**LMCs Practice Manager Appraisers**

Thank you for enquiring about the newly advertised positions for freelance Practice Manager Appraisers. Please find a job description, a person specification, and an application form.

Applications

Your application should be accurate and provide enough information to enable the shortlisting panel to decide whether you would be suitable.

Referees

We require two referees from you, one of whom must be a Partner within your current Practice.

Interviews

After the short listing process, successful applicants will be asked to come for an interview/asked for a time for a convenient telephone interview with Leanne Ashton

Training

Please be aware that you must be free on

Thursday 6th & 7th June 2019

for training.

Thank you again for your interest in this role and we look forward to receiving your application.

Yours sincerely

Leanne Ashton

Education, Training and Development Manager

YORLMC

1. Job Description

**JOB TITLE:** FreelancePractice Manager Appraiser

**PAYMENT:** £25 PER HOUR for 2 days training plus £250 per appraisal completed

**EXPENSES:** Mileage expenses @ 45p per mile

**LOCATION:** varied, depending on needs of Practice Manager Appraisee

**Background information**

The Practice Manager Appraisers will provide ad hoc advice and support to their local practice manager colleagues and offer learning opportunities to support their Continuous Professional Development at Appraisal.

The PM Appraisers will need to be experienced practice managers.

**Main Duties and Responsibilities**

To work in a completely confidential way at all times and sign an agreement to state this.

To run appraisals for other practice managers. This includes:

* being trained to run a peer appraisal
* to prepare before the appraisal,
* to run the appraisal in a positive, professional and encouraging way
* to write up the appraisal.

  It may be necessary for the PM Appraiser to travel out of their local area to appraise a practice manager out of their locality.

1. Person specification

|  |  |
| --- | --- |
| FACTOR | **ESSENTIAL** |
| EXPERIENCE | * Current Practice Manager with experience within this role |
| QUALIFICATIONS and  TRAINING | * Commitment to the ongoing education and training for themselves and their team. |
| SKILLS AND ABILITIES | * Effectively communicates * Excellent listening and networking skills * Reflective, self-analytical and open minded. * Flexible in approach |
| DISPOSITION | * Demonstrates professional integrity and confidentiality * Offers a committed, positive and enthusiastic approach to Practice Management. |
| PRACTICE | * Practice committed to their PM undertaking this role * Adequate time commitment to this role and consideration to the impact of it. |
| OTHER | * Demonstrates a desire to support & mentor, and an enthusiasm for vocational training * Can provide two satisfactory references – one must be from current Practice. |

1. Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Contact Details** | | | | | | | | | | | | |
| Title | | |  | | | | | | | | | |
| Surname | | |  | | First Name | | |  | | | | |
| Home Address | | |  | | | | | | | | | |
| Home Phone | | |  | | Mobile No | | |  | | | | |
| Home Email | | |  | | | | | | | | | |
| Work Email | | |  | | Work Phone | | | | | | |  |
| Do you require a work permit to work in the UK? | | | Yes/No | | National Insurance Number | | | | | | |  |
| Do you own a car? | | | Yes/No | | Do you have a full current driving licence? | | | | | | | Yes/No |
| Have you any current or pending endorsements? | | | | | Yes/No | | | | | | | |
| If yes, please give details: | | | | | | | |
| Are you in good health? | | | Yes/No | | Do you smoke? | | | | | | Yes/No | |
| Do you suffer from any medical conditions? | | | | | Yes/No | | | | | | | |
| If yes, please give details: | | | | | | | |
| Do you have a physical or mental disability as defined by the Disability Discrimination Act 1995? | | | | | Yes/No. | | | | | | | |
| If yes, please give details as is may be relevant to the post for which you are applying: | | | | | | | |
| Have you had any sick leave in the last 12 months? | | | | | Yes/No | | | | | | | |
| If yes, please give details: | | | | | | | |
| Have you had any criminal convictions or any case pending? | | | | | Yes/No | | | | | | | |
| If yes, please give details: | | | | | | | |
| **Employing General Practice Details** | | | | | | | | | | | | |
| Practice Name | |  | | | | | | | | | | |
| Practice Address: | |  | | | | | | | | | | |
| Telephone | |  | | | | Fax: | | |  | | | |
| Practice Population Size:<5,000  5,000 – 10,000  10,000 – 15,000  >15,000 | | | | | | | | | | | | |
| Which best describes the practice location:City  Town  Rural  Remote | | | | | | | | | | | | |
| **Is the practice a Training Practice?** Yes  No  Number of GP Principles | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Please provide information about previous posts which support your application | | | | | Date post started and finished | Employer Details | Job Title | Main responsibilities within the role | |  |  |  |  |  CURRENT ROLEHow long have you been employed in the Practice?What does your current role entail? **How many years Practice Management experience do you have?** | | | | | | | | | | | | |
| **DESCRIBE YOUR SKILLS AND ABILITIES (including your experience of training, development and appraisal of staff).** | | | | | | | | | | | | | |
| **Statements in Support of Application**  Please refer to the Person Specification and write a short statement on  *“Why I would make a good Practice Manager Appraiser”* | | | | | | | | | | | | | |
| Please provide Contact Details of two referees in support of your application.*Referee 1 must be a GP from your current practice* | | | | | | | | | | | | | |
| REFEREE 1 | TITLE (GP) | | | | | | | | | | | | |
| SURNAME: |  | | | | | | FIRST NAME: | | |  | | | |
| TELEPHONE: |  | | | | | | EMAIL: | | |  | | | |
| **REFEREE 2** | TITLE: | | | | | |  | | |  | | | |
| SURNAME: |  | | | | | | FIRST NAME | | |  | | | |
| JOB TITLE |  | | | | | | | | | | | | |
| ADDRESS: |  | | | | | | | | | | | | |
| TELEPHONE: | EMAIL: | | | | | | | | | | | | |
|  | (Relationship / capacity in which you know referee) | | | | | | | | | | | | |
| APPLICANT DECLARATIONS **All the above information is correct and I have discussed this application with the GP Partner named as Referee 1 who fully supports my application.** | | | | | | | | | | | | | |
| Applicant’s  Signature | | | |  | | | | | | | | | |
| Date | | | |  | | | | | | | | | |

Please submit this form electronicallyto: Leanne.ashton@yorlmcltd.co.uk