well as names of other members of staff.

The only exception to maintaining the confidentiality is in the event of the appraisee acting in breach of the NMC Code of Professional Conduct, when patient safety might be compromised or if an issue arises which requires the appraiser to conform with his/her duties under the appropriate code of conduct, Good Medical Practice or the IHM Healthcare Management Code (please refer to the resources section).

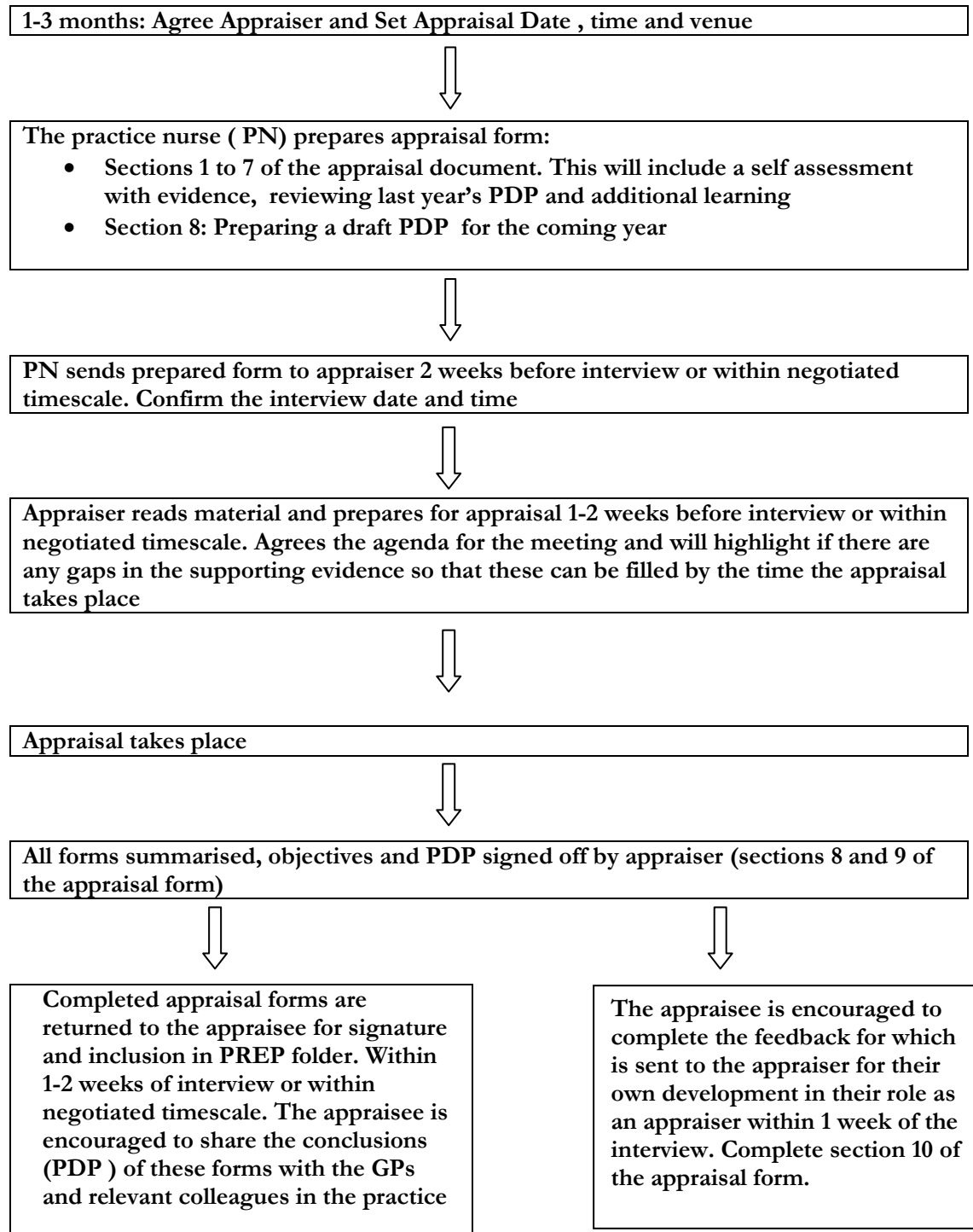
However, the agreed summary of the appraisal and the Personal Development Plan may be shared with the appropriate staff in the practice.

