

Supporting information for appraisal and revalidation: guidance for physicians

Based on the Academy of Medical Royal
Colleges and Faculties' core guidance for
all doctors

Second Edition



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FOREWORD

As part of revalidation, doctors will need to collect and bring to their appraisal six types of supporting information to show how they are keeping up to date and fit to practise.

The GMC has outlined requirements for doctors in its guidance *Supporting Information for Appraisal and Revalidation*. It recommends that doctors in specialist practice should consult the supporting information guidance provided by their college or faculty. This framework amplifies the headings provided by the GMC, by providing additional detail about the GMC requirements and what each college or faculty expects relating to this, based on their specialty expertise. These expectations are laid out in each specialty guidance under 'Requirements'. Further descriptive information is given under the heading 'Guidance'.

The Academy's final core guidance framework has been agreed by all Colleges and Faculties. It has been devised to simplify the appraisal process and the supporting information doctors need in order to revalidate.

Each Medical Royal College and Faculty has developed specialty guidance based on this core guidance framework to ensure commonality in appraisal for revalidation regardless of a doctor's specialty. Medical Royal Colleges and Faculties are responsible for setting the standards of care within their own specialty, and for providing advice and guidance on the supporting information required of doctors to demonstrate that professional standards have been met in line with the GMC requirements.



General Introduction

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

In order to maintain your licence to practise you will be expected to have a minimum of one appraisal per year that is based on the General Medical Council's (GMC) core guidance for doctors, *Good Medical Practice*.¹ Revalidation involves a continuing evaluation of your fitness to practise and is based on local systems of appraisal and clinical governance.

Licensed doctors need to maintain a portfolio of supporting information drawn from their practice, which demonstrates how they are continuing to meet the requirements set out in the *Good Medical Practice Framework for appraisal and revalidation*.² Some of the supporting information needed will come from organisations' clinical governance systems, and the required information should be made available by the employer or designated body.

The GMC has set out its generic requirements for medical practice and appraisal in three main documents. These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal.

- [Good Medical Practice](#)
- [Good Medical Practice Framework for appraisal and revalidation](#)
- [Supporting information for appraisal and revalidation](#)³
- Supporting information for appraisal and revalidation: guidance for physicians (this document)

Doctors should also have regard for any guidance, relevant to appraisal and revalidation that the employing or contracting organisation may provide concerning local policies.

In order to revalidate, you must collect supporting information as set out in the GMC's *Supporting Information for appraisal and revalidation*:

- General information about you and your professional work
- Keeping up to date
- Review of practice
 - Quality improvement activity
 - Significant events

¹ GMC (2013). *Good Medical Practice*. http://www.gmc-uk.org/guidance/good_medical_practice/contents.asp

² GMC (2012). *Good Medical Practice framework for appraisal and revalidation*. www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf

³ GMC (2012). *Supporting information for appraisal and revalidation*. www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf

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- Feedback on professional practice
 - Colleague feedback
 - Patient and carer feedback
 - Complaints and compliments

You must participate in appraisals where you should expect to discuss with your appraiser your practice, professional performance and supporting information, as well as your professional career aspirations, challenges and development needs. Among other things, your appraiser will want to be assured that you are making satisfactory progress in obtaining the appropriate supporting information needed for revalidation.

The purpose of this document

Supporting Information

The medical royal colleges and faculties are responsible for setting the standards of care within their specialty, and for providing specialty advice and guidance on the supporting information required of you to demonstrate that professional standards have been met.

This document describes the supporting information required for appraisal and revalidation. It takes the principles of the GMC's guidance and offers guidance relating to your own specialty of the information that you should present to demonstrate that you are keeping up to date and fit to practise. We recommend that you read this document along with the GMC's guidance on supporting information for appraisal and revalidation.

Although the types of supporting information are the same for all doctors, you will find in this document specific additional advice for physicians at the end of some sections. The supporting information required is the same across the UK, although the process by which appraisal is undertaken will differ between the four nations of the UK. For those practising in England, the process is set out in the *Medical Appraisal Guide (MAG)*; for those in Scotland, in the *(Scottish) Guide to Appraisal for Medical Revalidation*, and for those in Wales the *All Wales Medical Appraisal Policy*, and for those in Northern Ireland by the Department for Health, Social Services and Public Safety.

Not all of the supporting information described needs to be collected every year (such as colleague and patient feedback), although some elements (such as CPD) are required, or should be reviewed, annually. This is stipulated in the document under Requirements. Appraisal is a formative and developmental process and doctors should feel free to provide additional information that reflects higher quality or excellent practice for discussion at appraisal if they wish.

If you are unable to provide an element of the core supporting information you should discuss this with your appraiser. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines or as medical educators, or as medical managers with little or no patient contact. Some supporting information will not be appropriate for every



doctor (for example patient feedback for doctors who do not have direct patient contact – further guidance on other potential sources of feedback can be found below).

