

➤ Ready for revalidation

# Supporting information for appraisal and revalidation

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During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good medical practice*.

This guidance sets out the supporting information that you will need to provide at your annual appraisal and the frequency with which it should be provided. It also gives further details on how the information can be used or discussed during appraisal.

All doctors, regardless of the nature of their practice, should be able to meet these requirements although the underlying information may differ in certain categories depending on your practice and the context in which you work.

## Supporting information

The supporting information that you will need to bring to your appraisal will fall under four broad headings:

- **General information** - providing context about what you do in all aspects of your work
- **Keeping up to date** - maintaining and enhancing the quality of your professional work
- **Review of your practice** - evaluating the quality of your professional work
- **Feedback on your practice** - how others perceive the quality of your professional work

There are six types of supporting information that you will be expected to provide and discuss at your appraisal at least once in each five year cycle. They are:

1. **Continuing professional development**
2. **Quality improvement activity**
3. **Significant events**
4. **Feedback from colleagues**
5. **Feedback from patients**
6. **Review of complaints and compliments**

The nature of the supporting information will reflect your particular specialist practice and your other professional roles. For example, an appropriate quality improvement activity will vary across different specialties and roles.

## Using supporting information in appraisal

By providing all six types of supporting information over the revalidation cycle you should, through reflection and discussion at appraisal, have demonstrated your practice against all 12 attributes outlined in our separate guidance, *Good medical practice Framework for appraisal and revalidation*. This will make it easier for your appraiser to complete your appraisal and for your Responsible Officer to make a recommendation to the GMC about your revalidation.

It is not necessary to structure the appraisal formally around the GMP Framework, or to map supporting information directly against each attribute. However, some doctors may prefer to do this and some appraisers may find it useful to structure the appraisal interview in this way.

In discussing your supporting information, your appraiser will be interested in what you did with the information and your reflections on that information, not simply that you collected it and maintained it in a portfolio. Your appraiser will want to know what you think the supporting information says about your practice and how you intend to develop or modify your practice as a result of that reflection. For example, how you responded to a significant event and any changes to your work as a result, rather than the number of significant events that occurred.

## Additional guidance

The medical Royal Colleges and faculties and many of the specialty associations will provide guidance on how this supporting information applies in specialist practice. If you are a doctor in specialist practice, you should consult the guidance provided by the College, Faculty or specialty association relevant to your area of work.

If you work in a non-clinical role, there are a number of professional bodies that may also provide advice and guidance on revalidation.

## General information: providing context about what you do in all aspects of your work

Most appraisal portfolios (paper and electronic) will require you to provide some basic information about yourself and your practice. This information will provide context about what you do in all aspects of your work.

**Frequency:** You will need to provide the following information (updated as required) at each appraisal.

**A. Personal details** (including your GMC reference number)

**B. Scope of work**

This will include the organisations and locations where you have undertaken work as a doctor. You will also need to provide a comprehensive description of the scope and nature of your practice.

**C. Record of annual appraisals**

**D. Personal development plans and their review**

**E. Probity**

Probity is at the heart of medical professionalism. Probity means being honest and trustworthy and acting with integrity. Probity is covered in paragraphs 65-80 of *Good medical practice*.

A statement of probity is a declaration that you accept the professional obligations placed on you in *Good medical practice* in relation to probity. It also includes the requirement to inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.

If you are suspended from a medical post, or have restrictions placed on your practice you must, without delay, inform any other organisations for which you undertake medical work and any patients you see independently.

*Good medical practice* provides guidance on issues of probity as follows:

- Being honest and trustworthy (paragraphs 65-67)
- Providing and publishing information about your services (paragraphs 68-70)
- Writing reports and CVs, giving evidence and signing documents (paragraphs 68 and 71-74)
- Research (paragraphs 17 and 67)
- Financial and commercial dealings (paragraphs 77-80)
- Conflicts of interest (paragraphs 78-79)<sup>1</sup>

## F. Health

A statement of health is a declaration that you accept the professional obligations placed on you in *Good medical practice* about your personal health.

