

Appraisal for Podiatric Surgeons



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Version control

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Introduction

Podiatric surgeons are expected to demonstrate continued professional development, reflective practice, and adherence to robust governance principles. While the Health and Care Professions Council (HCPC) does not currently mandate a formal annual appraisal process specific to podiatric surgery, the Faculty of Podiatric Surgery recommends that all podiatric surgeons undertake a structured, standardised appraisal from the point of attainment of Fellowship (FRCPodS).

Appraisal provides an opportunity to pause and review the breadth of professional work: to celebrate achievements, identify challenges, and plan for the future. It is an integral part of maintaining safe, effective, and reflective practice.

This process supports excellence, transparency, and accountability, reinforcing the profession's commitment to high standards of clinical governance, patient safety, and professional integrity across all settings.

Purpose of Appraisal

Appraisal provides a structured opportunity for reflection, review, and forward planning. It enables podiatric surgeons to maintain competence, demonstrate insight, and engage meaningfully with quality improvement and professional growth.

The process is formative and supportive, encouraging open discussion, constructive feedback, and shared goal-setting. It should highlight achievements, explore areas for development, and agree realistic objectives that enhance both personal performance and patient care.



Appraisal is an essential component of good professional practice, promoting reflective learning, wellbeing, and continuous improvement in the delivery of safe and effective surgical care.

Delivery of Appraisal

Appraisal should be undertaken by a trained appraiser, or where applicable, under the oversight of a Responsible Officer (RO) within the employing organisation or the institution in which practising privileges are held.

Although not formally mandated by the regulator, a process that mirrors the structure and rigour of established appraisal frameworks is strongly recommended by the Faculty. This provides consistency across the profession, supports assurance for employers and patients, and aligns podiatric surgery with recognised standards of governance.

The appraisal discussion should be conducted in a supportive, confidential, and developmental environment, with adequate time allocated for preparation and reflection.

NHS employers and independent providers are encouraged to adopt and support this approach for all podiatric surgeons within their organisations, recognising it as a vital element of professional governance and clinical quality assurance.

Three Stages of Appraisal

Stage 1: Information Gathering

The appraisee should compile supporting documentation across their full scope of work, including:

- Baseline professional information (e.g. HCPC registration, qualifications, IRMER certification, Immediate Life Support and independent prescribing proficiency)
- Scope of practice, including NHS, private, academic, or management roles
- Previous appraisal summary and progress against objectives



- Professional development and wellbeing factors
- Evidence demonstrating adherence to HCPC's Standards of Proficiency for registered practitioners and the 19 specific standards applicable to podiatrists practising podiatric surgery.

Stage 2: Supporting Information

The appraisal should be informed by verifiable evidence such as:

- Continuing Professional Development (CPD) records
- Quality improvement and audit activity
- Surgical logbook, clinical outcomes, and complication data
- Serious Incidents (SIs), Never Events, or near misses, including evidence of reflection and learning
- Complaints, compliments, and colleague/patient feedback eg 360 feedback
- Contributions to education, research, or professional development (teaching, presenting, publishing)
- Mandatory and role-specific training updates.

Stage 3: Declarations

At each appraisal, the appraisee should confirm:

- Ongoing competence and capability to practise safely and effectively
- Good health and the managed disclosure of any relevant health conditions
- Valid professional indemnity or insurance for both NHS and independent practice (where applicable)
- No new or undeclared criminal, disciplinary, or fitness to practise concerns.

Recommended Domains for Annual Appraisal

1) Scope of Work



Summary of all clinical, academic, management, teaching, and research roles across NHS and independent practice.

2) Personal Development Plan

Review of previous objectives, progress achieved, and formulation of new goals for the coming year.

3) Record of Continuing Professional Development

Documentation of completed educational and professional activity in line with HCPC and employer requirements and personal growth.

4) Quality Improvement and Audit

Evidence of audit, service evaluation, or quality improvement initiatives demonstrating a commitment to patient safety and continuous improvement.

5) Significant Events and Learning

Reflection on any incidents, near misses, or learning points, with evidence of action taken and shared learning.

6) Multisource Feedback

Consideration of colleague, patient, or multidisciplinary team feedback where available.

7) Complaints and Compliments

Review of feedback from patients, colleagues, and organisations, identifying both good practice and learning opportunities.

8) Achievements and Aspirations

Recognition of key achievements and discussion of personal, professional, or leadership goals.

9) Probity and Health

Declarations confirming ongoing fitness to practise, good professional standing, and attention to health and wellbeing.

10) Additional Information

A review of relevant and useful information with reflective evaluation.

11) Reflection on Practice



A summary of the year's activity, highlighting key experiences, lessons learned, and how these have informed and improved clinical judgement, decision making, or professional growth.

12) Personal Development Plan for the Year Ahead

Outline of agreed priorities and goals for the coming year, including specific actions, success measures, time commitments, and target dates for completion.

13) Continuing Professional Development (CPD) Plan

Forward planning of educational and professional learning, identifying proposed activities across clinical, academic, and leadership domains.

14) Appraiser's Summary and Agreed PDP

Summary of discussion, confirmation of satisfactory appraisal, and agreement of development priorities for the year ahead.

15) Confirmation Statements

Confirmation that the appraisal has covered the full scope of work, addressed HCPC standards, demonstrated progress against the previous development plan, agreed new objectives for the year ahead, and identified no new concerns regarding fitness to practise.

Reflective Practice

Reflection is a key element of professional development and should accompany all aspects of appraisal, including Continuing Professional Development (CPD), feedback, and clinical experience. Podiatric surgeons are encouraged to consider three core questions when reflecting on their activities:

What did I learn?

How has this influenced or changed my practice?

What will I do next?

This ensures that reflection is purposeful and directly linked to improvements in clinical care, decision making, and professional growth, demonstrating ongoing engagement with the principles of good governance and patient-centred practice.



Appraiser–Appraisee Discussion

Following the stages outlined above, there should be an open discussion between appraiser and appraisee, reviewing evidence, outcomes, feedback, and development goals. This should be a two-way exchange that considers both the individual’s professional progress and the needs of their department or service. The meeting should conclude with an agreed PDP for the year ahead.

Implementation

Appraisal records may be maintained using secure professional platforms such as L2P, FourteenFish, Clarity, or MedSU (others are available), or within local NHS or independent practice systems. The key requirement is that the process is robust, documented, and delivered by a competent appraiser.

Evidence should reflect the appraisee’s full scope of practice, including clinical outcomes, CPD, audit, feedback, and governance activity. Documentation must be concise yet sufficient to demonstrate engagement, reflection, and learning.

Colleagues in full-time private practice are typically required to complete appraisal under the oversight of the Responsible Officer of the organisation in which they hold practising privileges. Independent practitioners are expected to maintain equivalent documentation and annual evidence.

Conclusion

The Faculty recommends a standardised approach going forward and emphasises that appraisal is a core element of professional governance for podiatric surgeons. It underpins reflective practice, continuous improvement, and patient safety, and demonstrates the profession’s commitment to excellence across both NHS and independent practice.



By embedding a consistent, high-quality approach to appraisal, the Faculty of Podiatric Surgery reinforces its expectation that all podiatric surgeons remain accountable, capable, and proactive in the pursuit of clinical and professional excellence.

Regular, meaningful appraisal allows practitioners to reflect on achievements, identify development needs, and plan ahead with clarity, ensuring that the standards of podiatric surgery remain exemplary, transparent, and trusted.