Reflection is a common theme running through the supporting information and the appraisal discussion. This should not be a complex or time-consuming process, and essentially involves considering each element of your supporting information, thinking about what you have learned and documenting how this learning will influence your current and future practice.⁴

It is the responsibility of the appraiser to make a judgement about the adequacy of the supporting information that you provide. This should be discussed with your appraiser prior to your appraisal, but may also be discussed at any other time throughout the cycle. In addition to advice from your appraiser and Responsible Officer you should consider seeking advice from the designated person/source in the relevant medical royal college or faculty. It is important that you collect sufficient information for revalidation and that the information is relevant and of good quality, with adequate reflection on learning and professional development.

A range of forms and templates are available to you with which you can record your supporting information and structure your reflection. Advice on which to use may be obtained from your appraiser, responsible officer, college or faculty. Whichever template is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

Colleges and faculties recommend that you prepare early for your appraisal and for revalidation. Time spent on preparation and reflection will help ensure that your appraisal meeting can focus on your professional development.

In preparing and presenting your supporting information, you must comply with relevant regulations and codes of practice (including those set by your contracting organisations) in handling patient identifiable information. No patient identifiable information should appear in your appraisal documentation.

⁴ Academy of Medical Royal Colleges, *Academy reflective template for revalidation*, http://www.aomrc.org.uk/doc_download/9556-academy-reflective-template-for-revalidation



Introduction for physicians

The guidance for physicians set out in this document has been developed collaboratively by the Royal Colleges of Physicians (RCP), the Royal College of Physicians of Edinburgh (RCPE), and the Royal College of Physicians and Surgeons of Glasgow (RCPSG). The guidance is designed to apply to all physicians and to help physicians to provide supporting information that is both relevant to their professional practice and acceptable to their appraiser.

Among the many physician specialties and subspecialties it is recognised that the details of the clinical work undertaken will differ, and that there is a great diversity of medical practice. If you are not clear about the detail required in any piece of supporting information, or you think it may not be feasible for your practice, you should speak to your appraiser. You can also contact your relevant medical royal college:

Royal College of Physicians – revalidation@rcplondon.ac.uk
www.rcplondon.ac.uk/revalidation

Royal College of Physicians, Edinburgh – revalidation@rcpe.ac.uk
<http://www.rcpe.ac.uk/education-support/introduction-revalidation>

Royal College of Physicians and Surgeons, Glasgow – revalidation@rcpsg.ac.uk
www.rcpsg.ac.uk

A number of college resources are listed throughout this document, all of which can be accessed via the links above.

Some physician specialties may have specific recommendations for demonstrating that specialists are up to date in their clinical practice (eg attendance at national or regional meetings, contributions to national databases, peer review, adherence to guidelines, specific training etc). While these may be required to meet the existing expectations of the specialty, they will not all be expected for revalidation. However, these recommendations will provide further guidance regarding the detail of the supporting information for all physicians that is outlined in this document. Links to all the specialty societies and associations are included in Appendix 3 to provide you with access to any additional information.

GENERAL INFORMATION

Providing context about what you do in all aspects of your professional work

The supporting information in this section should be updated at least annually.

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| Personal details | <p>Description</p> <p>Your GMC number, demographic and relevant personal information as recorded on the GMC Register. Your medical and professional qualifications should also be included.</p> <p>Requirements</p> <p>A self-declaration of no change, or an update identifying changes, including any newly acquired qualifications, since your last appraisal. The supporting information in this section should be updated annually for your appraisal.</p> |
| Scope of work | <p>Description</p> <p>A description of your whole practice covering the period since your last appraisal is necessary to provide the context for your annual appraisal. Some employers may require you to include your current job plan.</p> <p>Requirements</p> <p>Your whole practice description should be updated annually. Any significant changes in your professional practice should be highlighted as well as any exceptional circumstances (eg absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (eg teaching, management and leadership, medico-legal work, medical research and other academic activities) undertaken as a doctor and include details as to their nature (regular or occasional), organisations and locations for whom you undertake this work and any indemnity arrangements in place.</p> <p>The description should detail any extended practice or work outside the NHS, paid or voluntary, undertaken in specialty or sub-specialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organisations. Any work undertaken outside the UK should be identified. An approximate indication of the proportion of time that you spend on each activity should be provided.</p> <p>If appropriate, summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser.</p> <p>Guidance</p> <p>Some specialists will be required to present, in summary form, quantitative and qualitative information representing certain areas of their practice. Maintenance of a logbook may help with this, and may be recommended by your college or faculty. You may wish to include details of the size and roles of the team with which you work in order to clarify your own role.</p> |