6. Phases of the Appraisal process

We suggest the following phases for the appraisal process.



7. Suggested Timing for the Appraisal Process



8. Preparing the Appraisal

Between 1 and 3 months prior to your appraisal, you should agree a date for the appraisal interview with your appraiser. You should then start to complete the appraisal form to allow time to reflect and collate the necessary forms and evidence. This will allow the appraiser sufficient time to read through the documentation you send them.

Collecting evidence about the way you meet your objectives and professional development needs, as well as identifying new professional needs and objectives, should be a continuous process throughout the year. You should start reviewing these 3 months before your appraisal interview.

The work you put into completing the form is your main preparation for the appraisal and the value of your appraisal will largely depend on it as it will be a basis for much of the discussion.

At this stage, sections 1 to 7 should be completed and a draft PDP in section 8. Sections 8 to 10 will be completed after the appraisal interview. It is not expected that you will provide exhaustive details about your work but the material should convey the important facts, themes or issues and reflect the full span of your work as a nurse. It may be that some sections are not relevant to your work so may be left out.

This chapter will offer helpful notes to assist in completing the appraisal forms. These may be downloaded from the following website: <http://kmgp.nhslearn.com>. The appraisal form can be found in Word format to allow you to adjust it to your requirements.

Section 1: General Information

This section covers your personal details, where you work, your NMC registration.

You are also invited to look at your scope of practice, your current roles and responsibilities. You should include your current entries in the NMC register. The template will allow you to consider the wider aspects of your work. Have you developed new skills or extended your role and your level of autonomy? Does your job description need updating? Is your indemnity cover sufficient for your extended role (Minor illness, injuries, Non-medical prescribing, family planning, leadership, management, teaching, mentoring, research, minor surgery...)?

Helpful tools will include

- The **NHS Kent and Medway Practice Nurse Competency Framework**. This can be found at: <http://kmgp.nhslearn.com>
- The **Knowledge and Skills framework** accessed on the Department of Health website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

Suggested evidence: NMC registration documents, current job description, indemnity cover document, activity log (smears, IUCD or implant fittings, minor surgery, prescribing data, the scope of practice statement for non-medical prescribers)

NMC registration: Employers have a dedicated service at the Nursing and Midwifery council (NMC) to confirm registration of nurses <http://www.nmc-uk.org/Employers-and-managers/>

Section 2: Quality of Practice/Good Clinical Care

This section allows you to reflect on the key strengths of your role and to identify areas where you may wish to develop. You should also consider any barriers to developing or using your existing skills. Once these have been identified, consider how this situation could be altered in terms of actions you could take and how the practice could help you develop existing strengths.

This is not about being unable to deliver a particular aspect of care because of lack of training. It is less about what you do and more about how you do it, the personal attributes you possess or may wish to develop.

You will need to demonstrate that you regularly participate in activities that review and evaluate the quality of your work.

Now review your past objectives and Personal Development Plan (PDP).

Reflect on your past objectives and what you have achieved. It is not always possible to achieve all objectives within the year, so you may wish to explore why you have not achieved your objective, do you still have a need in this area that should be carried forward? Were there any barriers to achieving the objective? How might these factors be minimised in the future?

Now look at your last PDP. Were you able to achieve it? How has the clinical care you provide improved in the last year? Were there any barriers? Was there congruence between your PDP and the practice learning plan? How can you present an action plan to overcome the barriers? Have you identified new learning needs? What is your evidence to confirm that you have completed your PDP? Have you reflected on why areas may not have been adhered to?

You should also consider other achievements that were not included in your plan. You may look at your contribution to a particular achievement (as an individual or as part of a team) and analyse how this achievement came about in order to celebrate and learn from your successes.

Suggested evidence: Your last PDP, Reflective diary, reflection and outcomes issued from clinical supervision, the scope of practice statement for Non-medical prescribers, significant events or clinical audits for instance.

Significant Events also known as untoward or critical incidents are any unintended or unexpected event which could or did lead to harm or inconvenience for one or more patients. This includes incidents that did not cause harm but could have done, or where the event could have been prevented. You should discuss significant events that have involved you at your appraisal, with a special emphasis on what has been done to change practice or demonstrate learning. The appraiser will be interested in any action you took or any changes you implemented to prevent such event or incident happening again. *A template has been included in the appendices.*

Clinical audits: cervical smear inadequacy rates, data from chronic disease clinics, vaccination uptakes, smoking cessation success rates, ePACT (prescribing data & reflection). What were the main findings of the audit? What were the learning outcomes and what action was taken?

