

Clinical and Academic Support Panel (CASP)



NEY faculty for Advancing Practice

Clinical and Academic Supporting Panel

The CASP is a mechanism to support the clinical and academic development of Advanced Clinical Practitioners (ACPs) through yearly appraisals with oral and written feedback including a professional development plan (PDP) for the next year. Each subsequent year progress against the previous year's PDP will be discussed and a new PDP will be created.

The aim of the CASP process is to assess and track the competence of trainee ACPs (tACPs). Assessment of competence is a challenging area in ACP role development currently but one that is crucial to maintain patient safety as well as protect and develop ACPs themselves. A number of national schemes are currently in place to credential ACPs as 'trained'. These have common themes which include assessments of clinical competence, usually by the inspection of practice evidence by a panel of experts and the attainment of appropriate academic qualifications. The CASP process encompasses these elements as well as a face-to-face interview to discuss any specific matters (positive or negative) arising from the evidence gathering or practice in general. For those in certain fields e.g. Emergency Medicine and Critical Care, this is currently done through bodies such as the Royal College of Emergency Medicine (RCEM) and Faculty of Intensive Care Medicine (FICM) but for the majority of both primary and secondary care ACPs there is no nationally standardised formal mechanism.

In addition, the CASP process is to inform and improve the training and supervision process of ACPs. This has been inconsistent nationally and locally. The CASP is currently fully formative. This means that the outcome of each CASP meeting is not summative and has no specific effect on career progression apart from informing professional development for the subsequent year. It is anticipated that in the future, when standards and processes are further developed, a summative element will be introduced.

All ACPs and tACPs will be invited to CASP meetings. This is to review the practice evidence of trained and practicing ACPs and recommend any improvements as well as to calibrate the process. Future iterations of the process will involve only tACPs as it is envisioned that this will be the process that leads to the formal sign-off at the end of training. A second professional appraisal process will then take over as a yearly review for trained and practicing ACPs.

Timeline for the CASP process

The CASP meeting is a yearly event. It may be held for all trainee ACPs across an organisation at one time or department by department depending on local circumstances. In either case, it should occur annually for each individual trainee and the individual should be expecting the next CASP twelve months from their most recent one.

3 months prior to the CASP meeting

- The CASP panel chair should fix the time and date of the meeting in conjunction with the ACP Professional Lead and Medical Lead for ACP within the organisation if in post.
- The panel members should be notified and duties for the chosen day amended to leave the panel members free for the entirety of the CASP.

- The CASP panel chair should book an appropriate venue, away from the clinical area suitable for holding the panel meeting

6-8 weeks prior to the CASP meeting

- Adequate notice should be given to each ACP so that evidence can be finalised. The date should be circulated.
- ACPs/tACPs should upload / enter outstanding evidence into the portfolio/ e-Portfolio for review

4-6 weeks prior to the CASP meeting

- ACPs should meet with their educational supervisors to review the year's PDPs and other training evidence. If there are predicted to be an adverse outcome for an individual, these should be discussed with the panel chair and the organisational leads for advanced practice prior to the panel meeting. These difficulties should be discussed with the individual prior to the panel meeting and appropriate remedies organised. This will be formalised at the panel meeting itself, but it is best to avoid any shock outcomes at the panel meeting. Any performance concerns should be appropriately and transparently documented in the portfolio along with the plan to address these.
- A 'Professional Declaration' form should be filled in, signed, and submitted to the personal library (or equivalent) section of the ePortfolio

2 weeks prior to the CASP meeting

- All relevant evidence should be uploaded to the ePortfolio and appropriately linked to curricula.
- A lockdown will be enforced, and evidence submitted after this date will not be considered at the CASP meeting for the current year.
- The CASP panel chair and appropriate other members as deputised by the chair will review the submitted evidence and start to populate the CASP outcome document for the CASP meeting.
- The timetable for the CASP meeting will be published and circulated to all relevant parties (panel, ACPs, etc)

The CASP meeting

The meeting itself requires planning. The ACPs to be interviewed should have been previously briefed on the process and its outcomes well in advance. Evidence should have been collected and reviewed by the panel chair or deputies who will be present at the panel meeting in advance and the outcome documents partly populated. CASP meeting can be arranged or in align with the yearly tripartite apprenticeship meeting.