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| | <p>Guidance for physicians</p> <p>Physicians may develop a different subspecialty interest during the revalidation cycle but this does not affect the revalidation process. The detail of your supporting information should reflect your current scope of work, so you will need to provide supporting information in relation to both your previous as well as your new areas of practice where this changes during the revalidation cycle. In some cases you may need to refer also to guidance from a different medical royal college.</p> <p>If you work in a range of settings, or for different employers, it is your responsibility to ensure that information about the different elements of your practice is appropriately collected and presented at appraisal. There is no minimum number of hours a doctor needs to practice in a certain area. Doctors should reflect upon all current work.</p> |
| <p>Record of annual appraisals</p> | <p>Description</p> <ul style="list-style-type: none"> • Signed-off Form 4 or equivalent evidence (e.g. appraisal portfolio record) demonstrating a satisfactory outcome of your previous appraisal. • Evidence of appraisals from other organisations with whom you work. <p>Requirements</p> <p>Required for every annual appraisal. Any concerns identified in the previous appraisal should be documented as having been satisfactorily addressed (or satisfactory progress made), even if you have been revalidated since your last appraisal.</p> |
| <p>Personal development plans and their review</p> | <p>Description</p> <ul style="list-style-type: none"> • Access to the current personal development plan (PDP) with agreed objectives developed as an outcome of your previous appraisal. • Access to previous PDPs. <p>Requirements</p> <p>The current PDP will be reviewed to ensure that the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding PDP objectives that are still relevant should be carried over to the new agreed PDP.</p> <p>If you have made additions to your own PDP during the year, these should be confirmed with your appraiser as being relevant, and should be carried forward into the next PDP if required.</p> <p>Guidance</p> <p>The content of your PDP should where relevant, encompass development needs across any aspect of your work as a doctor.</p> |

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| <p>Probity</p> | <p>Description</p> <p>The GMC states that all doctors have a duty to act when they believe patients' safety is at risk or that patients' care or dignity is being compromised. The GMC expects all doctors to take appropriate action to raise and act on concerns about patient care, dignity and safety.⁵</p> <p>Your supporting information should include a signed self-declaration confirming the absence of any probity issues and stating:</p> <ul style="list-style-type: none"> • That you comply with the obligations placed on you, as set out in <i>Good Medical Practice</i>. • That no disciplinary, criminal or regulatory sanctions have been applied since your last appraisal or that any sanctions have been reported to the GMC, in compliance with its guidance <i>Reporting Criminal and Regulatory Proceedings Within and Outside of the UK</i> (2008), and to your employing or contracting organisation if required.⁶ • That you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interests in your professional work - see the GMC document 'Financial and commercial arrangements and conflicts of interest' (2013)⁷ and those relevant to your employing or contracting organisation if required (e.g. university or company). • That, if you have become aware of any issues relating to the conduct, professional performance or health of yourself or of those with whom you work that may pose a risk to patient safety or dignity, you have taken appropriate steps without delay, so that the concerns could be investigated and patients protected where necessary. • That, if you have been requested to present any specific item(s) of supporting information for discussion at appraisal, you have done so. <p>Requirements</p> <p>Required for every annual appraisal.</p> <p>Guidance</p> <p>The format of the self-declaration should reflect the scope of your work as a</p> |
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⁵ GMC (2012). *Raising and acting on concerns about patient safety*. http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

⁶ GMC (2013). *Reporting Criminal and Regulatory Proceedings Within and Outside the UK*. www.gmc-uk.org/static/documents/content/Reporting_criminal.pdf

⁷ GMC (2013) *Financial and commercial arrangements and conflicts of interest*. http://www.gmc-uk.org/guidance/ethical_guidance/21161.asp

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| | <p>doctor. You should consider the GMC ethical guidance documents relevant to your professional or specialty practice, e.g. <i>0-18 years: Guidance for all Doctors</i> (2007).⁸</p> <p>Guidance for physicians The Royal College of Physicians, the Royal College of Physicians of Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow place particular importance on the responsibility of physicians to maintain and raise standards of patient care, and thus to take action where there appear to be risks to patient safety or dignity, or where there are concerns regarding the professional performance of another healthcare professional. Therefore the probity declaration should include a record of actions you have taken in response to such concerns, and this should be discussed with your appraiser.</p> <p>However, if you have concerns in regard to patient safety or dignity, you should take immediate action and not wait until the appraisal discussion to raise them.</p> <p>A sample template probity declaration form is available from your college's revalidation webpage.</p> |
| <p>Health</p> | <p>Description A signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that you comply with the health and safety obligations for doctors as set out in <i>Good Medical Practice</i>, including having access to independent and objective medical care.</p> <p>Requirements Required for every annual appraisal.</p> <p>Guidance The scope of the self-declaration should reflect the nature of your work and any specialty-specific requirements.</p> <p>Guidance for physicians In some physician specialties there may be specific guidelines with which you should comply. You should refer to your specialty association guidance to check whether this is the case.</p> <p>A health declaration form is available from your college's revalidation webpage.</p> |

⁸ GMC (2013). *0-18 years: Guidance for all doctors*. www.gmc-uk.org/static/documents/content/0-18_0510.pdf

KEEPING UP TO DATE

Maintaining and enhancing the quality of your professional work

Good Medical Practice requires doctors to keep their knowledge and skills up to date, and encourages them to take part in educational activities that maintain and further develop their competence and professional performance.