A template has been included in the appendices.

Clinical supervision: participation in clinical supervision is recommended by both the NMC and the Royal College of Nursing. It encourages reflective practice and leads to improved skills and knowledge. *Further information may be found in the appendices.*

Section 3: Education/Learning Activities

Nursing in General Practice covers a very broad spectrum of skills and involves caring for a wide range of patients (children, the elderly, the healthy, patients with chronic diseases or acutely unwell). This requires practice nurses to keep up to date in many areas and they should embrace the principle of “lifelong learning” supported by the NMC. A practice nurse must demonstrate continuing professional development (CPD) and achieve as a minimum the NMC Post-Registration Education and Practice standards (PREP).

The NMC PREP standards (NMC 2011) require that all nurses maintain a personal, professional profile of their learning activity and must comply with any request from the NMC to audit compliance with these activities. Guidance is available on the NMC website www.nmc-uk.org.

The PREP standards are requirements set up by the NMC and are a legal requirement in order to maintain registration for Nurses and Midwives. **The PREP practice standard** requires practice for a minimum of 450 hours during the 3 years prior to the renewal of the registration. **The PREP CPD standard** requires a minimum of 35 hours of learning activity relevant to your practice during the 3 years prior to the renewal of the registration.

The learning need not be formal and can take other forms such as shadowing colleagues, reading, debating and discussion with colleagues, reflection on your skills and knowledge and actions resulting from this reflection. How do you like to keep up to date? What professional journals do you read regularly? What steps in the past year have you taken to improve your knowledge and skills? What is your preferred learning style? Simply attending learning activities is not sufficient, you should be able to demonstrate your reflection on the learning activity and explain the impact on your practice. Has it lead to any changes in your practice? What has improved?

Statutory and Mandatory Training (Yearly)

Fire safety, Basic Life support, child/adult protection awareness, anaphylaxis training and infection control, Information Governance update

Other training will be required in order to attain and maintain competences: best practice suggests:

Immunisations (Yearly update), cervical screening (3yearly update in Kent and Medway), diplomas in chronic disease management, family planning..., yearly update for smoking cessation advisors, yearly update for mentors, various other updates.

Further opportunistic day to day learning may also be added in addition to the planned learning in your last PDP.

Suggested evidence:

Last PDP and reflection on learning that took place, with the impact on your practice, learning log (*example in appendices*), and certificates.

Section 4: Relationship with Patients and Colleagues

4.1 Relationship with Patients

What are the main strengths and weaknesses in your relationship with patients? How has it improved over the last year? What would you like to do better? What factors constrain you in achieving your aims? What are your development needs in this area?

Suggested evidence: Patient questionnaires or surveys (what have you learned from them and how have you changed your practice?), patient leaflets, protocols, consent guidelines, relevant significant event reports, letters of appreciation, compliments or complaints. These should be discussed at the appraisal and any change or action taken as a result of any compliment or complaint. Are there further development needs identified?

4.2 Relationship with Colleagues

What do you think are your main strengths and weaknesses, how has it improved in the last year? What would you like to do better? What are your development needs in this area? What factors constrain you in achieving your aims?

A colleague feedback questionnaire is sometimes used. It is usually anonymised and aims to provide you with information about your work through the eyes of those you work with. If you used this tool for your last appraisal, share your reflection on the feedback and the actions you have taken. *A template has been included in the appendices.*

Suggested evidence: 360 degree feedback form/multisource feedback, team meetings, structure of the team.

Section 5: Accountability

Take the opportunity to review the NMC code and consider whether there are issues surrounding your accountability in the practice (boundaries of your role, accountability to other staff, delegation, confidentiality...).

Section 6: Health and Personal Circumstances

How is your health? Do you feel that there are any health related issues for you that may put patients at risk? What steps have you taken to address this? Is there further action required? Are there any circumstances in your personal or professional life that could have an impact on your personal health and/or affect your ability to carry out your work role in the practice? How is your work/life balance? How do you cope with stress? Relax?

Section 7: Any other topic you wish to discuss

Use this section to highlight any other personal or professional area you would find helpful to discuss at your appraisal.

Section 8: New objectives and Personal Development Plan

Prior to the appraisal, you should aim to draft your personal development/action plan. At the appraisal, your appraiser will discuss it with you and assist you in formulating your development needs before agreeing the final version.

The development of your PDP is a central part of the appraisal process. The contents will set your learning agenda for the coming year and should facilitate reflective practice. Through looking at the previous sections of the appraisal, you will have identified learning needs or actions and may incorporate these in your PDP.

The PDP is not a wish list but rather a process of individual development that fits in with the practice development plan and the needs of the patient population and identifies what you need to be effective in your role. Look at additional skills and knowledge you may need to acquire to help you do your job better. The learning must be relevant to the current and emerging knowledge and skills required for your specialty of practice, professional responsibilities and areas of development in your work.

The Study leave entitlement with the practice will need to be checked to ensure that it fits with the needs of the PDP.

The final version of the performance objectives and PDP will represent a formal agreement between the appraisee and appraiser on the learning and development needs, with an outcome based learning plan for the subsequent year. This will be reviewed at the next appraisal together with evidence of completion.

Best Practice for Non Medical Prescribers (NMP) is to complete a Scope of Practice Document and identify training needs depending on the areas of clinical care that they are prescribing for. This can be a challenge and difficult to define when a clinician has a wide role and is prescribing for a number of conditions. The Scope of Practice document can assist to highlight discrete clinical areas e.g. Diabetes or Family Planning or the NMP may wish to identify entire BNF chapters as their area of practice.

A template for the scope of practice document can be found in the appendices.

The objectives need to be **SMART**: Specific, Measurable, Achievable, Relevant and Timed.

Specific: you need to identify the area that needs to be improved and what action needs to be taken, state clearly what is to be achieved and who is going to make the change. A task may be best achieved as a series of smaller tasks.

Measurable: You need to state how you are going to check or measure that you have achieved this objective, who will do this? Usual measures can include times and quantities.

Achievable: check that the measures to be put in place can be achieved or realistic and are sustainable. An objective may be achievable but it may not be realistic at present because of lack of resources (time, money or staffing).

Relevant: The objective needs to be relevant to what you are aiming to achieve and relevant to your work.

Timed: You should agree a date by which the improvements will be made.

Beware of being over ambitious and setting too many objectives. In order to meet your objectives, you will need an action plan and this will constitute your PDP, identifying your training and development needs and the support and resources required to achieve your goals.

9. The Appraisal Interview

The appraisal interview provides an opportunity to discuss your job, hopes, aspirations and plans, look at your progress and development, reflect on your performance and how your personal plan fits in with the wider planning of the practice, give and receive feedback that is honest, sensitive and respectful.

The completed self-assessment forms a starting point to this discussion.

The interview should be held in private at an agreed venue and sufficient time should be allocated for the appraisal: between 60 and 90 minutes. It is important that time is committed to the process if it is to offer an opportunity for positive discussion.

It is essential that the appraiser set a positive and supportive tone from the outset of the interview. The appraisal interview should be mainly appraisee led; however it is also important that the appraiser offer both positive and constructive feedback whilst looking at the past year's achievements.

The appraisal interview could be structured as follows:

- The parameters around confidentiality
- The aims of the appraisal interview
- The role of the appraiser and their expectations of the appraisee during the interview
- Go through the agenda and ensure there is an agreement on the topics and order to be discussed
- Discuss the completed description of the appraisee's work and update it if needed (may need to update job description)
- Review the PDP and learning activities and objectives from the previous year and consider how this has been adhered to, does it comply with the NMC PREP standards?
- Presentation of the evidence as required (is the quality and the quantity of evidence sufficient?) Explore the reflection and actions taken
- Agree objectives and a plan for the coming year and the concurrence of this plan with the practice strategic plan.
- Discussion and agreement on learning needs for the coming year
- Cover any other issue that the appraisee wishes to discuss.

Take sufficient notes to complete the appraisal forms, including the PDP.

In Summary, the main outcome of the interview should be an agreement on how to build for the future, based on the evidence provided. The focus of the appraiser should be to ensure that the appraisee has:

- Provided information for the areas discussed
- Completed objectives and a PDP that is relevant and prioritised
- Consider whether the PDP is achievable in the time limits stated.

If at any time, the appraiser has a significant cause for concern regarding the appraisee's health, conduct or performance, the interview should be stopped and they should be aware of the procedure in place to deal with this situation and be guided by their professional regulations.

The NMC Code (NMC, 2008) states "you must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk".

The GMC (GMC, 2006) states “you 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 you have concerns that a colleague may not be fit to practice, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures”.

“If there are no appropriate local systems, or local systems do not resolve the problem, and you are still concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defense body, a professional organisation, or the GMC for advice”.

10. Appraisal summary and PDP

This involves completing sections 8 and 9 of the appraisal document. After the appraisal, the summary will be completed by the appraiser, recording the main outcomes of the interview. The PDP should then be completed, both documents should be agreed by both parties, signed and each keep a copy.

With the appraisee’s consent, a copy of this summary and PDP may be put on file in the practice. The appraisee should file their copy in their PREP folder.

11. Appraisal feedback

After the appraisal, the appraisee may complete section 10 of the appraisal form. This consists of feedback to be given to the appraiser in order to allow reflection on their role as an appraiser and help them to identify their own learning needs and areas that may need improvement.

12. Development

The PDP can be used throughout the year to plan, manage and monitor the appraisee’s own development.

Follow up actions by both the appraiser and appraisee need to be actioned and there may be an informal 6 months review or earlier if required, to coincide with the timing of the objectives. This continuous process will facilitate the preparation of the next annual appraisal and will help to address any constraints preventing the completion of objectives.

13. Resources

Applebee K (2005) Independent Nurse: professional work appraisals – how to get the most out of your appraisal *General Practitioner* 99-101

Chambers R, Tavabie A, Mohanna K and Wakley G (2004) *The Good Appraisal Toolkit for primary care* Radcliffe Publishing Ltd

Department of Health (DoH) (2004) *The Knowledge and Skills Framework (NHS KSF)* DoH (online) last accessed 07.07.12 at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

General Medical Council (GMC) (2006) *Good Medical Practice* GMC (online) last accessed 07.07.12 at www.gmc-uk.org/guidance/good_medical_practice/index.asp

General practitioners Committee (GPC) NHS Confederation (2003) *The New GMS Contract. Investing in General Practice* GPC

Howie K and Hall S (2006) Part 28c: leadership skills in the primary care team *Practice Nurse* 31 (3): 44, 46-50

Howie K and Hall S (2006) Part 28d: Management skills in the primary care team. *Practice Nurse* 31 (4): 50-4

Institute of Healthcare Management (circa 2000) *IHM healthcare Management Code* IHM (online) last accessed 07.07.12 at https://www.ihm.org.uk/About_Us/code_of_conduct/

NHS Education for Scotland (NES)(2009) *An appraisal Handbook for General Practice Nurses* NES (online) last accessed 05.06.12 at <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/resources/publications/appraisal-handbook-for-general-practice-nurses.aspx>

NHS Kent and Medway (2010) *A Competency Framework for Practice Nurses* NHS Kent and Medway (online) last accessed 02.06.12 at <http://kmgp.nhslearn.com>

Nursing and Midwifery Council (NMC) (2011) *the PREP Handbook* NMC (online) last accessed 10.07.12 at <http://www.nmc-uk.org/Educators/Standards-for-education/The-Prep-handbook/>

NMC (2008) *The Code. Standards of conduct, performance and ethics for Nurses and Midwives* NMC (online) last accessed 07.07.12 at <http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/>

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Nutbrown S (2006) Part 28b: appraisals/development review: appraising others *Practice nurse* 31 (2): 36-40

RCN (2012) *Practice Nurse Appraisal* RCN (online) last accessed 24.02.12 at http://www.rcn.org.uk/aboutus/northernireland/learning/practice_nurse_appraisal_resource_pack

RCN *Professional development* RCN (online) last accessed 10.08.12 at www.rcn.org.uk/development

Rughani A. (2001) *The GP's guide to Personal Development Plans* 2nd Edition, Radcliffe Medical Press

14. Appendices

Appendix 1: The appraisal form (sections 1 to 7)

Appendix 2: Objectives and PDP form (Section 8 of the appraisal form)

Appendix 3: Appraisal summary form and action points (Section 9 of the appraisal form)

Appendix 4: The feedback form (Section 10 of the appraisal form)

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