The panel should convene prior to the first appointment and review the running order for the day and the outcome documents for everyone to be interviewed. The educational supervisor's report should be reviewed by the panel. Any pieces of evidence that have been previously highlighted should be reviewed by the whole panel. Any trainees in difficulty should be discussed in detail by

the whole panel and their portfolio evidence reviewed. Professional declaration forms should be reviewed for each individual. A model form is included in **appendix 4**. Expect this review to take 5-10 minutes. The outcome of the CASP meeting is reliant on appropriate documentation being submitted by each trainee.

Types of evidence added since the last annual meeting to be reviewed will include:

Supervised Learning Events

- a. Direct observation of procedural skills (DOPS)
 - b. Case Based Discussions (CBDs)
 - c. Clinical Evaluation Exercises (mini-CEX)
2. Reflective log
 3. Progress in the Master's degree programme
 4. Logbook
 5. Multisource feedback (MSF)
 6. Research projects and publications
 7. Audit & Service Evaluation
 8. Management role evidence
 9. Quality improvement projects
 10. Evidence and feedback of teaching
 11. Educational and clinical supervisor's reports (see **Appendix 3**)
 12. Other focussed or role-specific evidence as appropriate e.g. case note reviews, skills-lab assessments, observed video assessments, etc.
 13. Professional declaration (**Appendix 4**)

The aim of the CASP meeting is to triangulate educational, practice and safety evidence with a view to assuring patient safety and professional support and progression for the individuals

Make-up of the CASP panel

Ideally, the CASP panel should reflect the multidisciplinary nature of the team. It is recognised however that it may not always be possible to fully represent this, particularly until more Senior ACPs and ACP leaders are developed or in smaller organisations. It is therefore recommended that the panel should comprise at least three individuals from:

1. Professional ACP Lead for the organisation
2. Medical ACP Lead for the organisation
3. Co-ordinating Educational/Workplace Supervisor
4. Professional line manager, particularly if organisational PDR is rolled into the CASP
5. ICS faculty lead or Supervision and assessment Lead

CASP meeting outcome

A model CASP outcome form is to be found in **Appendix 2**. Currently, the CASP is being used in a formative mode. It is envisaged however that after two rounds of CASPs in an organisation, it could be moved to a more summative mode. It should be remembered that the outcomes of the CASP process are centred around patient safety as well as development of the individual trainee ACP and a scrutinised record of their achievements over the past year. The form and outputs should reflect these principles and summarise a clear development plan for the coming year, which may be taken forward by the trainee ACP and their Supervisor to inform the detail of the subsequent year's personal development plans. The outputs may be grouped by the four pillars of advanced practice.

Outputs should be set out as individual objects along SMART principles (Specific, Measurable, Achievable, Realistic and Timely). All aspects of the trainee ACPs practice should be considered: technical and non-technical including professionalism. Each should reflect specific development goals and should be tailored to the individual's development requirements.

The output form from the CASP meeting should be finalised and signed by both the trainee and the CASP chair or deputy within a week of the meeting. A copy should be retained and appropriately stored as a record by the CASP chair or deputy (e.g. Professional Lead) and a copy should be retained by the trainee ACP. This should be included in their (e-) portfolio and reviewed at the next year's CASP.

On occasion the outcome of the CASP process will be negative. In this situation, it is expected that the outcome will have been predicted prior to the CASP meeting by the supervisor. A remedial plan should be agreed prior to the meeting with the organisation, department, and trainee ACP. This may be educationally formalised at the CASP meeting, being entered into the development plan output of the meeting.

In some circumstances it may be recommend that training is ceased. In these cases, it is expected that this outcome will have been predicted from workplace feedback and supervision meetings / observation. This outcome will usually be due to concerns regards patient safety. Other reasons may be inadequate progression on the academic pathway, difficulty in undertaking the required duties of a trainee ACP including appropriate decision making, etc. These outcomes should be fed back to the trainee ACP before the CASP meeting and an appropriate remediation plan put in place. This may be formalised from an educational standpoint at the CASP meeting.