*Good medical practice* provides the following guidance:

- **Registration with a GP** – You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself. (Paragraph 30)
- **Immunisation** – You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available. (Paragraph 29)
- **A serious condition that could pose a risk to patients** – If you know that you have, or think you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients. (Paragraph 28)

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<sup>1</sup> *Good medical practice* is available online at [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

# Keeping up to date: maintaining and enhancing the quality of your professional work

## 1. Continuing Professional Development

Continuing Professional Development (CPD) is a continuous learning process that complements formal undergraduate and postgraduate education and training in order to maintain and further develop competence and performance. CPD enables you to maintain and improve across all areas of your practice.

*Good medical practice* requires you to keep your knowledge and skills up to date and encourages you to 'take part in educational activities that maintain and further develop' your competence and performance (paragraph 9 and 39-42). CPD should encourage and support specific changes in practice and career development and be relevant to your practice. CPD is not an end in itself.

By its nature, CPD must be tailored to the specific needs and interests of you and your practice. There are numerous ways that you could demonstrate your CPD. Participation in a College or Faculty run CPD scheme will be one way of demonstrating that you are keeping up to date in relation to your practice. Further guidance is available from the individual Colleges and Faculties. The GMC does not require doctors to participate in College or Faculty run CPD schemes.

**Frequency:** *There should be a discussion on CPD at each appraisal meeting.*

### DISCUSSING CPD AT YOUR APPRAISAL

- **Personal learning** – CPD should be developed and undertaken as part of your personal development. You should identify your professional needs and competencies and should take account of the needs of patients and the healthcare system when planning your CPD.
- **Scope of practice** – You should plan and participate in a wide range of CPD covering the scope of your practice. The learning must be relevant to the current and emerging knowledge and skills required for your specialty or practice, professional responsibilities and areas of development and work. CPD should be linked to the domains and attributes of the *Good Medical Practice* Framework.



➤ **Reflection** – *Good medical practice* requires you to reflect on your practice and whether you are working to the relevant standards.

➤ **Outcomes** – CPD should focus on outcomes or outputs rather than on inputs and a time-served approach. You should evaluate what you have learned and understood from your CPD activity and how it may impact on and improve your performance.

➤ **Needs-based** – You should identify and participate in CPD based on your day-to-day work and what you perceive will be needed in the future to undertake your roles and responsibilities. CPD should also prepare you to address the unpredictable and changing nature of medical practice. Some CPD should be based on developing and considering new areas of competence, knowledge and skills. You should also participate in CPD that meets the needs of your patients, colleagues and your employer where appropriate.

➤ **Appraisal and clinical governance** – You should make sure that your CPD is influenced by your participation in clinical governance processes, individual, organisational and national audit, workplace-based assessments, and other mechanisms that shed light on your professional and work practices.

# Review of your practice: evaluating the quality of your professional work

## 2. Quality improvement activity

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.

Quality improvement 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.

Quality improvement activities could take many forms depending on the role you undertake and the work that you do. If you work in a non-clinical environment, you should participate in quality improvement activities relevant to your work. Examples of quality improvement activities include:

- (i) **Clinical audit** – evidence of effective participation in clinical audit or an equivalent quality improvement exercise that measures the care with which an individual doctor has been directly involved
- (ii) **Review of clinical outcomes** – where robust, attributable and validated data are available. This could include morbidity and mortality statistics or complication rates where these are routinely recorded for local or national reports
- (iii) **Case review or discussion** – a documented account of interesting or challenging cases that a doctor has discussed with a peer, another specialist or within a multi-disciplinary team
- (iv) **Audit and monitor** the effectiveness of a teaching programme
- (v) **Evaluate the impact** and effectiveness of a piece of health policy or management practice

If you work in a non-clinical role you might find it helpful to discuss options for a quality improvement activity with your appraiser, or a relevant professional association.

**Medical Royal College and Faculty guidance:** The medical Royal Colleges and Faculties will provide guidance on the type of activity that would be most appropriate for doctors working in particular specialties or general practice. Many specialties have in place robust and validated quality measures, such as national specialty databases. If you are in specialist practice, you should consult your College or Faculty guidance.

**Frequency:** *Involvement in quality improvement activities is expected at least once every revalidation cycle; however the extent and frequency will depend on the nature of the activity. For example, participation in a full national clinical audit might be appropriate once per revalidation cycle, whereas a case review might be expected to take place more regularly. You should discuss and agree the frequency of the quality improvement activity with your appraiser.*

## DISCUSSING QUALITY IMPROVEMENT ACTIVITY AT YOUR APPRAISAL

- **Active participation relevant to your work** – You will need to demonstrate that you have actively participated in a quality improvement activity or a clinical audit relevant to your work.
- **Evaluate and reflect on the results** – You need to demonstrate that you have evaluated and reflected on the results of the activity or audit. This might be through reflective notes about the implications of the results on your work, discussion of the results at peer-supervision, professional development or team meetings and contribution to your professional development.
- **Take action** – You will need to demonstrate that you have taken appropriate action in response to the results. This might include the development of an action plan based on the results of the activity or audit, any change in practice following participation, and informing colleagues of the findings and any action required.
- **Closing the loop: demonstration of outcome or maintenance of quality** – You should consider whether an improvement has occurred or if the activity demonstrated that good practice has been maintained. This should be through the results of a repeat of the activity or reaudit after a period of time where possible.

### 3. Significant events<sup>2</sup>

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<sup>3</sup>. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.

These events should be collected routinely by your employer, where you are directly employed by an organisation, and hospitals should have formal processes in place for logging and responding to all events. If you are self-employed, you should make note of any such events or incidents and undertake a review.

**Frequency:** *You should discuss significant events involving you at appraisal with a particular emphasis on those that have led to a specific change in practice or demonstrate learning. You may not have logged any events regarding you or your team in a given appraisal period. The numbers of significant events may vary across different specialities and it is the content and what you learnt, rather than the number, that should be the focus in appraisal.*

#### DISCUSSING SIGNIFICANT EVENTS AT YOUR APPRAISAL

- **Participation** – As a doctor you have a responsibility to log incidents and events according to the reporting process within your organisation. Discussion at appraisal should include your participation in logging any incidents or events and your participation in any clinical governance meetings where incidents or events and learning are discussed.
- **Lessons learnt** – You should be able to demonstrate that you are aware of any patterns in the types of incidents or events recorded about your practice and discuss any lessons learnt. Discussion at appraisal should include any systematic learning from errors and events such as investigations and analysis, and the development of solutions and implementation of improvements. Areas for further learning and development should be reflected in your personal development plan and CPD.
- **Take action** – Your appraiser will be interested in any actions you took or any changes you implemented to prevent such events or incidents happening again.

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<sup>2</sup> In the context of this document, the term 'Significant Events' refers to critical or serious untoward incidents in a secondary care setting. In general practice 'Significant Event Auditing' is used to describe case reviews as in the previous section. It is used to illustrate events which may not have a serious outcome but highlight issues which could be handled with greater clinical effectiveness and patient safety, and from which lessons could be learnt.

<sup>3</sup> National Patient Safety Agency *Is this a patient safety incident?* Available at: [www.npsa.nhs.uk/nrls/reporting/what-is-a-patient-safety-incident/](http://www.npsa.nhs.uk/nrls/reporting/what-is-a-patient-safety-incident/) [accessed January 2011]

# Feedback on your practice: how others perceive the quality of your professional work

## 4. Colleague feedback and 5. Patient feedback

You should seek feedback from colleagues and patients and review and act upon that feedback as appropriate.

Feedback from colleagues and patients will usually be collected using standard questionnaires that comply with GMC guidance. The purpose of the exercise is to provide you with information about your work through the eyes of those you work with and treat, and is intended to help inform further development.

Seeking feedback in this way enables colleagues and patient views about a doctor's behaviour to be gathered in a more systematic way. It provides the opportunity for patients, non-medical co-workers (including other health professionals, managers and administrators) and medical colleagues (including trainees and juniors) to reflect on the professional skills and behaviour of a doctor.

**Frequency:** *At least once every five years*

One of the principles of revalidation is that patient feedback should be at the heart of doctors' professional development. You should assume that you do have to collect patient feedback, and consider how you can do so. We recommend that you think broadly about who can give you this sort of feedback. For instance, you might want to collect views from people who are not conventional patients but have a similar role, like families and carers, students, or even suppliers or customers.

### GMC questionnaires

The GMC has developed colleague and patient questionnaires that any doctor can use, although we would expect that any questionnaire will be administered independently of the doctor and the appraiser.

## DISCUSSING COLLEAGUE FEEDBACK AND PATIENT FEEDBACK AT YOUR APPRAISAL

- **Respond to the questionnaire feedback** – You should receive your questionnaire feedback prior to your appraisal to ensure you have had time to consider it and are prepared to discuss it.

You should be able to demonstrate that you have reflected on the feedback. Your appraiser will be interested in what actions you took as a result of the feedback, not just that you collected it.

- **Identify opportunities for professional development and improvement** – The discussion at appraisal should highlight areas of good performance and help you to identify any areas that might require further development. This should be reflected in your personal development plan and your choices for continuing professional development.

- **Cover your whole practice** – The exercise should reflect the whole scope of your practice. The range of patients providing feedback should reflect the range of patients that you see. The selection of colleagues will depend on the nature of your practice. We recommend that you ask as wide a range of colleagues as possible and this might include colleagues from other specialties, junior doctors, nurses, allied healthcare professionals, and management and clerical staff.

- **Doctors that do not see patients, or cannot collect feedback from their patients** – One of the principles of revalidation is that patient feedback should be at the heart of doctors' professional development. You should assume that you do have to collect patient feedback, and consider how you can do so. We recommend that you think broadly about who can give you this sort of feedback. For instance, you might want to collect views from people who are not conventional patients but have a similar role, like families and carers, students, or even suppliers or customers.

We recognise that, due to the nature of particular types of practice, it may not be appropriate for some doctors to collect feedback from their patients. If you believe that you cannot collect feedback from your patients, you should discuss this (as well as any alternative ways to engage with your patients) with your appraiser.

- **Number of respondents required** – The GMC is not prescribing the number of colleague and patient responses you are required to collect. We recommend that you check with your employer or questionnaire provider, as each questionnaire will have been piloted to determine the appropriate number of respondents required to provide an accurate picture of your practice. If you are using the GMC questionnaires, we have guidance available online. In any event, it is in your best interests to have as many completed responses as possible to ensure the feedback reflects the totality of your work.

## 6. Review of complaints and compliments

Feedback is often provided by patients and others by way of complaints and compliments which should also be reviewed as part of the appraisal process.

A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility.

Complaints should be seen as another type of feedback, allowing doctors and organisations to review and further develop their practice and to make patient-centred improvements.

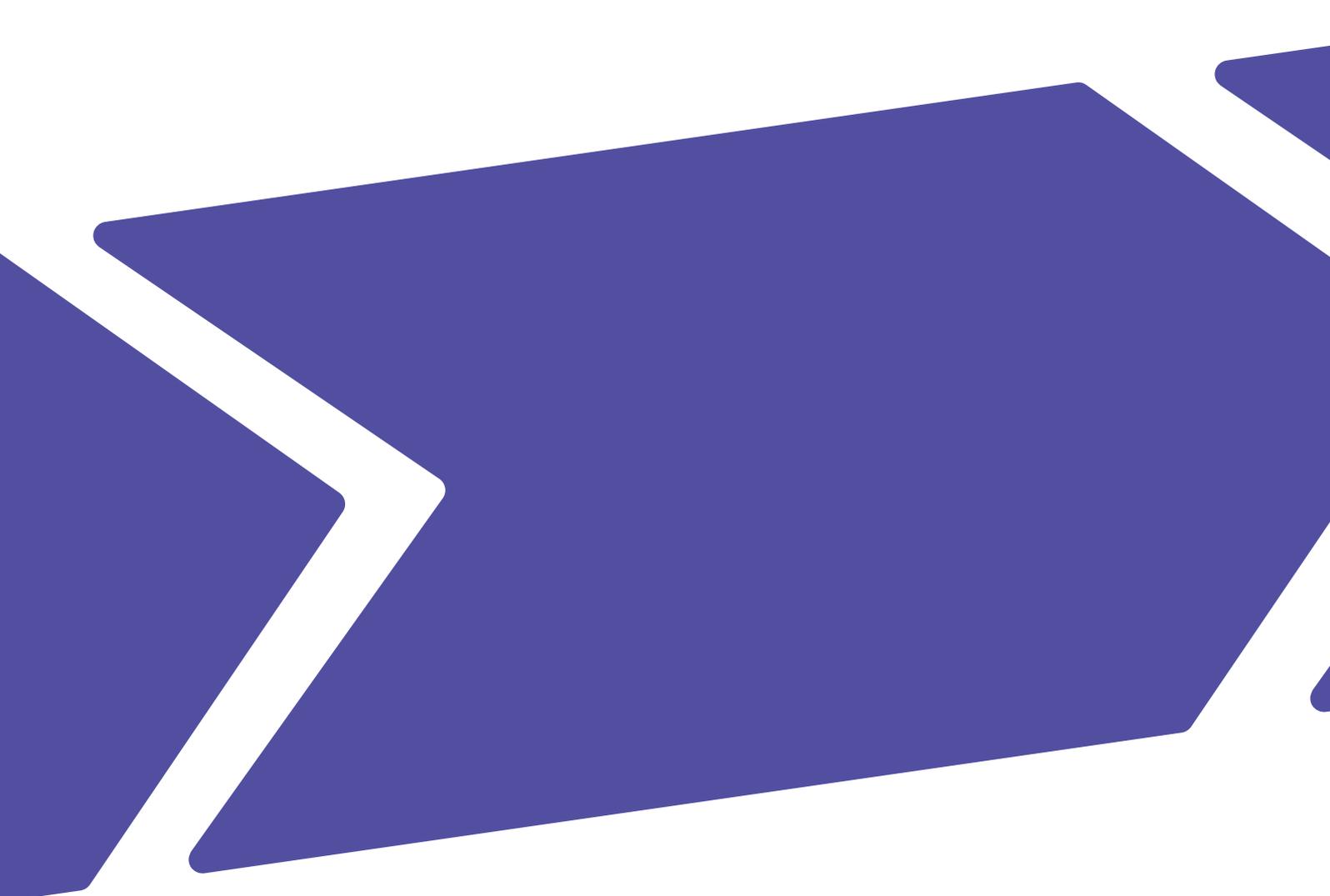
You might also choose to bring any compliments you have received to appraisal.

**Frequency:** *You should discuss any change in your practice that you have made as a result of any complaints or compliments you have received since your last appraisal. You may not have any complaints made about you or your team in a given appraisal period. The numbers of complaints may vary across different specialities and it is how you dealt with the complaint, rather than the number, that should be the focus of discussion in appraisal.*

### DISCUSSING COMPLAINTS AND COMPLIMENTS AT YOUR APPRAISAL

- **Awareness** – You should be aware of the complaints procedures in the organisations you work in and be aware of any complaints received about you or your team.
- **Participation in the investigation and response** – You should participate in the investigation and response to the complainant where appropriate. You should show that you are aware of the advice in *Good medical practice* when investigating and responding to complaints, and in the continued treatment of the complainant, where appropriate.
- **Actions taken in response to the complaint** – Your appraiser will be interested in what actions you took as a result of the complaint and any modification in practice that has resulted, either individually or across the team.
- **Identify opportunities for professional development** – Complaints may potentially act as an indicator of performance and the way in which you use your professional and clinical skills. Discussion at appraisal should highlight areas for further learning, which should then be included in your personal development plan and continuous professional development.





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Published March 2012

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The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Code: GMC/REV-SI/0114

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