Continuing Professional Development (CPD)

Description

Continuing Professional Development (CPD) refers to any learning outside of undergraduate education or postgraduate training which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.⁹ CPD may be:

- Clinical – including any specialty, or subspecialty, specific requirements
- Non-clinical – including training for educational supervision, training for management or academic training.¹⁰

Employer mandatory training and required training for educational supervisors may be included provided that the learning is relevant to your job plan, and is supported by reflection and, where relevant, practice change.

Requirements

At each appraisal meeting, a description of CPD undertaken each year should be provided including:

- its relevance to your individual professional work;
- its relevance to your personal development plan¹¹;
- reflection and confirmation of good practice or new learning/practice change where appropriate.

Normally achievement of at least 50 credits per year of the revalidation cycle is expected and at least 250 credits over a 5 year revalidation cycle. Where circumstances make this impossible, please refer to specialty guidance.

Guidance

You should take part in CPD as recommended by your college or faculty.¹² The physician guidance on CPD is available [here](#). Your CPD activity should

⁹ GMC (2012) *Continuing professional Development: Guidance for all doctors*, http://www.aomrc.org.uk/doc_download/9555-cpd-guidance-framework-for-appraisers-and-appraisees

¹⁰ Colleges and Faculties have different ways of categorising CPD activities – see relevant college or faculty Guidelines for information.

¹¹ Not all of the CPD undertaken should relate to an element of the PDP, but a sufficient amount should do so to demonstrate that you have met the requirements of your PDP.



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| | <p>cover all aspects of your professional work and should include activity that covers your agreed PDP objectives. It is important to recognise that there is much professional benefit to be gained from a wide variety of CPD including some outside of your immediate area of practice and as such this should be encouraged. You should ensure that a balance of different types of educational activity is maintained.</p> <p>Documentation of CPD activity should include a reflection on the learning gained and the likely effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal, together with a certificate from your college or faculty if this is available. For revalidation a cumulative 5 year record of your CPD activity should be provided.</p> <p>Guidance for physicians</p> <p>The Federation of Royal Colleges of Physicians' CPD database and on-line diary provides supporting information in a form that is appropriate for revalidation:</p> <p>RCP: www.rcplondon.ac.uk/cpd/manage-your-cpd RCPE: www.rcpe.ac.uk/cpd RCPSG: www.rcpsg.ac.uk/physicians/education-events-and-cpd/cpd</p> <p>You are required to undertake a minimum average of 50 hours CPD per year, documented as one-hour 'credits'. A minimum of 25 of these must be 'external' credits, where the learning takes place with others outside the place of employment. Some additional ways in which 'external' credits may be obtained are given in our detailed CPD guidance.</p> <p>Over a five-year period 25 'external' credits should be in the 'non-clinical' category, and the focus of your CPD activities should encompass all areas of your professional work. Your CPD should also address the objectives agreed on your PDP.</p> <p>The CPD diary includes a page summarising your annual activity and reflection against the objectives of your PDP, and this will provide a convenient form for discussion at appraisal.</p> |
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¹² The ultimate responsibility for determining an individual doctor's CPD rests with the doctor and their appraiser. Many will require specific advice on the type of CPD required (such as in those circumstances where the appraiser is from a different

REVIEW OF YOUR PRACTICE

Evaluating and improving the quality of your professional work

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. The nature and balance of these activities will vary according to your specialty and the work that you do. These activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action and, where possible, demonstrate an outcome or change. The supporting information in this section should be updated annually. If you work in a non-clinical area you should discuss options for quality improvement activity with your appraiser, college or faculty.¹³

Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.

Quality improvement activity

Clinical audit

Description

You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every 5 year revalidation cycle. If audit is not possible other ways of demonstrating quality improvement activity should be undertaken (see below).

Requirements

National Audits

Participation in national audits is expected where these are relevant to the specialty or subspecialty in which you practice. However, in some specialties national audits are few in number and alternative ways of demonstrating the quality of your practice will be required. Your participation in national audits may focus on the professional performance of the team, but there will be elements that reflect your personal practice or the results of your management of, or contribution to, the team or service of which you are part. Your own role, input, learning and response to the audit results should be reflected upon and documented.

Personal and Local Audit

Improvement in the quality of your own practice through personal involvement in audit is recommended. A simple audit of medical record keeping against agreed standards may be considered, but should be carried out in addition to, and not as a substitute for, other clinical audit activity.

Guidance

Where required by the relevant college or faculty, your specialty departments should ensure that formal programmes of audit are in place, reflecting key areas of specialty and/or subspecialty practice. Where this is the case, you should provide evidence demonstrating active engagement in local audit throughout a full audit cycle.

¹³ For example, if you are working in education or management your Quality Improvement Activity could include (a) auditing and monitoring the effectiveness of an educational programme, (b) evaluating the impact and effectiveness of a piece of health policy or management practice.



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| | <p>Guidance for physicians</p> <p>National audit A register of all national audits is maintained by a number of organisations, for example, Health Quality Improvement Partnership (HQIP) in England and Wales (www.hqip.org.uk) and Healthcare Improvement Scotland (HIS) (www.healthcareimprovementscotland.org), and Guidelines and Audit Implementation Network Northern Ireland (www.gain-ni.org). Some specialty societies also run national audit programmes.</p> <p>Engagement with clinical audit is strongly encouraged wherever possible. Clinical audit should be carried out to the audit process standards set by HQIP or HIS, including a practice change process and re-audit. If this is done, then only a few examples from one of the other two sections will be required. Where the audit activity is of a ‘one-off’ nature, without practice improvement or re-audit, then more extensive information based on clinical outcome data or case review (see below) will be required.</p> <p>Personal and local audit The RCP has developed a personal clinical audit tool (p-CAT) to guide your reflection on the full audit cycle and produce a report suitable for your supporting information. The p-CAT is available on the RCP website.</p> <p>If you wish to carry out an audit of medical record keeping, a tool in line with the Academy of Medical Royal Colleges’ agreed standards can be found on the RCP website.</p> |
| <p>Review of clinical outcomes</p> | <p>Description Clinical outcomes that are used for revalidation should be robust, attributable and well-validated. Even where this is not the case you may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of your practice.</p> <p>Requirements Where national registries or databases are in place relevant to your practice you may be expected to participate in the collection and contribution to national, standardised data. Evidence of this participation should be made available for your appraisal.</p> <p>Nationally agreed standards and protocols may also include outcomes, and you should bring these to appraisal where recommended by the specialty. Data should relate, as far as possible, to your own contribution. Comparison with national data should be made wherever possible.</p> <p>Guidance There are some specialities, mainly interventionist or surgical but including those academic activities in which clinical trials play a major part, which have</p> |

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| | <p>recognised outcome measures. Where clinical outcomes are used instead of, or alongside, clinical audit or case reviews, there should be evidence of reflection and commentary on personal input and, where needed, change in practice.</p> |
| | <p>Guidance for physicians</p> <p>The three physicianly royal colleges' recognise that the collection of outcome data is an emerging field for many of the physician specialties. If within your physician-specialty or subspecialty there is regular collection of validated and robust clinical outcome data (for example a national database) you should participate in this, and bring relevant data to your appraisal.</p> <p>Doctors should discuss access to data with their employer. Where this is not available from the employer, doctors should ensure they keep their own records.</p> <p>You may wish to discuss with your appraiser or responsible officer the types of data available to you within your specialist field(s) of practice.</p> |
| Case review or discussion | <p>Description</p> <p>The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit/registries are unavailable.</p> <p>Requirements</p> <p>If you are unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. You should then provide at least two case reviews per year, covering the range of your professional practice over a 5 year revalidation cycle. You should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. Identified action points should be incorporated into your personal development plan.</p> <p>Guidance</p> <p>Evidence of relevant working party or committee work (internal or external) may be included together with your personal input and reflection, including implementation of changes in practice, where appropriate. Some specialties or subspecialties may recommend case reviews routinely, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings or morbidity and mortality meetings. In some specific circumstances case reviews may form the main supporting information in support of quality improvement.</p> |
| | <p>Guidance for physicians</p> <p>Some physician specialties may recommend regular case review activity, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings.</p> |

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| | <p>A template for recording case reviews and multidisciplinary meetings, and the learning outcomes from these is available from your college's revalidation webpage.</p> |
| <p>Significant Events</p> | |
| <p>Clinical incidents, significant untoward incidents (SUIs) or other similar events</p> | <p>Description</p> <p>A significant event (also known as an untoward, critical or patient safety 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.¹⁴ You should ensure that you are familiar with your organisation's local processes and agreed thresholds for recording incidents.</p> <p>It is not the appraiser's role to conduct investigations into serious events.</p> <p>Requirements</p> <p>If you have been directly involved in any significant incidents (SUIs) since your last appraisal, you must provide details based on data logged by you, or on local reporting systems (eg your NHS employer where such data should be routinely collected) or national incident reporting systems (NRLS). If you have been directly involved in any clinical incidents, these should also be summarised, together with the learning and actions taken, in order to show that you are using these events to improve your practice.</p> <p>If you are self-employed or work outside the NHS, or in an environment where reporting systems are not in place, it is your responsibility to keep a personal record of any incidents in which you have been involved. This could include a brief description of the event, any potential or actual adverse outcomes, and evidence of reflection.</p> <p>A summary reviewing the data and a short anonymised description (with reflection, learning points and action taken) of up to two clinical incidents and all SUIs or root cause analyses in which you have played a part (including as an investigator) should be presented for discussion at your annual appraisal. If there has been no direct involvement in such incidents since your last appraisal, a self-declaration to that effect should be presented at your annual appraisal.</p> <p>Guidance</p> <p>Incidents and other adverse events which are particularly relevant or related to certain areas of specialist practice may be identified in the colleges' and faculties' specialty guidance, together with tools and recommendations when</p> |

¹⁴ GMC (2011). *Supporting information for appraisal and revalidation*. www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf

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| | documenting your involvement. You should take care not to include any patient identifiable information in your appraisal documentation. |
| | <p>Guidance for physicians</p> <p>A template for recording a summary of significant incidents and the learning from them is available from your college's revalidation webpage.</p> |

| FEEDBACK ON YOUR PRACTICE How others perceive the quality of your professional work | |
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| <p>Feedback from colleagues and patients (if you have direct contact with patients) must be collected at least once in every five year revalidation cycle and presented to your appraiser.</p> | |
| <p>Colleague feedback</p> | <p>Description</p> <p>The result of feedback from professional colleagues representing the range of your professional activities, using a validated multi-source feedback (MSF) tool. The tool should meet the criteria set by the GMC.¹⁵ The results should be reflected upon, and any further development needs should be addressed.</p> <p>Requirements</p> <p>At least one colleague MSF exercise should be undertaken in the revalidation cycle. You may want to consider undertaking your MSF early in the revalidation cycle in case the exercise has to be repeated.</p> <p>Guidance</p> <p>The selection of raters/assessors should represent the <u>whole spectrum</u> of people with whom you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty.</p> <p>Guidance for physicians</p> <p>Your employing organisation may have already adopted a specific system for colleague feedback that you will be expected to use, however some doctors will be able to choose what tools they use. The physician royal colleges recommend use of the validated colleague feedback questionnaire available from the RCP website. This is also accompanied by guidance for appraisees.</p> <p>A form is also available on the RCP website to help you reflect on your feedback discussion. These forms are from your college's revalidation webpage. .</p> |
| <p>Feedback from patients and/or carers</p> | <p>Description</p> <p>The result of feedback from patients and carers, using a validated tool. The tool should meet the criteria set by the GMC. The results should be reflected upon, and any further development needs addressed.</p> <p>Requirements</p> |

¹⁵ GMC (2011). *Guidance on colleague and patient questionnaires*. www.gmc-uk.org/static/documents/content/Colleague_and_patient_questionnaires.pdf 44702599.pdf

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| | <p>At least one patient feedback exercise should be undertaken in the revalidation cycle. You may want to consider gathering your patient feedback early in the revalidation cycle in case the exercise has to be repeated.</p> <p>Guidance Some colleges and faculties have identified patient feedback tools, instruments and processes which are suitable for doctors with particular areas of specialty practice. For some doctors, only some areas of their whole practice will be amenable to patient and/or carer feedback. Where practicable, a complete spectrum of the patients that you see should be included when seeking this type of feedback, and particular attention should be given to the inclusion of patients with communication difficulties, where relevant.</p> <p>If you do not see patients as part of your medical practice, you are not required to collect feedback from patients. However, the GMC recommends that you think broadly about what constitutes a “patient” in your practice. Depending on your practice, you might want to collect feedback from a number of other sources, such as families and carers, students, suppliers or customers.</p> <p>If you believe that you cannot collect feedback from patients, you should discuss this (as well as proposed alternatives) with your appraiser.</p> <p>Guidance for physicians Your employing organisation may have already adopted a specific system for patient feedback that doctors will be expected to use, however some doctors will be able to choose what tools they use. The physician royal colleges recommend use of the validated patient feedback questionnaire available from the RCP website. This is also accompanied by guidance for appraisees.</p> <p>A form is also available from your college’s revalidation webpage. Where a physician’s practice includes children, a questionnaire validated for children should be used. An example is that recommended by the Royal College of Paediatrics and Child Health (www.rcpch.ac.uk/paedccf).</p> <p>Many physicians will work with patients with communication difficulties and each patient will require a tailored approach to gathering feedback. You may wish to seek feedback from the patient’s family or carers, in which case they should be asked to complete the patient questionnaire on behalf of the patient. Alternatively, advice is available from the British Society of Rehabilitation Medicine (www.bsrm.co.uk) or, in appropriate cases such as dysphasia, from your local speech and language therapists.</p> |
| <p>Feedback from clinical supervision, teaching and training</p> | <p>Description If you undertake clinical supervision and/or training of others, the results from student/trainee feedback or peer review of teaching skills should be provided for appraisal and revalidation purposes.</p> <p>Requirements Evidence of your professional performance as a clinical supervisor and/or</p> |

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| | <p>trainer is required at least once in a 5 year revalidation cycle. Feedback from formal teaching should be included annually for appraisal.</p> <p>Guidance Appropriate supporting information may include direct feedback from those taught in a range of settings. Clinical supervisors and educational supervisors are required to provide evidence that have met the minimum training requirements set by the GMC for these roles.</p> |
| Formal complaints | <p>Description Details of all formal complaints (expressions of dissatisfaction or grievance) received since your last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection for discussion during the annual appraisal. A formal complaint is one that is normally made in writing and activates a defined complaints response process.</p> <p>Requirements Details of formal complaints should be included annually. For your appraisal you are only required to submit details of formal complaints received from patients, carers, colleagues or staff – either employed within your clinical area or any other arena in which you work (e.g. University) – relating to any of your professional activities or those team members for whom you have direct responsibility. If you have not received any formal complaints since your last appraisal, a self-declaration to that effect should be provided.</p> <p>Guidance A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases an appropriate personal reflection should be provided covering how formal complaints have been managed (with reference, if necessary, to local or national procedures or codes of practice), actions taken, learning gained, and if necessary, potential items for the personal development plan. Rather than the nature of the complaints themselves, your reflection will be the focus for discussion during the appraisal. Some colleges and faculties have developed tools and forms to help to document and structure this reflection.</p> <p>Guidance for physicians A template for summarising the key points of formal complaints and the learning gained from these is available from your college’s revalidation webpage.</p> |
| Compliments | <p>Description A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team.</p> <p>Requirements Your summary should be updated annually. Not all compliments that you receive need to be included in your summary and you may opt not to present details of any compliments at all during any of your annual appraisals. This</p> |



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| | <p>option will not hinder your progress towards revalidation.</p> <p>Guidance It is useful to reflect on successes as well as on problems. If compliments are to be useful in revalidation they should be accompanied by relevant reflection highlighting, for example, the value you attach to these compliments in terms of how they have affected your professional practice, relationship with others, learning and development. Some colleges and faculties have developed tools and forms to help document and structure this reflection.</p> |
| | <p>Guidance for physicians A template for summarising any compliments and the learning gained from them is available from your college's revalidation webpage.</p> |



Appendix 1: *Good Medical Practice*

The following summary is taken from the GMC's core guidance *Good Medical Practice* (2013):
www.gmc-uk.org/guidance/news_consultation/20477.asp

The standards expected of you in your practice are set out under four domains, which form the core of a revalidation appraisal. It is not intended that supporting information should be directly 'mapped' to these, but you may wish to refer to these headings when considering issues that you would like to discuss at appraisal.

1) Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
 - *Keep your professional knowledge and skills up to date.*
 - *Recognise and work within the limits of your competence.*

2) Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

3) Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
 - *Treat patients politely and considerately.*
 - *Respect patients' right to confidentiality.*
- Work in partnership with patients.
 - *Listen to, and respond to, their concerns and preferences.*
 - *Give patients the information they want or need in a way they can understand.*
 - *Respect patients' right to reach decisions with you about their treatment and care.*
 - *Support patients in caring for themselves to improve and maintain their health.*
- Work with colleagues in the ways that best serve patients' interests.

4) Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

Appendix 2: Supporting information for revalidation checklist

This checklist **must be used in conjunction with the full guidance document**. All items listed here reflect the full guidance. If you are unable to present one or more items listed please discuss this with your appraiser; alternative items of supporting information may be agreed as appropriate.

| GENERAL INFORMATION | | |
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| Personal details | <ul style="list-style-type: none"> ✓ GMC number ✓ demographic and relevant personal information and qualifications ✓ self-declaration of no change, or an update identifying changes. | Annual |
| Scope of work | <ul style="list-style-type: none"> ✓ description of your whole practice covering the period since your last appraisal ✓ current job plan (if required for reference) ✓ any significant changes in your professional practice ✓ extended clinical and non-clinical activities ✓ any other relevant information for your field of practice. | Annual |
| Record of annual appraisals | <ul style="list-style-type: none"> ✓ signed-off appraisal portfolio record and satisfactory outcomes of previous appraisal ✓ evidence of appraisals (if undertaken) from other organisations ✓ confirmation that previous actions/concerns have been addressed. | Annual |
| PDPs | <ul style="list-style-type: none"> ✓ current personal development plan (PDP) with agreed objectives from previous appraisal ✓ details of any new objectives added since last appraisal or to be added ✓ access to previous PDPs. | Annual |
| Probity | <ul style="list-style-type: none"> ✓ signed probity self-declaration. | Annual |
| Health | <ul style="list-style-type: none"> ✓ signed health self-declaration. | Annual |
| KEEPING UP TO DATE | | |
| CPD | <ul style="list-style-type: none"> ✓ description of CPD undertaken each year as set out in guidance. | Annual |
| REVIEW OF YOUR PRACTICE | | |
| Quality improvement activity – at least one of the following activities as appropriate for your speciality, see full guidance | | |
| Clinical audit | <ul style="list-style-type: none"> ✓ evidence of demonstrating active engagement in a complete audit cycle. | Minimum 1 in 5 years |
| Review of clinical outcomes | <ul style="list-style-type: none"> ✓ documented review of clinical outcomes where defined by your speciality. | If available, see physician guidance |
| Case review or discussion | <ul style="list-style-type: none"> ✓ documented case reviews. | See physician guidance |
| Significant Events | | |
| Clinical incidents, Significant | <ul style="list-style-type: none"> ✓ Summary of all SUIs or root cause analyses that you have been involved in | Annual |



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| Untoward Incidents (SUIs) or other similar events | <ul style="list-style-type: none"> ✓ Summary of at least 2 clinical incidents per year OR ✓ self-declaration that you have not been involved in any events. | |
| FEEDBACK ON YOUR PRACTICE | | |
| Colleague feedback | ✓ MSF colleague feedback exercise (normally by the end of year 2). | Minimum 1 in 5 years |
| Feedback from patients and/or carers | ✓ patient feedback survey or equivalent exercise (normally by the end of year 2). | Minimum 1 in 5 years |
| Feedback from clinical supervision, teaching and training | <ul style="list-style-type: none"> ✓ a. Evidence of your professional performance as a clinical supervisor and/or trainer ✓ b. Feedback from formal teaching included annually. | <ul style="list-style-type: none"> a. Minimum 1 in 5 years b. Annual |
| Formal complaints | <ul style="list-style-type: none"> ✓ documented formal complaints received OR ✓ self-declaration that you have not received any since your last appraisal. | Annual |
| Compliments | ✓ a summary of unsolicited compliments received. | Annual |

Appendix 3: Physician specialty associations

| RCP specialty information www.rcplondon.ac.uk/specialty | Link to Specialty Association website |
|---|--|
| Acute medicine | www.acutemedicine.org.uk |
| Allergy | www.bsaci.org |
| Audiological medicine | www.baap.org.uk |
| Cardiology | www.bcs.com |
| Paediatric cardiology | www.bcs.com (follow links to BCCA under associates) |
| Clinical genetics | www.clingensoc.org |
| Clinical neurophysiology | www.bscn.org.uk |
| Clinical pharmacology & therapeutics Pharmaceutical medicine | www.rpharms.com www.fpm.org.uk |
| Dermatology | www.bad.org.uk www.medderm.org.uk |
| Endocrinology & diabetes mellitus | www.diabetologists-abcd.org.uk |
| Endocrinology & diabetes mellitus | www.endocrinology.org |
| Gastroenterology | www.bsg.org.uk |
| General Internal Medicine | www.rcplondon.ac.uk/specialty/general-internal-medicine |
| Genitourinary medicine | www.bashh.org |
| Geriatric medicine | www.bgs.org.uk |
| Haematology | www.b-s-h.org.uk |
| Immunology | www.immunology.org |
| Infectious diseases | www.rstmh.org |
| Medical oncology | www.cancerphysicians.org.uk |
| Medical ophthalmology | www.rcophth.ac.uk www.mosuk.co.uk |
| Metabolic medicine | www.bapen.org.uk |
| Neurology | www.theabn.org |
| Nuclear medicine | www.bnms.org.uk www.rcr.ac.uk |
| Palliative medicine | www.palliative-medicine.org |
| Rehabilitation medicine | www.bsrm.co.uk |
| Renal medicine | www.renal.org |
| Respiratory medicine | www.brit-thoracic.org.uk |
| Rheumatology | www.rheumatology.org.uk |
| Sport & exercise medicine | www.basem.co.uk |



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| | www.fsem.co.uk |
| Stroke medicine | www.basp.ac.uk |
| Forensic and Legal Medicine | www.fflm.ac.uk |

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