Any outcomes that affect the trainee ACPs career progression must involve the organisation's human resources (HR) department and line management, following the organisation's stated HR policies.

Feedback on the educational supervisor's report is a helpful faculty development exercise and should be included as an element of the CASP process. This feedback should be specific and formative with appropriate reasons stated for the development actions. A model for educational supervision reports is included in **appendix 3**.

The following numbered outcomes may be used along with narrative feedback:

Outcome 1: Satisfactory progress – Achieving progress and the development of competences at the expected rate.

Outcome 2: Development of specific competences required – additional training time not required.

Outcome 3: Inadequate progress – additional training time and adjustments required.

Outcome 4: Potential release from training programme is strongly recommended with or without specified competences and with input from trainee's employer [if this outcome is to be given, early discussion and inclusion of employer HR is essential]

Outcome 5: Incomplete evidence presented – additional training time and possible adjustments may be required.

Outcome 6: Has met all the required clinical competences to complete the training programme [this outcome is usually given on completion of the training programme].

Appeal Process

On occasion the outcome of the CASP process will be negative in that the skills and capabilities of an individual ACP will be found wanting. In this situation, patient safety must be held as the paramount concern.

In the first instance, the appeal should be reviewed by the institutional professional lead for advanced practice and the institutional medical lead for advanced practice in conjunction with the clinical and line managers for the individual. Feedback on the appeal and its outcome from this group should be recorded. If this group are unable to resolve the appeal or uphold it, the employing institution's human resources department will need to be engaged and the appropriate HR policies followed

CASP after the end of training

The CASP process may be used for trained and practicing ACPs as well as trainees. This will help to gain a baseline of the level of practice evidence available for currently practicing staff and assist in evidencing their competence as many do not have adequate evidence of this currently. The CASP meetings and outcomes currently are purely formative.

It is planned that a separate enhanced appraisal scheme will be rolled out for practicing ACPs by 2021 and this will replace the CASP system for trained ACPs. See appendix 4

Personal Development Review

The Personal Development Review (PDR) is an annual appraisal carried out by all non-medical NHS staff. It is envisioned that the PDR may take place as a part of the CASP so as to use staff time most effectively. There are elements of the PDR, such as mandatory and statutory training (MAST) compliance that are not assessed as part of the CASP but may be part of the PDR. As there is a large overlap of function between the two processes and the staff involved, institutions may wish to combine both processes for the sake of efficiency and completeness. It should be recognised however that the CASP process is currently formative, whilst the PDR process is summative

Reference documents

1. Multiprofessional framework for England
<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>
2. ACP Framework 2018, The Rotherham NHS Foundation Trust, S. Owens & A. Kocheta
3. The Gold Guide, 7th ed., Conference of Postgraduate Medical Deans of the United Kingdom.
<https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition>
4. ACP Supervision guidance, 2019, A. Kocheta, SYBFACP
5. Best Practice Guidelines: Minimum Standards for Supervising Trainee Advanced Clinical Practitioners and Physician Associates in South Yorkshire and Bassetlaw. 2019. J. Perrin. SYBFACP

Acknowledgements

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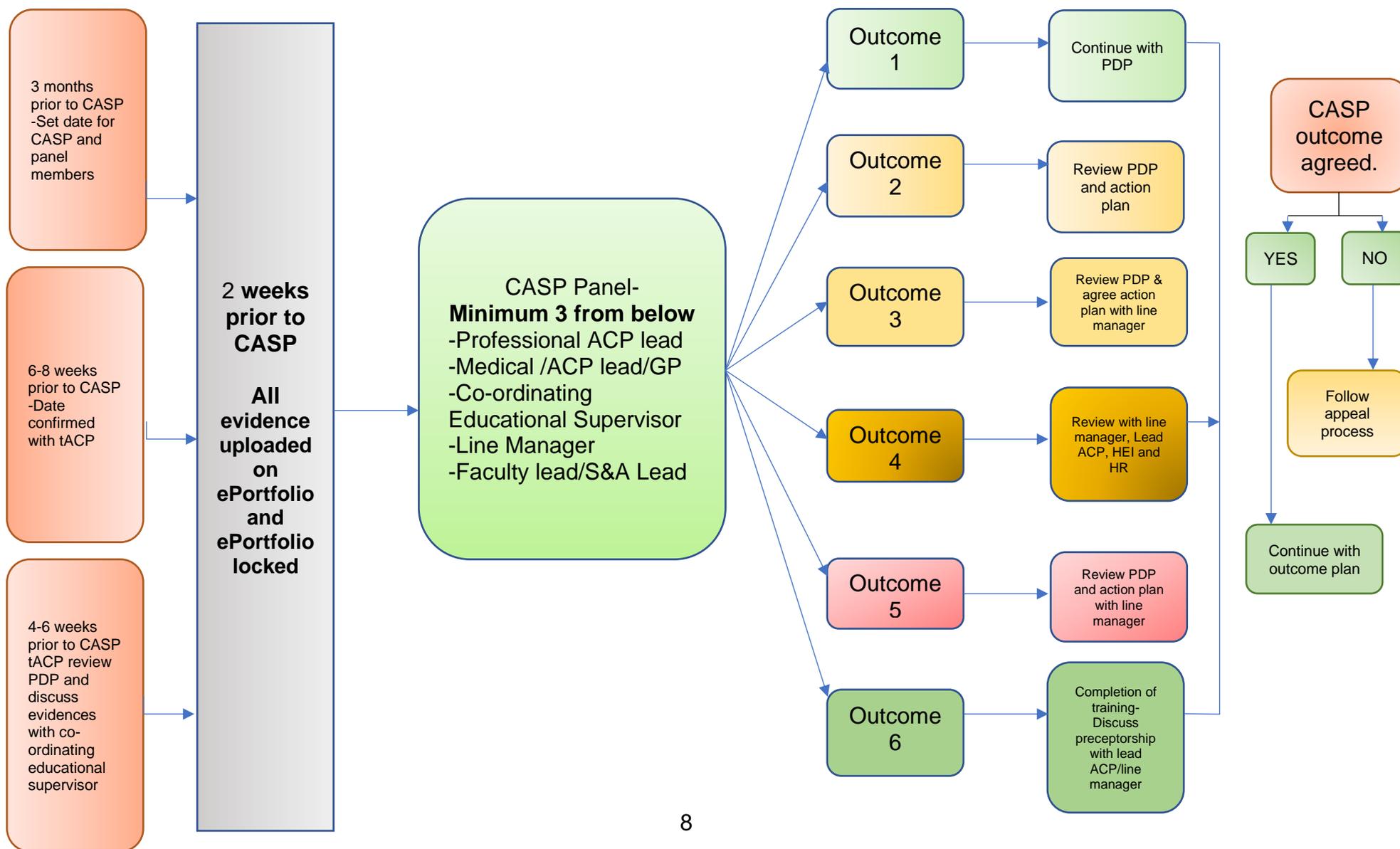
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Appendix 1

Clinical and Academic Support Panel (CASP) Process



Appendix 2

Advanced Clinical Practice: Clinical Academic Support Panel (CASP) Checklist

This document is designed to support the governance requirements identified within the Multi-Professional Framework for Advanced Clinical Practice (HEE 2017) and should be used in conjunction with the Faculty Guidance for Advanced Clinical Practice (ACP) Education and Training and Continuous Professional Development. The CASP is currently a formative process to assess progress in training and the learning environment for trainee ACPs. The CASPs will take place yearly throughout training until the identified competency framework is complete. **Please can the trainee ACP (tACP) share their portfolio evidence (which can electronically by adding your named reviewers to your E-Portfolio or a paper portfolio) a minimum of 2 weeks before your CASP review.**

ACP Name:		Commensal date of training:		
Name of Educational Supervisor:		Name of Line Manager:		
Clinical area of practice & care group (as applicable):				
CASP Panel Members:				
		YES	NO	Comment
Portfolio	Evidence of a live portfolio of evidence?			
Appraisal	Evidence of appraisal within previous 12 months. Evidence of current professional registration.			
Supervision	Evidence of supervision meetings within the trainee ACP (tACP) portfolio.			
Are there any significant incidents or complaints this year?	Has the trainee declared any complaints or involvement in significant events? Restrictions on practice?			
Time out of training? Full time or % FT?	Please identify no. of days off sick, special leave			

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Clinical Pillar of Advanced Clinical Practice					
		YES	NO	Comment	
Workplace based assessment	Completed a minimum of : Mini CEX x 12 DOPs x 8 CBD x 10 TAB/ MSF/360 assess x 1 Critical reflections x 12 Or as required by the role/curriculum				
Competencies	Completed core competencies Completed specialist competencies If not completed is the progress satisfactory for point in training				
Education Pillar of Advanced Clinical Practice					
HEI educational programmes	Satisfactory performance on educational programme. Which modules are complete? Which module is currently being studied? Completion of Masters programme and date.				
Non HEI learning	Evidence of attending Trust/ non HEI teaching				
		YES	NO	Comment	
Intermediate/Advanced life support training (if applicable to role)	Completed training and date. If not already attended, is this booked?			(community ILS, Paediatric LS, ALS)	

		YES	NO	Comment
Is the study leave guidance being followed?	Appropriate time allowed for education/ development in line with regional guidance (1 day in University, 1 day supernumerary minimum per week)			
Delivering Education to others	Evidence of planning and delivering education to others?			
Research & Audit pillar of Advanced Clinical Practice				
In the last year has the ACP undertaken any:	Audit or research Conference presentations/poster Publications, QI Projects			
Leadership Pillar of Advanced Clinical Practice				
In the last year has the ACP undertaken any Leadership or Management activities such as:	Rota writing Appraisal of others Involvement in guideline or policy development			

	Personal Development Plan	Responsibility	Completion date
1.			
2.			
3.			
4.			

General Feedback

CASP outcome 1-6:	1	2	3	4	5	6
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The trainee and lead member of the CASP to sign below to agree the outcome and any actions of the meeting and that the information supplied is accurate.

Trainee ACP Name (printed):

Trainee ACP Signature:

CASP Panel Chair Name (printed):

CASP Panel Chair Signature:

Date:

<u>Glossary of Terms</u>			
Mini CEX	Mini Clinical Examination	DOPS	Direct Observation of Procedural Skills
CBD	Case Based Discussion	TAB	Team Assessment of Behaviours
MSF	Multi Source Feedback		

CASP Numbered Outcomes (which can be used along with narrative feedback)		
Outcome number	Outcome	Outcome description/action to be taken and agreed between tACP and CASP panel
Outcome 1	Satisfactory progress	Achieving progress and the development of competences at the expected rate
Outcome 2	Development of specific competences required	Additional training time not required
Outcome 3	Inadequate progress	Additional training time and adjustments required
Outcome 4	Potential release from training programme is strongly recommended with or without specified competences and with input from trainee Employer	If this outcome is to be given, early discussion and inclusion of employer HR is essential
Outcome 5	Incomplete evidence presented	Additional training time and possible adjustments may be required
Outcome 6	Has met all the required clinical competences to complete the training programme	This outcome is usually given on completion of the training programme

Appendix 3

Trainee ACP Educational Supervisor's Report

Submission to the CASP panel by the trainee's Educational Supervisor, summarising the trainee's learning portfolio since the previous CASP

Trainee and Post Details				
Trainee ACP Name				
Registration Number				
Hospital	Educational Supervisor	Clinical Supervisor	Start Date	End Date
The training was full time: Yes / No		If not full time, the % worked was:		

Previous CASP Outcomes					
	Date	Outcome		Date	Outcome
1			5		
2			6		
3			7		
4			8		

Number of evidence objects since Last CASP			
Type		Type	
Mini-CEX		MSF / 360	
DOPs		Reflections	
CBD		Other (specify)	

Current Post
Training and experience in current post since last CASP

Specific Areas to Be Assessed

Clinical domain
Introduction General comment. Who has contributed to the report? Use of formal and informal assessment tools. Comment on uniformity of feedback from other team members. Comment on professionalism in practice.
Logbook (if kept)
History/Examination Description of skills, competency, time taken, presentation, rapport with patients, attention to social and psychological aspects.
Investigations and Treatment Plans Appropriateness, timeliness, information given on request formal liaison with other departments. Assessment of standard.

Record keeping

Accuracy, coherency, legibility, assessment of standard.

Problem Solving

Application of knowledge base to managing practical problems, including knowledge of NHS practice.

Emergency Care

Emergency clinical care, practical procedures, leading a take team, insight into own capabilities.

Attitude and Relationship to Patients

Description.

Relationships with Colleagues

Description, strengths and weaknesses.

Educational domain**Professional Learning (including MSc progression)**

Awareness of clinical limitation, acceptance of feedback, evidence of progress.

Teaching

Aptitude, willingness & effectiveness.

Courses Attended

--

Research and audit domain**Audits**

--

Research Projects

--

Publications

--

Presentations

--

Management domain**Management Development**

--

Time Management

General punctuality, completion of tasks. Assessment of standard.

--

Compliments Received Since Last CASP.

Please document more fully on CASP professional declaration form.

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Details of Concerns or Investigations	
Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint? If yes, please document on the CASP professional declaration form.	Yes / No
If so, are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?	Yes / No
Comments, if any:	

Any Further Comments or Observations

Signatures		
Supervisor Signature		
Signature:	Print Name:	Date:
Trainee Signature		
Signature:	Print Name:	Date:

Professional Declaration Form

Self-declaration for Advanced Clinical Practitioners

IMPORTANT:

If this form has been pre-populated, please check all details, cross out errors and write on amendments.
 By signing this document, you are confirming that all details (pre-populated or entered by you) are correct.
 It remains your own responsibility to keep your employer informed as soon as possible of any change to your contact details.
 Failure to appropriately complete a Form R Part B when requested may result in an adverse CASP outcome.

Section 1: Practitioner's details

Forename:

Registered surname:

Registration Number:

Primary contact email address:

For reasons of security and due to frequent system failures with internet email accounts, you are strongly advised to provide an

Specialty:

Current Revalidation date:

Date of previous Revalidation (if applicable): 1

Section 2: Whole Scope of Practice

Read these instructions carefully

Please list all placements in your capacity as an Advanced Clinical Practitioner since last CASP (or since starting as an ACP programme if more recent). This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. maternity leave, career break, etc.; (3) any voluntary or advisory work, work in non-NHS bodies, or self-employment; (4) any bank work. For bank work, please group shifts with one employer within an unbroken period as one employer-entry. Include the dates and number of shifts worked in each locum employer-entry. *Please attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.*

Type of Work (e.g. name of specialty rotation, Out Of Programme training, maternity leave, etc.)	Start Date	End date	Was this a training post? Y/N	Name and location of Employing/ Hosting Organisation / GP Practice (Please use full name of organization / site and town / city, rather than acronyms)

TIME OUT OF TRAINING ('TOOT')

Self-reported absence whilst part of a training programme since last CASP (or, if no CASP, since initial registration to programme).

Time out of training should reflect days absent from the training programme and is considered by the CASP panel in recalculation of the date you should end your current training programme.

Partial days must be rounded up.

Enter 0 for any reasons where you have not had time out of training.

If you want to clarify your TOOT further, enter a comment in the Health Declaration below.

Reason	Days
Short and long-term sickness absence	
Parental leave (incl. maternity/paternity leave)	
Career breaks within a programme (OOPC) and non-training placements for experience (OOPE).	
Paid/unpaid leave (e.g. compassionate, jury service)	
Unpaid/unauthorised leave including industrial action	
Other (see note below first)	
Time out of training (TOOT) does not include study leave, paid annual leave, prospectively approved Out of Programme Training/Research (OOPT/OOPR) or periods of time between training programmes (e.g. between core and higher training).	
TOTAL (NOTE: The above fields must also be completed):	

Section 3: Declarations relating to Good Clinical Practice

These declarations are compulsory and relate to guidance issued by the NMC and the HCPC.

Honesty & Integrity are at the heart of professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice.

A statement of **health** is a declaration that you accept the professional obligations placed on you about your personal health. Practitioners must not allow their own health to endanger patients. Health is covered in the NMC Code and HCPC Standards.

1) I declare that I accept the professional obligations placed on me in The NMC Code / HCPC Standards in relation to honesty & integrity.

Please tick here to confirm your acceptance

**If you wish to make any declarations in relation to honesty & integrity, please do this in Section 6.*

2) I declare that I accept the professional obligations placed on me in The NMC Code / HCPC Standards about my personal health.

Please tick here to confirm your acceptance

3a) Do you have any registration conditions, warnings or undertakings placed on you by the NMC, HCPC, employing Trust or other organisation?

Yes - Go to 03b

No - Go to 04

3b) If YES, are you complying with these conditions/ undertakings?

Yes - Go to 04

4) Health statement-Writing something in this section below is **not compulsory**. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the CASP panel knew about, please do so below.

Section 4: Update to previous professional declaration form – If you have previously declared any Significant Events, Complaints or other Investigations on your last professional declaration form, please provide updates to these declarations below.

Please **do not** use this space for new declarations. These should be added in Section 5 (New declarations since your previous professional declaration).

Please continue on a separate sheet if required. Title the sheet 'Appendix to professional declaration update' and attach to this form.

****REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) If you did not declare Significant Events, Complaints or Other Investigations on your previous Form R Part B, check this box and go to Section 5

2) If any previously declared Significant Events, Complaints or Other Investigations have been resolved since your last CASP / appraisal, you are required to have written an anonymised reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.
(Add additional lines if required).

Significant event:	Complaint:	Other investigation:
Date of entry in Portfolio	Title/Topic of Reflection/Event	
Location of entry in Portfolio		

Significant event:	Complaint:	Other investigation:
Date of entry in Portfolio	Title/Topic of Reflection/Event	
Location of entry in Portfolio		

Significant event:	Complaint:	Other investigation:
Date of entry in Portfolio	Title/Topic of Reflection/Event	
Location of entry in Portfolio		

3) If any previously declared Significant Events, Complaints or Other Investigations remain unresolved, please provide a brief summary below, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

Section 5: New declarations since your previous Professional Declaration.

Significant Event: The GMC state that a significant event (also known as an untoward or critical incident) 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. All practitioners are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

Complaints: A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual practitioner, the team or about the care of patients where a practitioner could be expected to have had influence or responsibility. As a matter of honesty & integrity you are obliged to include all complaints, even when you are the only person aware of them. All practitioners should reflect on how complaints influence their practice. Use non-identifiable patient data only.

Other investigations: Any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the CASP panel should be made aware of. Use non-identifiable patient data only.

Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations' and attach to this form.

****REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) Please tick/cross ONE of the following only:

I do NOT have anything new to declare since my last CASP /Appraisal

I HAVE been involved in significant events/complaints/other investigations since my last CASP /Appraisal

2) If you know of any RESOLVED significant events/complaints/other investigations since your last CASP /Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. (Add additional lines if required).

Significant event:

Complaint:

Other investigation:

Date of entry in Portfolio

Title/Topic of Reflection/Event

Location of entry in Portfolio

Significant event:

Complaint:

Other investigation:

Date of entry in Portfolio

Title/Topic of Reflection/Event

Location of entry in Portfolio

Significant event:

Complaint:

Other investigation:

Date of entry in Portfolio

Title/Topic of Reflection/Event

Location of entry in Portfolio

2) If you know of any UNRESOLVED significant events/complaints/other investigations since your last CASP /Appraisal, please provide below a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

Section 6: Compliments -Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio, to help give a better picture of your practice as a whole. Please use a separate sheet if required. **This section is not compulsory.**

Section 7: Declaration

I confirm this form is a true and accurate declaration at this point in time and will immediately notify my Supervisor and my employer if I am aware of any changes to the information provided in this form.

I give permission for my past and present CASP portfolios and / or appraisal documentation to be viewed by the CASP panel and any appropriate person nominated by the panel. Additionally if my employer changes, I give permission for my current employer to share this information with my new employer for the purposes of ongoing Revalidation and appraisal.

Trainee Signature:

Date: