

<b>Option 3: Funding for resourcing is agreed as proposed (not phased)</b>	<b>Year 0 22/23 £ 000</b>	<b>Year 1 23/24 £ 000</b>	<b>Year 2 24/25 £ 000</b>	<b>Year 3 25/26 £ 000</b>	<b>Year 4 26/27 £ 000</b>	<b>Year 5 27/28 £ 000</b>	<b>Totals £ 000</b>
<b><u>Capital Costs</u></b>							
<b>(a) Total Capital Cost</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b><u>Revenue Costs</u></b>							
Baseline Costs	7,253.8	7,253.8	7,253.8	7,253.8	7,253.8	7,253.8	43,522.8
New Posts for Enhanced Patient Safety Data & Improvement Team	284.1	378.8	378.8	378.8	378.8	378.8	2,178.1
New Posts for Clinical Audit Team	264.2	352.2	352.2	352.2	352.2	352.2	2,025.2
<b>(b) Total Revenue Cost</b>	<b>7,802.1</b>	<b>7,984.8</b>	<b>7,984.8</b>	<b>7,984.8</b>	<b>7,984.8</b>	<b>7,984.8</b>	<b>47,726.1</b>
<b>(c) Total Cost = (a) + (b)</b>	<b>7,802.1</b>	<b>7,714.9</b>	<b>7,453.8</b>	<b>7,201.5</b>	<b>6,958.0</b>	<b>6,723.2</b>	<b>43,853.5</b>
<i>(d) Disc Factor @ 3.5%pa</i>	<i>1.0000</i>	<i>0.9662</i>	<i>0.9335</i>	<i>0.9019</i>	<i>0.8714</i>	<i>0.8420</i>	
<b>(e) NPC = (c) x (d)</b>	<b>7,802.1</b>	<b>7,714.9</b>	<b>7,453.8</b>	<b>7,201.5</b>	<b>6,958.0</b>	<b>6,723.2</b>	<b>43,853.5</b>

**COST ASSUMPTIONS:**

**Finance Assumptions**

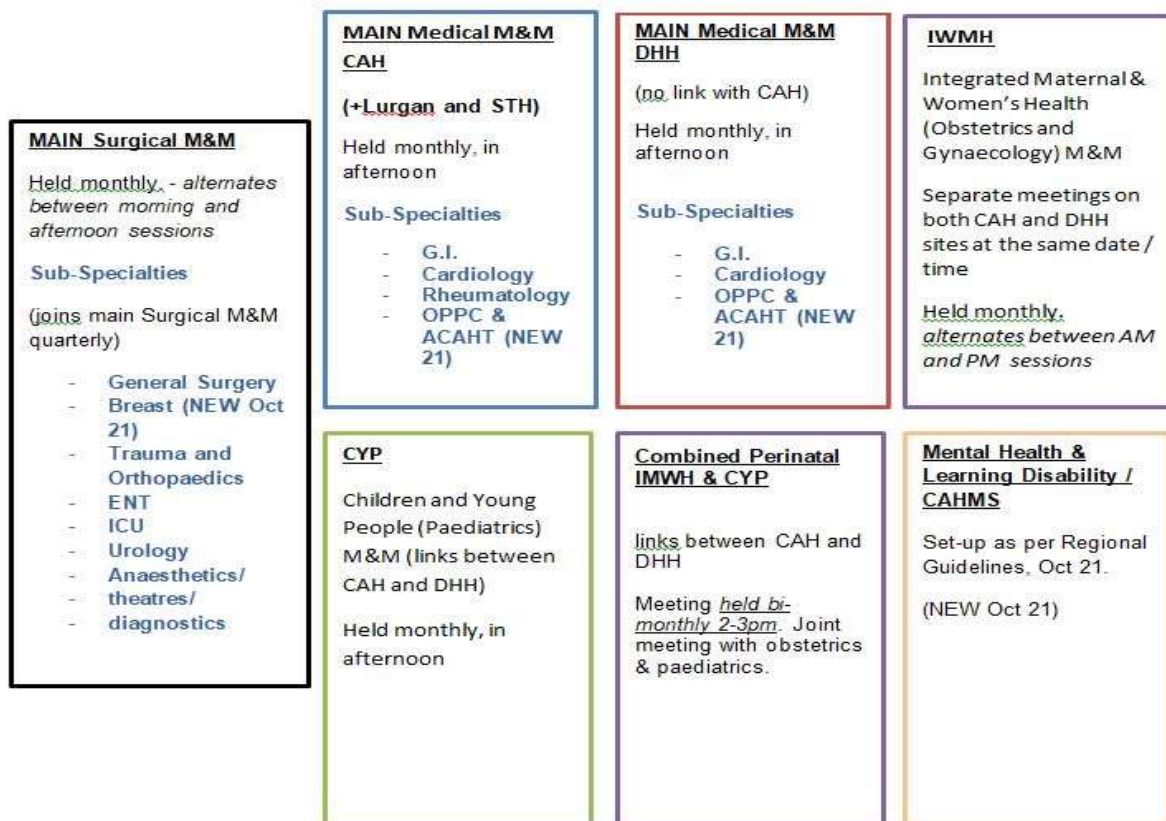
1. Year 0 is 2022/23 Financial Year.
2. The baseline for this Service is the 2021/22 recurring revenue budget for the HR Directorate (CH4000) of the SHSCT, increased by 3% for inflation.
3. The cost of the staff identified in section 3 is per HSCB Costings 2021/22, Version 1
4. The staff costs include Employee related G&S but exclude any provision for Unsocial Hours or Excess Travel or Annual Leave/Sickness cover.
5. The identified additional staff are not yet appointed but are assumed in place from June 2022 with 9 months Current Year Effect.
6. There are no Capital costs in this option.
7. We applied a discount factor @3.5% pa to calculate the NPC.
8. Note all figures above are rounded to thousands and shown to one decimal place.
9. Total Net Present Cost (NPC) equates to £43,853.5k for this option
10. The additional Current Year cost of this option will be £548,287 or £564,736 after a 3% allowance for a 2021/22 Pay Award

## Appendix 1: Areas to be reviewed at M&M meetings

Mortality & Morbidity Review	Patient Safety
<p>Mortalities. (all deaths occurring on a hospital site)</p> <p>Morbidity. (relating to complications or adverse outcomes from care and/or treatment.)</p> <p>Complication. (arises following a procedure, treatment or illness, and is secondary to it.)</p> <p>Misadventure, (Any injury or adverse reaction resulting from any medical treatment,)</p> <p>Also: re-admission rates, returns to theatre, complications of care, infections, falls &amp; other specialty outcomes.</p>	<p>Safety alerts</p> <p>Medication issues / errors</p> <p>Recommendations from Serious Adverse Incidents (SAIs) investigations</p> <p>Litigation outcomes</p> <p>Complaints</p> <p>Patient Safety Data Audits /</p> <p>Patient Safety Indicator findings</p> <p>Regional Safety and Quality Issues</p> <p>Clinical Audit and Benchmarks</p>

## Appendix 2: M&M meeting structure

### Morbidity and Mortality Meeting Structure as at November 2021



### Appendix 3: Support provided to M&M meetings by Facilitators

FULLY SUPPORTED BY FACILITATOR	AD-HOC OR NO SUPPORT BY FACILITATOR
<ul style="list-style-type: none"> <li>- MAIN Surgical M&amp;M</li> <li>- Combined Anaesthetics, Radiology, Intensivists, Theatres.</li> <li>- Emergency Department</li> </ul> <p><b>(Approximately 400 cases for review per annum + any escalated cases from sub-specialties)</b></p>	<p><b>Surgical Sub-specialties (Individual meetings)</b></p> <ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Trauma and Orthopaedics</li> <li>- ENT</li> <li>- ICU</li> <li>- Urology</li> <li>- Anaesthetics/ theatres/ diagnostics</li> </ul> <p><b>(Approximately 300 cases per annum)</b></p>
<ul style="list-style-type: none"> <li>- MAIN Medical M&amp;M CAH</li> <li>- MAIN Medical M&amp;M DHH</li> <li>- Gastroenterology</li> </ul> <p><b>(Approximately 850 cases for review per annum)</b></p> <ul style="list-style-type: none"> <li>- Integrated Maternal &amp; Women's Health (IMWH)</li> <li>- CYP</li> <li>- Combined IMWH &amp; CYP</li> <li>- Gynaecology / Audit Meeting</li> </ul> <p><b>(Approximately 45 cases for review per annum)</b></p>	<p><b>New M&amp;Ms (Oct 21)</b></p> <ul style="list-style-type: none"> <li>- Mental Health / learning Disabilities / CAHMS</li> <li>- Breast (Surgical)</li> <li>- OPPC / ICAHT</li> </ul> <p><b>(Approximate numbers to be established)</b></p> <p><b>NB: Numbers brought to Main Medical M&amp;M meetings will reduce with a separate OPPC &amp; ICAHT meeting</b></p>



## Appendix 4: Finance Analysis of Cost

Summary Costing schedule for Investment Decision Making Templates										Ref Number				
Provider					SOUTHERN									
Hospital Site or Community development					CRAIGAVON									
Scheme Title					2022/23 - Patient Safety & Clinical Audit Resourcing					Commissioner Use only				
Pay and Price Levels					2021/22					Sign and Date for TRAFFACS update				
Band	Description	Base Case - option 1				Option 2				Option 3				
		months claimed	wte	fye	cye	months claimed	wte	fye	cye	months claimed	wte	fye	cye	
	Baseline			7,253,752	7,253,752			7,253,752	7,253,752			7,253,752	7,253,752	
<b>New Posts for Enhanced Patient Safety Data &amp; Improvement Team</b>														
Band 8A	Patient Safety Data and Improvement Manager					9.00	1.00	67,068	50,301	9.00	1.00	67,068	50,301	
Band 7	Patient Safety Strategy Manager					9.00	1.00	64,110	48,083	9.00	1.00	64,110	48,083	
Band 7	Patient Safety & Improvement Team Manager					9.00	1.00	64,110	48,083	9.00	1.00	64,110	48,083	
Band 5	Clinical Patient Safety Co-ordinator					9.00	1.00	43,722	32,792	9.00	1.00	43,722	32,792	
Band 5	Patient Safety Facilitator - 1					9.00	1.00	43,722	32,792	9.00	1.00	43,722	32,792	
Band 5	Patient Safety Facilitator - 2					0.00	1.00	43,722	0	9.00	1.00	43,722	32,792	
Band 4	Patient Safety Support					0.00	1.53	52,390	0	9.00	1.53	52,390	39,293	
<b>New Posts for Clinical Audit Team</b>														
Band 8A	Clinical Audit Assurance & Improvement Manager					9.00	1.00	67,068	50,301	9.00	1.00	67,068	50,301	
Band 7	Clinical Audit Manager					9.00	1.00	64,110	48,083	9.00	1.00	64,110	48,083	
Band 6	Senior Clinical Audit Facilitator					9.00	1.00	54,402	40,802	9.00	1.00	54,402	40,802	
Band 5	Clinical Audit Facilitator					0.00	3.00	131,166	0	9.00	3.00	131,166	98,375	
Band 4	Team Administrator					0.00	0.60	20,545	0	9.00	0.60	20,545	15,409	
Band 3	Health Records Support					9.00	0.50	14,908	11,181	9.00	0.50	14,908	11,181	
<b>GRAND TOTAL</b>				<b>7,253,752</b>	<b>7,253,752</b>		<b>14.63</b>	<b>7,984,795</b>	<b>7,616,170</b>		<b>14.63</b>	<b>7,984,795</b>	<b>7,802,039</b>	
<b>Additional Cost per 2021/22 HSCB, Version 1</b>								<b>731,043</b>	<b>362,418</b>			<b>731,043</b>	<b>548,287</b>	
Estimated 3% pay award 2021/22								21,931	10,873			21,931	16,449	
<b>Additional Cost after Inflation Adjustment</b>								<b>752,974</b>	<b>373,291</b>			<b>752,974</b>	<b>564,736</b>	
<b>GRAND TOTAL - after 3% Pay Award</b>							<b>14.63</b>	<b>8,006,726</b>	<b>7,627,043</b>		<b>14.63</b>	<b>8,006,726</b>	<b>7,818,488</b>	
Phasing/Timescale		(Can development be phased, if so provide details in this box)				(Can development be phased, if so provide details in this box)				(Can development be phased, if so provide details in this box)				
PROGRAMME OF CARE														
SUB-SPECIALTY INFORMATION eg inpatients, outpatients, daycases if known														
LCG		Southern				Southern				Southern				

## Appendix 5: Service Analysis of Teams

Role Title	Band	No. of Posts	Funded	Additional Cost (Mid- Point of Scale with Goods and Services)
<b>Patient Safety Data and Improvement Team</b>				
<b>Patient Safety Data and Improvement Manager (approved Sept 2020)</b>	8a	1	To be confirmed by finance	£67,000 priority for recruitment
<b>Patient Safety Strategy Manager (approved Sept 2020)</b>	7	1	To be confirmed by finance	£64,000 priority for recruitment
<b>Patient Safety Team Manager (Improvement Project Manager)</b>	7	1	No	£64,000
<b>Clinical Safety Co-ordinator</b>	5	1	No	£44,000
<b>Patient Safety (M&amp;M) Facilitators</b>	5	2	No	£88,000
<b>Patient Safety (M&amp;M) Support</b>	4	1.53	No	£52,020
			<b>Total</b>	<b>£379,020</b>
<b>NB: Within the CSCG Resource Paper September 2020 £138,105 of this additional funding was identified as being required in Phase 2 and Phase 3 ((B7) and business partner posts (B5))</b>				

Role Title	Band	No. of Posts	Funded	Currently Funded (Mid- Point of Scale with Goods and Services)	Additional Cost (Mid- Point of Scale with Goods and Services)
<b>Clinical Audit Team</b>					
<b>Clinical Audit Assurance &amp; Improvement Manager</b>	8a	1	No		£67,000
<b>Clinical Audit Team Manager</b>	7	1	No		£64,000
<b>Senior Clinical Audit Facilitator</b>	6	1	No		£54,000
<b>Clinical Audit Facilitator (CSCG 2020 Paper BP Posts)</b>	5	3	No		£132,000
<b>Clinical Audit Administrator (Database)</b>	4	0.6	No		£ 20,400
<b>Health Records</b>	3	0.5	No		£ 15,000
			<b>Total</b>		<b>£352,400</b>
<b>NB:</b> <b>Within the CSCG Resource Paper September 2020 £165,477 of this additional funding was identified as being required in Phase 2 and Phase 3 (clinical audit (B6) and business partner posts (B5))</b>					

## HUMAN RESOURCES DIRECTORATE MEDICAL – TERMS & CONDITIONS



### Chief Executive of each HSC Trust

For information:

Directors of Human Resources  
Directors of Medical Services  
Chief Executive of Public Health  
HSCB Chief Executive  
Dean, Head of School of Medicine,  
Dentistry and Biomedical Sciences,  
QUB  
NIMDTA Chief  
Executive/Postgraduate Dean  
RQIA Chief Executive  
BMA and BDA

Room D2.14 Castle Buildings,  
Stormont Estate,  
BELFAST  
BT4 3SR

Tel: 028 9052 2382  
Fax: 028 9052 2912

email: [p&e@dhsspsni.gov.uk](mailto:p&e@dhsspsni.gov.uk)

Ref No: HSC (TC8) 1/2013  
Date 14<sup>th</sup> February 2013

Dear Colleagues

### **Annual Appraisal for Consultants and Staff and Associate Specialist Medical Staff in HSC Trusts**

#### **Related document HSS (TC8) 8/2006**

#### **Superseded documents HSS (TC8) 3/01, HSS (TC8) 11/01 and HSS (TC8)1/2003**

1. The attached guidance (Annex A) and associated documentation (Annex B) have been revised to reflect the developments in medical appraisal since its introduction in 2001, and to support the enhanced regulatory arrangements for licensed medical practitioners, revalidation, which commenced on 3 December 2012. The guidance and documentation have been agreed by the BMA and should be adopted for use in HSC Trusts with immediate effect.
2. A robust, quality assured appraisal system is integral to HSC Trusts fulfilling their statutory duty of quality.
3. The Department will review this guidance and associated documentation as required.
4. HSC employers should ensure that appraisal is completed for all doctors they employ or contract services from in accordance with terms and conditions of service. Employers should note that participation in an annual, quality assured appraisal process is a requirement for the revalidation of medical practitioners.

### **Background**

5. With the coming into force of The General Medical Council (License to Practice and Revalidation) Regulations on 3 December 2012, the need for doctors to participate in annual appraisal became a regulatory requirement in addition to the long standing contractual obligation within the HSC.
6. Since its introduction in 2001, Chief Executives have had accountability for the medical appraisal system within their organisations, its quality assurance and linkage to related clinical and social care governance processes within the organisation. In addition, they have been required to submit an annual report to the Trust Board on the appraisal process for doctors in the organisation.
7. The establishment of the responsible officer role by The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010, provided for the key linkage between appraisal and other quality assurance processes within organisations and the requirement for doctors to periodically demonstrate their continued fitness to practice through revalidation. Those regulations also placed an obligation on organisations to support The Responsible Officer in discharging their statutory role.

**Action**

8. HSC trusts should adopt the attached documentation into their current appraisal processes with immediate effect and on foot of the attached guidance review their current policies governing appraisal for doctors and the associated reporting and accountability arrangements.

**Enquiries**

9. **Employees** should direct personal enquiries about the contents of this Circular to their Human Resources Department.
10. **Employers** should direct enquiries about the contents of this Circular to the above address or telephone 028 90 52 2344, e-mail [p&e@dhsspsni.gov.uk](mailto:p&e@dhsspsni.gov.uk)

**Further Copies**

11. Copies of this Circular can be obtained from the Department's internet site at [http://www.dhsspsni.gov.uk/index/hrd/guidance\\_circulars.htm](http://www.dhsspsni.gov.uk/index/hrd/guidance_circulars.htm)

Yours sincerely

■

Personal Information redacted by USI

**PETER GREGG**

**DEPUTY DIRECTOR OF HUMAN RESOURCES**



Department of

**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

# **Department of Health, Social Services and Public Safety**

## **Guidance on Appraisal for HSC Trust Employed Career Grade Medical Staff**

**January 2013**



## CONTENTS

SUBJECT	PAGE
Introduction & Background.....	3
Appraisal and Revalidation .....	5
Appraisal and the Responsible Officer.....	6
Appraisal for Secondary Care Locum Doctors.....	7
Whole Practice Appraisal.....	7
Appraisal Documentation.....	7
Who Undertakes the Appraisal? .....	8
Support for Appraisers .....	9
Quality Assurance of Appraisal.....	9
Preparing for Appraisal .....	10
Supporting Information.....	10
Addressing Performance Concerns .....	12
Guidance on Completion of .....	14
HSCNI Career Grade Appraisal Documentation.....	14
Appendix 1-Supporting Information .....	20
Appendix 2- Evaluation Proforma (Optional).....	24
Appendix 3- Health and Probity Forms for Supporting Information .....	25-28
Appendix 4 – Reflective Templates .....	29

## **Introduction & Background**

1. The Guidance aims to define the key components of medical appraisal to ensure there is consistency in its application, whilst recognising that there will be a range of structures in place to support appraisal according to the needs of individual organisations, appraisal providers and appraisees.
2. It encompasses the link between appraisal and the revalidation process, current guidelines on the types of supporting information that should be brought to appraisal, and the use of revised appraisal documentation.
3. This Guidance supersedes the following Circulars:
  - (TC8) 11/01 Annual Appraisal for Consultants May 2001
  - (TC8) 1/2003 Non-Consultant Career Grade Appraisal February 2003

## **Purpose of Appraisal**

4. Medical Appraisal can be defined as:

*A positive process of constructive dialogue, in which the doctor being appraised has a formal, structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved. It should support doctors in their aim to deliver high quality care whilst ensuring they are practising within a safe and effective framework.*

The aims and objectives of appraisal are to enable doctors and employers to:

- review regularly an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources
- optimise the use of skills and resources in seeking to achieve the delivery of service priorities

- consider the doctor's contribution to the quality and improvement of services and priorities delivered locally
- define personal and professional development needs and agree plans for these to be met
- identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met
- provide an opportunity for doctors to discuss and seek support for their participation in activities for the wider HSC
- contribute to the governance requirements of the organisation
- utilise the annual appraisal process and associated documentation to contribute to the requirements of revalidation.

5. In addition to the above aims, medical appraisal should:

- be delivered by competent, trained appraisers
- be consistently applied
- be undertaken annually
- not be a one-off event but a continual process and an integral part of a learning culture
- relate to **all areas** of a doctor's practice

## **Accountability for Appraisal**

6. The Chief Executive within an organisation is accountable for the appraisal process and must ensure that an annual report on appraisal is submitted to the Board of the employing authority. In addition to this, the Responsible Officer of an organisation has, as defined in legislation<sup>1</sup>, responsibility for those governance arrangements within the organisation that support doctors in meeting the requirements of revalidation. Therefore, Responsible Officers will wish to assure themselves that the doctors with whom they have a prescribed relationship are participating in a quality assured appraisal scheme.

---

<sup>1</sup> [The Medical Profession \(Responsible Officer\) Regulations \(Northern Ireland\) 2010](#)

7. Medical appraisers should ensure that they are adhering to the standards required by their organisation and participate in available training opportunities to ensure they are maintaining and improving their skills.
8. Individual doctors have a responsibility to ensure they are meeting their contractual requirements<sup>2</sup> and must participate in annual appraisal, unless otherwise agreed by the Responsible Officer/Medical Director of their organisation. Organisations should have an agreed policy to address the issue of non-participation in appraisal.

## **Appraisal and Revalidation**

9. The General Medical Council (GMC) implemented a system of revalidation for its registrants on 3<sup>rd</sup> December 2012. This change in medical regulation will provide an assurance to patients and the public that doctors are keeping up to date and are fit to practise. All registrants wishing to practise medicine have been issued with a licence to practise from the GMC. Renewal of this licence will be subject to the process of revalidation whereby a senior doctor in a healthcare organisation, known as a Responsible Officer, will make a recommendation to the GMC that those doctors with whom they have a prescribed relationship are practising to the standards defined by the GMC in *Good Medical Practice*<sup>3</sup>.
10. In order to make this recommendation, the Responsible Officer will review a range of information relating to individual doctors. Rather than the addition of another process that has the potential to place an administrative burden on doctors, the appraisal process should be the platform for reviewing the supporting information required by the GMC for revalidation that demonstrates the doctor is practising to the standards set out in *Good Medical Practice*.

---

<sup>2</sup> <http://www.dhsspsni.gov.uk/scu-consultantcontract.pdf>

<sup>3</sup> [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

**Appraisal and the Responsible Officer**

- 11.** It will not normally be the role of a Responsible officer to undertake appraisal for every doctor employed by the organisation to which they are appointed (although this may be the case where an organisation employs few doctors). Rather, the Responsible Officer must be able to demonstrate that all associated governance systems that support doctors are functioning effectively. In terms of appraisal, the Responsible Officer must ensure that the appraisal system is appropriately monitored and is of sufficient quality.
- 12.** The Responsible Officer should ensure that the governance processes that support appraisal are sufficiently robust through:
- Accountability and oversight
  - Information sharing
  - Processes for escalation of concerns arising from appraisal
  - Processes to manage complaints in relation to appraisal.
- 13.** When the Responsible Officer is asked to make a recommendation to the GMC on revalidation, participation in, and outcomes from, appraisal will provide a key source of information upon which their recommendation will be based, alongside information obtained from clinical and social care governance systems in their organisation. Guidance on the role of the Responsible Officer has been developed and provides further information on this process. <sup>4</sup>
- 14. The function of appraisal, therefore, remains supportive and developmental but concurrently supports the Responsible Officer in making a recommendation to the GMC on the fitness to practise of individual doctors.**

---

<sup>4</sup> [http://www.dhsspsni.gov.uk/index/hss/confidence\\_in\\_care.htm](http://www.dhsspsni.gov.uk/index/hss/confidence_in_care.htm)

## **Appraisal for Secondary Care Locum Doctors**

**15.** Interim guidance was issued by DHSSPS on 27 October 2006 (Circular HSS (TC8) 8/2006) in relation to the appraisal of locums. In keeping with this guidance all HSC Trusts must make arrangements for the appraisal of locums. While the guidance suggests locum doctors employed continuously for six months should be appraised by the organisation, some HSC Trusts undertake appraisal for locum doctors employed for a minimum of three months. A key source of supporting information for appraisal for this group of doctors will be the exit report from the previous employer. Each HSC Trust should ensure an exit report is completed for locum doctors at the end of their employment period.

## **Whole Practice Appraisal**

**16.** Revalidation will be based on all areas of a doctor's practice therefore the appraisal discussion should reflect this. Doctors are expected to bring supporting information in relation to all practice they undertake, including that in the independent sector. Further information on whole practice appraisal can be found on the GMC's website.<sup>5</sup>

## **Appraisal Documentation**

**17.** Appraisal documentation is part of the overall process for appraisal and completion of documentation provides a written record of the discussion at the appraisal meeting and encourages consistency in approach. The documentation has been amended to reflect the revised *Good Medical Practice* framework and the requirements for revalidation. This revision also provided an opportunity to develop documentation that incorporated changes suggested by its users.

---

<sup>5</sup> [http://www.gmc-uk.org/doctors/revalidation/revalidation\\_ebulletin\\_issue\\_2.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_ebulletin_issue_2.asp)

**18.** This Guidance document relates to medical appraisal for HSCNI Trust Career Grade staff only and is intended to support the completion of revised documentation for this staff group.

### **Who Undertakes the Appraisal?**

**19.** A senior doctor on the medical register must undertake the appraisal. The Chief Executive<sup>6</sup> will nominate an appropriate doctor who is competent to undertake appraisal across the broad range of headings within the appraisal scheme. The Chief Executive must ensure that appraisers are properly trained and in a position to undertake this role. While the appraiser will generally be from the same specialty as the appraisee, this may, on occasion, not be possible. In this situation, the appraiser should ensure that they are familiar with the types of supporting information from the specialty of the appraisee. They may wish to seek advice from the relevant Medical Royal College or Faculty.

**20.** The appraiser will be able to cover all aspects of clinical practice and matters relating to service delivery, and will be appointed as appropriate according to the organisational structure of the employer.

**21.** The appraisee can request an alternative appraiser if they are not content with the proposed appraiser nominated by the employer. This request should be submitted to the organisation's Responsible Officer, and should outline the reason why an alternative appraiser is required. Ultimately, the Chief Executive will be responsible for nominating suitable alternatives however this function is likely to be delegated to the Responsible Officer. The appraisee must accept one of these alternatives.

---

<sup>6</sup> This is often a delegated function by the Chief Executive in HSC organisations



**22.** In some small organisations, it may not be possible to identify suitable appraisers to conduct elements of the appraisal, i.e. those in which specialist knowledge is essential. In these instances, two or more organisations might collaborate to ensure that an appraiser is available to conduct the appraisal process.

**23.** It is considered good practice that within a five year revalidation cycle, a doctor should have two appraisers with at least one appraisal being undertaken by a second appraiser. This promotes transparency and contributes to the quality assurance of the appraisal process.

## **Peer Review**

**24.** If, during the appraisal, it becomes apparent that more detailed discussion and examination of any aspect would be helpful, either the appraiser or appraisee should be able to request an internal or external review. This should normally be completed within one month and a further meeting scheduled as soon as possible thereafter (but no longer than one month) to discuss this review and to complete the appraisal process.

## **Support for Appraisers**

**25.** HSC Trusts should establish processes to support appraisers in their role so that appraisers can share learning and best practice to ensure the high quality of appraisal across an organisation.

## **Quality Assurance of Appraisal**

**26.** HSC Trusts should implement quality assurance processes for their appraisals. The performance of appraisers in the appraiser role should be included in the appraiser's own appraisal.

- 27.** The Regulation and Quality Improvement Authority (RQIA) will provide external quality assurance of the governance arrangements in HSC organisations including medical appraisal processes in both primary and secondary care.
- 28.** An appraisee feedback proforma is included in **Appendix 2** of this guidance. Completion of this following the appraisal is optional but HSC organisations may consider use of these as part of the development of appraisal systems.

## **Preparing for Appraisal**

### **Timing**

- 29.** Adequate time should be allocated for preparation and participation in appraisal and should include time required for quality assurance of the appraisal process. The appraisal discussion should be scheduled and take place in time free of interruptions.

## **Supporting Information**

- 30.** Each doctor is responsible for the collation of their appraisal folder or portfolio of supporting information that will inform the appraisal discussion, assist in the development of a personal development plan and will meet the GMC's requirements for revalidation. This supporting information should reflect all areas of the doctor's practice and, as such, this information will vary but it should be of sufficient quality to assure the appraiser that the doctor is meeting the requirements of *Good Medical Practice*. Employers should provide appropriate supporting information on the activity of their doctors to assist with the appraisal process.

**31.** The GMC have identified the following sources of supporting information they require for revalidation<sup>7</sup>:

- Continuing professional development
- Quality improvement activity
- Significant events
- Review of complaints and compliments.
- Feedback from colleagues
- Feedback from patients (where applicable)

**32.** The GMC acknowledge that not every doctor will have been involved in a significant event or received any complaints/compliments since their last appraisal. It is the demonstration of learning and any change of practice from both these supporting information requirements over a revalidation cycle that should be the focus rather than the number.

**33.** The appraisal discussion should assist to identify where a doctor has any gaps in supporting information that has the potential to impede revalidation and ensure this is addressed within the revalidation cycle at an early stage. Suggested sources of supporting information are provided in **Appendix 1** of this document and further discussed in paragraphs 47-51 of this Guidance.

**34.** Medical Royal Colleges have developed Guidance that describes how the GMC's core requirements relate to the broad range of medical specialties. Appraisers and appraisees may find this Guidance helpful in preparing for appraisal.

---

<sup>7</sup> [http://www.gmc-uk.org/doctors/revalidation/supporting\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/supporting_information.asp)

## **Reflection**

**35.** In preparing for appraisal, both the appraisee and appraiser should have adequate time (ideally two weeks) to reflect on the supporting information and plan the key areas to be discussed at the appraisal. Doctors should consider what the information tells them about their practice and demonstrate to their appraiser any changes or modifications to their practice they intend to make as a result of reviewing the information. Sample reflective templates are provided in Appendix 4 of this Guidance.

## **Personal Development Plan**

**36.** As an outcome of appraisal, key development objectives for the following year and subsequent years should be set. These objectives may cover any aspect of appraisal such as personal development needs, training goals, and CPD. This plan should be reviewed periodically by the doctor and at the next appraisal to ensure the objectives have been met.

## **Addressing Performance Concerns**

**37.** It is not the primary aim of appraisal to scrutinise doctors to see if they are performing poorly but rather to help them consolidate and improve on good practice, aiming towards excellence. Organisations and their Responsible Officer, through existing clinical governance systems, will continue to act promptly if issues are identified that may affect the quality of care a patient receives.

**38.** Appraisal may, however, help to recognise, at an early stage, developing poor performance or ill health, or other concerns which may be affecting practice. If, as a result of the appraisal process the appraiser believes the activities of the appraisee are such as to put patients at risk, the appraisal process should be stopped and action taken. Organisations should ensure their local appraisal policy identifies the processes to be undertaken to address performance issues that arise during appraisal, and be aware of the processes to address concerns in *Maintaining High Professional Standards*<sup>8</sup>.

### **Appraisal for Doctor Undergoing Remediation/Rehabilitation/Fitness to Practise Proceedings**

**39.** As a primarily supportive process, appraisal should continue as scheduled if a doctor is undergoing remediation, rehabilitation or fitness to practise proceedings. The appraiser should be aware of any of the above, and of any conditions placed on the appraisee's practice.

---

<sup>8</sup> [http://www.dhsspsni.gov.uk/hrd\\_suspensions\\_framework.pdf](http://www.dhsspsni.gov.uk/hrd_suspensions_framework.pdf)

**Guidance on Completion of****HSCNI Career Grade Appraisal Documentation**

**40.** Appraisal documentation has been revised to reflect the GMC's *Framework for Appraisal and Revalidation*<sup>9</sup>. This framework is intended to encourage the appraisee to:

- Reflect on their practice and approach to medicine
- Reflect on the supporting information they have gathered and what that information demonstrates about their practice
- Identify areas of practice where they could make improvements or undertake further development
- Demonstrate that they are up to date and fit to practise.

**41.** The GMC do not require every type of supporting information to be extensively mapped to each domain and attribute of the Framework. The revised appraisal documentation is, however, based on the four domains to provide structure to the appraisal discussion and collation of supporting information.

**42.** The documentation comprises 7 Forms :

**Form 1** - Background Details

**Form 2** - Current Medical Activities

**Form 3** - Supporting Information & Summary of Appraisal Discussion

**Form 4** - Personal Development Plan

**Form 5** – Health & Probity

**Form 6** - Sign Off

**Form 7** – Revalidation Progress

**43.** Guidance on completion of each section is detailed below.

---

<sup>9</sup> [http://www.gmc-uk.org/GMP\\_framework\\_for\\_appraisal\\_and\\_revalidation.pdf](http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf) 41326960.pdf

## **Form 1 – Background Details**

**44.** The aim of this section is to provide basic background information and brief details of the appraisee's employment in the previous year. The appraisee can supplement this with any additional information they think helpful for example medical and specialist societies they belong to.

## **Form 2 – Current Medical Activities**

**45.** The aim of this section is to provide the appraisee with an opportunity to describe their current posts in the HSC, other organisations or the independent healthcare sector. They should explain what their responsibilities are, where they work/practise and ensure they include all of their practice and work at all locations since their last appraisal.

**46.** As per paragraph 16, the appraisal should encompass **all** areas of practice. If the appraisee undertakes any other work outside the HSC, they will need to bring supporting information to the appraisal that evidences they are up to date and fit to practise in this area of work, as well as their work for the HSC. This may include, but is not limited to, work undertaken in the independent sector, medical work for business ( e.g. insurance companies) and charities (e.g. hospice work), work undertaken as a sports doctor and work for panels, tribunals and government.

## **Form 3 – Supporting Information and Summary of Appraisal Discussion**

**47.** The aim of this section is to allow the appraisee to list the supporting information they are bringing to appraisal and to document the discussion between the appraiser and appraisee that the information prompts. This discussion should include consideration of the information source and what it tells the appraiser about the appraisee's medical practice. Any actions arising from the appraisal discussion should be documented here.



- 48. Appendix 1** of this Guidance outlines suggested sources of supporting information and the appropriate Domain they may be tabled under. Due to the varied nature of medical practice, these are not prescriptive. A key component of the appraisal discussion will be consideration of the supporting information and which Domain it should be tabled under.
- 49.** One type of supporting information may be applicable to one or more Domains of the GMP Framework. Reflection on supporting information may be included within a second Domain. For example, updating knowledge via CPD may lead to reflection on improving patient safety. Therefore CPD may be listed under Domain 1 (Knowledge, Skills and Performance) and reflection leading to improved safety and quality listed under Domain 2 (Safety and Quality).
- 50.** The organisation and their appraisers may also wish to consider the use of data sets that they would expect doctors' working in a particular specialty to bring to appraisal and include this in their guidance for appraisees.
- 51.** Preparing for appraisal will require the collation of a range of supporting information. Some data sources will be held by the appraisee and others will be provided by the employing organisation. Organisations should provide appropriate information to doctors to assist with their appraisal.

## **Form 4 – Personal Development Plan**

- 52.** In this section, the appraiser and appraisee should review progress against the previous years' personal development plan (PDP) and identify key development objectives for the year ahead. This will include actions identified during completion of Form 3 but may also include other development activity where this arises during the appraisal discussion. Any PDP outputs should be practical and achievable, ideally with defined outputs targeted against development needs.
- 53.** The anticipated timescale within which the objectives will be met should be indicated. The appraiser should countersign the agreed PDP.

**Form 5 – Health and Probity**

- 54.** The appraisee should read the statements that apply to health and probity and sign and date them. Any supplementary proformas for health and probity should form part of the supporting documentation.
- 55.** The following are examples of areas which could form part of the discussion on probity; research conduct, conflicts of interest, contacts with pharmaceutical industry, and financial probity. This list is not exhaustive.
- 56.** Any health issues which may affect the appraisee's work as a doctor should be discussed during the appraisal discussion and any action arising from this noted in Form 4. Due to potential confidentiality issues, specific details of a health complaint or probity issue should not be entered directly into Appraisal Forms 1-6 but recorded in the Forms contained in Appendix 3 of this Guidance and retained by the appraisee in their portfolio of supporting information.

## **Form 6- Sign Off**

- 57.** This section requires both the appraiser and appraisee to confirm that the documentation is an accurate record of the appraisal discussion, the supporting information presented and the agreed personal development plan.
- 58.** If the appraisee has been unable to provide all the required elements of supporting information, or demonstrate their practice is meeting the requirements of the *GMP Framework*, the reason/s why should be recorded in this section.
- 59.** This may be due to a period of absence from employment or other mitigating circumstances. The organisation's Responsible Officer may wish to reference this information to inform the revalidation recommendation process.
- 60.** This Form also includes a checklist to ensure the required sections of the appraisal documentation have been completed. Each organisation will have a defined process to ensure the Responsible Officer is aware that the appraisal meeting has taken place and the appraiser should return the requested information to the appropriate source as soon as possible following the appraisal meeting.

## **Form 7- Revalidation Progress**

- 61.** This section provides an overview of progress towards meeting revalidation requirements. It should demonstrate annual participation in appraisal and that the appraiser has evidenced they have met the GMC and employer required supporting information elements.
- 62.** It is envisaged that this summary will be a valuable source of information for the Responsible Officer to reference when required to make a revalidation recommendation to the GMC.

## **Appendix 1 Supporting Information Examples**

**63.** This table provides examples of supporting information and suggested Domains these may be listed under. These examples are a guide to assist preparation for appraisal and to inform the appraisal discussion.

## **Appendix 2 Evaluation Proforma**

**64.** There is an appraisee evaluation proforma, completion of which is optional but encouraged as it may inform the organisation's quality assurance processes and highlight areas where further training may be required.

## **Appendix 3 Health and Probity Forms**

**65.** Health and probity forms are provided in Appendix 3. Specific details of a health complaint or probity issue should not be entered directly into Appraisal Forms 1-6 but recorded in these Forms and retained by the appraisee in their portfolio of supporting information.

## **Appendix 4 Reflective Templates**

**66.** Reflective templates are provided in Appendix 4 that may be used to demonstrate reflection on supporting information

## Appendix 1-Supporting Information

The table below provides examples of supporting information which may be appropriate to evidence each domain/attribute. These lists are not exhaustive and some items of information may be relevant to more than one Domain..<sup>10</sup> **Information is required in relation to all areas of practice.**

Domain	Suggested Evidence/Supporting Information
<b>1 - Knowledge, Skills and Performance:</b> Attribute: 1.1 Maintain your professional performance Attribute: 1.2 Apply knowledge and experience to practice Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.	<ul style="list-style-type: none"> <li>• Job plan, workload records</li> <li>• Evidence of how educational activity may have affected service delivery outcomes</li> <li>• Information about teaching and training activities. Include any information in relation to delivering workshops and lectures, mentoring activities and tutorials undertaken.</li> <li>• Evidence of reflective practice</li> <li>• Evidence of CPD and audit activity</li> <li>• Research activity, including peer review / oversight of research activity</li> <li>• Relevant process and outcome data</li> <li>• Previous Form 4 and Personal Development Plan</li> </ul>

<sup>10</sup> <http://www.dhsspsni.gov.uk/cic-revalidation-report.pdf>

<p><b>2 - Safety and Quality:</b>          Attribute: 2.1 Contribute to and comply with systems to protect patients          Attribute: 2.2 Respond to risks to safety          Attribute: 2.3 Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> <li>• Evidence of any resource shortfalls which may have compromised outcomes</li> <li>• Up to date audit data including information on audit methodology and a record of how results of audit have resulted in changes to practice (if applicable)</li> <li>• Reflection on significant events/critical incidents/near misses</li> <li>• Records of how relevant medical guidelines have been reviewed by you and your team and how these have changed practice</li> <li>• Evidence of attendance at, and participation in, governance activity relevant to practice.</li> <li>• Evidence of risk management to include near misses and action taken to addresses/reduce risks</li> <li>• Evidence of registration with a GP, Statement of Health, vaccination records</li> <li>• Statement of satisfactory research practice</li> <li>• Records of training related to enhancing safety and quality of patient care</li> <li>• Analysis of, and reflection on, current practice</li> </ul>
---	---

<b>3 - Communication, Partnership and Teamwork</b> Attribute: 3.1 Communicate effectively Attribute: 3.2 Work constructively with colleagues and delegate effectively Attribute: 3.3 Establish and maintain partnerships with patients	<ul style="list-style-type: none"><li>• Evidence of any team development activity</li><li>• Description of the team you work within (medical and/or multidisciplinary)</li><li>• Description of all activities in which you interact with other healthcare workers e.g multidisciplinary meetings, working groups and committee work.</li><li>• Analysis of trainee/medical student survey (where appropriate)</li><li>• Patient and colleague feedback</li><li>• Evidence of participation in multi-professional team meetings</li></ul>
<b>4 - Maintaining Trust:</b> Attribute:4.1 Show respect for patients Attribute:4.2 Treat patients and colleagues fairly and without discrimination Attribute:4.3 Act with honesty and integrity	<ul style="list-style-type: none"><li>• Statement of Probity and Health</li><li>• Complaints</li><li>• Compliments</li><li>• Patient and colleague feedback.</li></ul>



GMC SUPPORTING INFORMATION REQUIREMENTS <sup>11</sup>
Personal Details
Scope of Work
Record of annual appraisals
Personal Development Plans and Review
Statement of probity
Statement of health
Continuing Professional Development
Quality Improvement Activity
Significant Events
Patient (where applicable) and Colleague Feedback
Review of complaints and compliments

*\* The GMC acknowledge that not every doctor will have been involved in a significant event or received any complaints/compliments since their last appraisal. It is the demonstration of learning and any change of practise from both these supporting information requirements over a revalidation cycle that should be the focus rather than the number.*

---

<sup>11</sup> [GMC | Supporting information for appraisal and revalidation](#)

## Appendix 2- Evaluation Proforma (Optional)

## Appraisee Feedback Questionnaire

1 Very poor / Strongly disagree	2 Poor / Disagree	3 Average / Neutral	4 Good / Agree	5 Very good / Strongly agree
<b>The organisation's approach to appraisal</b>				<b>1 2 3 4 5</b>
The organisation's appraisal system				

<b>My appraiser's skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The appraiser's preparation for the appraisal					
The appraiser's skill in conducting my appraisal					
The appraiser's ability to listen to me					
The appraiser was supportive					
The appraiser's feedback was constructive and helpful					
The appraiser helped me think about new areas for development					
Overall rating of my appraiser in their role as an appraiser					

<b>The appraisal discussion</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The appraiser reviewed progress against last year's development plan					
How challenging was the appraisal in making me think about my practice					
How useful was the appraisal in my professional development					
The PDP reflects my main priorities for development					
How useful was the appraisal in preparation for revalidation					
I have confidence in the confidentiality of the appraisal discussion					

<b>The administration of appraisal</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I had access to forms and materials for appraisal					
I was given adequate notice of the date of my appraisal					
I had access to the necessary supporting information					
I was satisfied with the process for appraiser allocation					
Overall rating of the administration supporting appraisal in the organisation					

How long the appraisal meeting take? \_\_\_\_\_ minutes.  
How could the Appraisal Meeting have been improved?

Comments to help appraisers improve their skills;

### Appendix 3- Health and Probity Forms for Supporting Information

*You should complete these forms if there are issues that you intend to discuss with your appraiser relating to any health and probity issues. You should retain the completed Forms in your supporting information portfolio.*

#### (a) Health Declaration Proforma

The GMC acknowledges that medicine can be a demanding profession and that doctors who become ill deserve help and support. Doctors also have to recognise that illness can impair their judgement and performance and thus put patients and colleagues at risk (this is particularly so in the case of psychiatric conditions, drug and alcohol abuse). The GMC therefore encourages doctors to reflect on their own health, seek professional advice if necessary and consider whether, for health related reasons, they should modify their professional activities.

1. Do you have any illness or physical condition that has, since your last appraisal/revalidation\*, resulted in your restricting or changing your professional activities?

Yes / No

If yes, please give details of the changes in your professional activities, which it is – or was – necessary for you to make:

.....  
 .....  
 .....

2. Are you – or have you been since your last appraisal/revalidation been the subject of any proceedings under the GMC's Health Procedures or Health Committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad?

Yes / No

If yes, please give details:

.....  
 .....  
 .....

3. Are you currently or since your last appraisal/revalidation been subject to medical supervision, voluntary or otherwise, and/or any restrictions voluntary or otherwise, imposed by your employer or contractor resulting from any illness or physical condition within the UK or abroad?

Yes / No

If yes, please give details:

.....

.....

.....

\* If this is your first appraisal and you have not yet gone through the process of revalidation then please fill in the proforma answering the questions as they apply to you at the current time.

**(b) Probity Declaration Proforma***Convictions, findings against you and disciplinary action*

1. Since your last appraisal/revalidation\*, have you been convicted of a criminal offence either inside or outside the UK? Yes / No

If yes, please give details:

.....

.....

.....

2. Do you have any criminal proceedings pending against you inside or outside the UK? Yes / No

If yes, please give details:

.....

.....

.....

3. Since your last appraisal/revalidation, have you had any cases considered, heard and concluded against you by any of the following:

- a. The General Medical Council.
- b. Any Other professional regulatory or other professional licensing body within the UK.
- c. A professional regulatory or other professional licensing body outside the UK. Yes / No

If yes, please give details

.....

.....

.....

.....

4. Are there any cases pending against you with any of the following organisations:-

- a. The General Medical Council.
- b. Any other professional regulatory or other professional licensing body with the UK.
- c. A professional regulatory or other professional licensing body outside the UK.

Yes / No

If yes, please give brief details:

.....

.....

.....  
.....

5. Since your last appraisal/revalidation, have there been any disciplinary actions taken against you by your employer or your contractor – either in the UK or outside – that have been upheld?

Yes / No

If yes, please give brief details:

.....  
.....  
.....

6. Since your last appraisal/revalidation, has your employment or contract ever been terminated or suspended – in the UK or abroad – on grounds relating to your fitness to practice (conduct, performance or health)?

If yes, please give brief details:

.....  
.....  
.....

\* If this is your first appraisal and you have not yet gone through the process of revalidation then please fill in the proforma answering the questions as they apply to you at the current time.

## Appendix 4 – Reflective Templates

The Leicester 2007 Conference Statement on Essential Evidence for Appraisal

---

### Colleague feedback structured reflective template

Name of doctor:	GMC No:
Date of exercise:	
Feedback scheme used (specify if self- or locally-designed):	
Number of colleagues giving feedback:	
Name of person who collated and gave feedback:	
Designation of person giving feedback: (e.g. Clinical Director, Professional Partner, Appraiser, Professional Facilitator)	
Main outcomes of feedback Hints: Look at your positive outcomes, as well as learning needs:	
What learning might I undertake? Hint: It may help to separate learning from changing your behaviour. So, rather than "I will show more respect to nursing colleagues", it might be more productive to undertake learning which develops your understanding of the benefits of the diversity of teams. Your ideas in this section can be discussed further with your appraiser.	
Final outcome after discussion at appraisal: (Complete at appraisal, considering how your outcome will improve patient care)	

## Patient or client feedback structured reflective template

Name of doctor:	GMC No:
Date of survey:	
Type of survey:	
<b>What issues can I identify from the exercise?</b> Hints: Look at your positive findings just as carefully as the most negative. Discuss and seek advice from colleagues both peer and senior, if possible. If you have difficulty identifying learning needs from the survey, be frank about this. Skills in interpreting such information can then be considered as your first learning need in this regard.	
<b>What actions will I undertake?</b> Hints: These might include: improving communication techniques, restructuring ward rounds to maximise dignity and privacy, negotiating changes to the consulting environment, developing skills with respect to specific cohorts of patients, learning more about how to learn from patient surveys (as above).	
<b>Final outcome after discussion at appraisal:</b> (Complete at appraisal considering how your outcome will improve patient care)	



## Significant event audit (SEA) structured reflective template

Name of doctor:	GMC No:
SEA Title:	
Date of incident:	
Description of events:	
What went well?	
What could have been done better?	
What changes have been agreed? Personally:	
For the team:	
Final outcome after discussion at appraisal: (Complete at appraisal considering how your outcome will improve patient care)	

## Data collection/audit structured reflective template

Name of doctor:	GMC No:
Measurement/audit title:	Date of data collection/audit:
Reason for choice of measurement/audit:	
Audit findings:	
Learning outcome and changes made:	
New audit target:	
Final outcome after discussion at appraisal: (Complete at appraisal considering how your outcome will improve patient care)	

## Case review structured reflective template

Name of doctor:	GMC No:
Date of clinical event:	Patient Identifier:
<b>Description of clinical event:</b> Hint: You may choose a single consultation at random, or you may prefer to choose a case in which you were involved over time. Either way, your involvement should have been significant. You should write from your personal perspective, and reflect on how your own professional behaviour can improve, not that of the organisation, or of others.	
<b>Reflections relating to Good Clinical Care:</b> Hints: This refers to the systems allowing effective care, and your place within them. Was all information to hand? Was there enough time for the consultation? Was the environment conducive to patient privacy and dignity? Were all required clinical facilities available? Were local guidelines available? What can I do to improve these factors?	
<b>Reflections relating to Maintaining Good Medical Practice</b> Hints: This refers to your level of knowledge. How do I judge my level of knowledge, or skill around this clinical topic? What unmet learning needs can I identify? How can I address them?	
<b>Reflections relating to Relationships with Patients</b> Hints: How well did I communicate with the patient? Did the patient feel respected? Did the patient have sufficient opportunity to tell their story? Did the patient feel a partner to the outcome of the consultation? How do I gauge these? What skills can I identify which will enhance these?	
<b>Reflections relating to Relationships with Colleagues</b> Hints: Did I take account of notes made by others prior to this event? Did I gather information appropriately from others? Did I make comprehensive, legible records for others who may see the patient subsequently? Did I appropriately respect the clinical approach of others, even if it differs from my own? What can I do to improve this area in the future?	
<b>Outcome: For completion at your appraisal:</b> Agreed potential learning needs for consideration for inclusion in your personal development plan, considering how your outcome will improve patient care.	

## Other roles structured reflective template

Name of doctor:	GMC No:
Considering my other clinical and non-clinical roles as listed in Form 2 of my appraisal paperwork, in the last year, these have brought the following benefits to my main clinical role:	
They also brought the following drawbacks to my main clinical role:	
I could consider the following actions, to maximise the benefits and minimise the drawbacks:	
Date of reflection:	
Final outcome after discussion at appraisal: (Complete at appraisal considering how your approach will improve patient care)	

## APPRAISAL DOCUMENTS

### CONTENTS

Form 1	Background Details
Form 2	Current Medical Activities
Form 3	Supporting Information for Appraisal & Summary of Appraisal Discussion
Form 4	Personal Development Plan
Form 5	Health & Probity Statements
Form 6	Sign Off
Form 7	Revalidation Progress

### FORM 1 - BACKGROUND DETAILS

- *This form should be completed by the appraisee in advance of the appraisal.*
- *The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.*
- *The form includes an optional section for any additional information.*

1.1	Full name	
1.2	GMC Registered address (contact address if different)	
1.3	Main employer	
1.4	Main place of work	
1.5	Other employers/ places of work	
1.6	Date of primary medical qualification	
1.7	GMC registration number and type	
1.8	Start date of first substantive appointment in HSC as a trained doctor	
1.8	GMC Registration date and specialties	
1.9	Title of current post and date appointed	
1.10	For any specialist registration / qualification outside UK, please give date and specialty	
1.11	Please list any other specialties or sub- specialties in which you are registered	
1.12	Is your registration currently in question?	
1.13	Date of last revalidation (if applicable)	
1.14	Please list all posts in which you have been employed in HSC and elsewhere in the last five years (including any honorary and/or part-time posts)	

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------

**ANY ADDITIONAL INFORMATION**

Name:

GMC Number:

Appraisal Period :

## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

**FORM 2 - CURRENT MEDICAL ACTIVITIES**

- *This form should be completed by the appraisee in advance of the appraisal.*
- *The aim of Form 2 is to provide an opportunity to describe your current post(s) in the HSC, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held or held in the past year.*
- *Information should cover your practice at all locations since your last appraisal or during the last 12 months whichever is longer.*
- *You may wish to comment in addition on factors which affect the provision of good health care.*

2.1 Please give a short description of your work, including the different types of activity you undertake	
2.2 List your main sub-specialist skills and commitments / special interests	
2.3 Please give details of any emergency, on-call and out of hours responsibilities	
2.4 Please give details of out-patient work if applicable	
2.5 Details of any other clinical work	
2.6 In which non-HSC hospitals and clinics do you enjoy practising privileges or have admitting rights? Please give details including: <ul style="list-style-type: none"> <li>▪ Number and type of cases.</li> <li>▪ Any audit or outcome data for the private practice.</li> <li>▪ Details of any adverse events, critical incidents.</li> <li>▪ Details of any investigations into the conduct of your clinical practice or working relationships with colleagues</li> </ul>	
2.7 List any non-clinical work that you undertake which relates to teaching	

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------

**HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION**

2.7.1 List any non-clinical work that you undertake which relates to management	
2.7.2 List any non-clinical work that you undertake which relates to research	
2.7.3 List any work you undertake for regional, national or international organisations.	
2.7.4 Please list any other activity that requires you to be a registered medical practitioner	

**CURRENT JOB PLAN**

If you have a current job plan, please attach it. If you do not have a current job plan, please summarise your current workload and commitments in the space below: -

--

**ADDITIONAL INFORMATION**

Please use to record issues which impact upon delivery of patient care.

--

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------



## DOMAIN 1 - Knowledge, Skills and Performance

**Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.**

## Discussion

## Actions Agreed

Received from Maria O'Kane on 02/09/22. Annotated by Urology Services Inquiry

## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

**DOMAIN 2 - Safety and Quality**

Attribute: 2.1 Contribute to and comply with systems to protect patients

Attribute: 2.2 Respond to risks to safety

Attribute: 2.3 Protect patients and colleagues from any risk posed by your health

	List of Supporting Information	Applicable Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Discussion****Actions Agreed**

Name:

GMC Number:

Appraisal Period :

**Attribute: 3.3 Establish and maintain partnerships with patients**

	List of Supporting Information	Applicable Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

## Discussion

### **Actions Agreed**

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------

## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

**DOMAIN 4 - Maintaining Trust**

Attribute:4.1 Show respect for patients

Attribute:4.2 Treat patients and colleagues fairly and without discrimination

Attribute:4.3 Act with honesty and integrity

	List of Supporting Information	Applicable Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Discussion****Actions Agreed**

Name:

GMC Number:

Appraisal Period :

## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

**FORM 4 - PERSONAL DEVELOPMENT PLAN**

In this section the appraiser and appraisee should review progress against last year's personal development plan and identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

**Review of last year's Personal Development Plan**

Development needs	Actions agreed	Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?

Name:

GMC Number:

Appraisal Period :

## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PERSONAL DEVELOPMENT PLAN for the year ahead		
Development needs	Actions agreed	Target dates

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------

**FORM 5- HEALTH AND PROBITY STATEMENTS****HEALTH DECLARATION****Professional Obligations**

The GMC's guidance *Good Medical Practice* (2006) states that;

77. 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.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that 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.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where they apply am taking the appropriate action.

Signature: ..... Date: .....

**Name in capitals** .....

**Regulatory and Voluntary Proceedings**

Since my last appraisal/revalidation **I have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

**OR**

If I have been subject to either of the above, I have discussed these with my appraiser.

Signature: ..... Date: .....

**Name in capitals** .....

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------

**PROBITY DECLARATION****Professional obligations**

I accept the professional obligations place upon me in paragraphs 56 to 76 of *Good Medical Practice (2006)*.

**Signature**..... **Date** .....

**Name in Capitals**.....

*Convictions, findings against you and disciplinary action*

Since my last appraisal/revalidation **I have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

**OR**

If I have been subject to any of the above, I have discussed this with my appraiser.

**Signature** ..... **Date** .....

**Name in Capitals** .....

Name:	GMC Number:	Appraisal Period :
-------	-------------	--------------------



## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

**FORM 6 - SIGN OFF**

CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS			APPRAISER SIGNATURE	DATE

When you have completed the appraisal, the appraiser should check and sign the following:

GMC REQUIRED INFORMATION			PRESENT
Continuing professional development			
Quality improvement activity			
Significant events review			
Review of complaints and compliments			
Feedback from colleagues	Year undertaken OR Planned Year:		
Feedback from patients (where applicable)	Year undertaken OR Planned Year:		

APPRAISAL CHECKLIST	COMPLETED
Check that all sections of the documentation have been completed.	
Ensure the previous year's Personal Development Plan has been reviewed.	
Forward required Forms according to the organisation's appraisal policy.	

APPRAISAL COMPLETION			
We confirm that this summary is an accurate record of the appraisal discussion, the key documents used, and of the agreed personal development plan:			
<b>APPRAISEE</b>			
Signature of Appraisee: _____		Date: _____	
<b>APPRAISER</b>			
Signature of Appraiser: _____		Name of Appraiser: _____	
GMC Number: _____		Date: _____	
<b>CO-APPRAISER</b> (if applicable)			
Signature of Co-Appraiser: _____		Name of Co-Appraiser: _____	
GMC Number: _____		Organisation: _____	

Name:

GMC Number:

Appraisal Period :

**FORM 7- REVALIDATION PROGRESS****Year 1**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_ has been satisfactorily completed.

<b>Current Outstanding Issues:</b>	<b>Action Required</b>	<b>Resolution</b>

Signature of Appraiser: \_\_\_\_\_ Name of Appraiser: \_\_\_\_\_  
GMC Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 2**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_ has been satisfactorily completed.

<b>Current Outstanding Issues:</b>	<b>Action Required</b>	<b>Resolution</b>

Signature of Appraiser: \_\_\_\_\_ Name of Appraiser: \_\_\_\_\_  
GMC Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 3**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_ has been satisfactorily completed.

<b>Current Outstanding Issues:</b>	<b>Action Required</b>	<b>Resolution</b>

Signature of Appraiser: \_\_\_\_\_ Name of Appraiser: \_\_\_\_\_  
GMC Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

GMC Number:

Appraisal Period :

## HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

**Year 4**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_ has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser: \_\_\_\_\_ Name of Appraiser: \_\_\_\_\_  
 GMC Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 5**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_ has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser: \_\_\_\_\_ Name of Appraiser: \_\_\_\_\_  
 GMC Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Year**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_ has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser: \_\_\_\_\_ Name of Appraiser: \_\_\_\_\_  
 GMC Number: \_\_\_\_\_ Date: \_\_\_\_\_

GMC Supporting Information Requirements	Year Completed	Reviewed by	Date
Feedback from colleagues 1 in 5 years			
Feedback from patients (where applicable) 1 in 5 years			
Significant Events Review			
Review of complaints and compliments			
Continuing Professional Development			
Quality Improvement Review			

Name:

GMC Number:

Appraisal Period :

# The *Good medical practice* framework for appraisal and revalidation

Working with doctors Working for patients

---

General  
Medical  
Council

## The framework sets out the broad areas which should be covered in medical appraisal and on which recommendations to revalidate doctors will be based.

Current systems of appraisal reflect the diversity of practice settings and employers of doctors. A single format of appraisal will not be suitable for all doctors in all settings but it is possible to identify a number of key principles that are relevant to the whole profession.





The framework is based on *Good medical practice*, our core ethical guidance for doctors, which sets out the principles and values on which good practice is founded. *Good medical practice* is used to inform the education, training and practice of all doctors in the UK.

The framework will form the basis of a standard approach for all appraisals, in which licensed doctors must take part in order to revalidate. Revalidation is the process by which all licensed doctors must demonstrate every five years that they are up to date and fit to practise.

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

### How doctors should use the framework

You should use the framework to:

-  reflect on your practice and your approach to medicine
-  reflect on the supporting information you have gathered and what that information demonstrates about your practice
-  identify areas of practice where you could make improvements or undertake further development
-  demonstrate that you are up to date and fit to practise.

## About the framework

The framework consists of four domains which cover the spectrum of medical practice. They are:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

Each domain is described by three attributes. The attributes define the scope and purpose of each domain. These attributes relate to practices or principles of the profession as a whole.

The principles and values have been pared down from the full advice in *Good medical practice*. They are examples of the types of professional behaviours expected of all doctors.

Some examples from our explanatory guidance *Leadership and management for all doctors* and *Good practice in research* have also been included to provide examples for doctors working in non-clinical roles. Paragraph reference numbers have been provided so that they can be read in their original context.

## Supporting information and appraisal

You will need to maintain a portfolio of supporting information to demonstrate that you are continuing to meet the attributes set out in the framework. Separate guidance, *Supporting information for appraisal and revalidation*, provides more information for you about this.

When you are preparing for your appraisal and collecting supporting information, you should review your practice and consider how the supporting information can demonstrate that you are continuing to meet the principles and values set out in *Good medical practice*.

It is not necessary to structure the appraisal formally around the 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.

Collating and discussing the set of supporting information at appraisal over the course of the revalidation cycle will ensure that you have demonstrated your practice against all 12 attributes. In most cases, 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.

## Good medical practice framework

Numbers following the principles and values in this framework refer to paragraph numbers in GMP, except where preceded by LMAD which refers to our booklet *Leadership and management for all doctors*; or Research which refers to *Good practice in research*.

### Domain 1 – Knowledge, skills and performance

Attributes	Examples of principles and values from
1.1 Maintain your professional performance	<ul style="list-style-type: none"> <li>• Maintain knowledge of the law and other regulation relevant to your work (12)</li> <li>• Keep knowledge and skills about your current work up to date (12)</li> <li>• Participate in professional development and educational activities (9–10)</li> <li>• Take part in and respond constructively to the outcome of systematic quality improvement activities (eg audit), appraisals and performance reviews (13)</li> </ul>
1.2 Apply knowledge and experience to practice	<ul style="list-style-type: none"> <li>• Recognise and work within the limits of your competence (14)</li> <li>• If you work in research, follow appropriate national research governance guidelines (Research 6)</li> <li>• If you are a teacher/trainer, apply the skills, attitudes and practice of a competent teacher/trainer (39)</li> <li>• If you are a manager, work effectively as a manager (LMAD)</li> <li>• Support patients in caring for themselves (51)</li> <li>• If you are in a clinical role:               <ul style="list-style-type: none"> <li>- Adequately assess the patient's conditions (15a)</li> <li>- Provide or arrange advice, investigations or treatment where necessary (15b)</li> <li>- Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (16a)</li> <li>- Provide effective treatments based on the best available evidence (16b)</li> <li>- Take steps to alleviate pain and distress whether or not a cure may be possible (16c)</li> <li>- Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (14, 16d, 35)</li> </ul> </li> </ul>
1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible	<ul style="list-style-type: none"> <li>• Make and/or review records at the same time as the events are documented or as soon as possible afterwards (19)</li> <li>• Ensure that any documentation that records your findings, decisions, information given to patients, drugs prescribed and other information or treatment is up to date and accurate (19, 21)</li> <li>• Implement and comply with systems to protect patient confidentiality (20)</li> </ul>

## Domain 2 – Safety and quality

Attributes	Examples of principles and values from <i>Good medical practice</i>
2.1 Contribute to and comply with systems to protect patients	<ul style="list-style-type: none"> <li>• Take part in systems of quality assurance and quality improvement (22)</li> <li>• Comply with risk management and clinical governance procedures</li> <li>• Cooperate with legitimate requests for information from organisations monitoring public health (23d)</li> <li>• Provide information for confidential inquiries, significant event reporting (23a, 23b)</li> <li>• Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised (40)</li> <li>• Report suspected adverse reactions (23c)</li> <li>• Ensure arrangements are made for the continuing care of the patient where necessary (44)</li> <li>• Ensure systems are in place for colleagues to raise concerns about risks to patients (25)</li> </ul>
2.2 Respond to risks to safety	<ul style="list-style-type: none"> <li>• Report risks in the healthcare environment to your employing or contracting bodies (25b)</li> <li>• Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities (27)</li> <li>• Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk (25c)</li> <li>• Respond promptly to risks posed by patients</li> <li>• Follow infection control procedures and regulations</li> </ul>
2.3 Protect patients and colleagues from any risk posed by your health	<ul style="list-style-type: none"> <li>• Make arrangements for accessing independent medical advice when necessary (30)</li> <li>• Be immunised against common serious communicable diseases where vaccines are available (29)</li> </ul>



## Domain 3 - Communication, partnership and teamwork

Attributes	Examples of principles and values from <i>Good medical practice</i>
3.1 Communicate effectively	<ul style="list-style-type: none"> <li>• Listen to patients and respect their views about their health (31)</li> <li>• Give patients the information they need in order to make decisions about their care in a way they can understand (32)</li> <li>• Respond to patients' questions (31)</li> <li>• Keep patients informed about the progress of their care (32, 49b)</li> <li>• Explain to patients when something has gone wrong (55)</li> <li>• Treat those close to the patient considerately (33)</li> <li>• Communicate effectively with colleagues within and outside the team (34)</li> <li>• Encourage colleagues to contribute to discussions and to communicate effectively with each other (LMAD)</li> <li>• Pass on information to colleagues involved in, or taking over, your patients' care (44, 45)</li> </ul>
3.2 Work constructively with colleagues and delegate effectively	<ul style="list-style-type: none"> <li>• Treat colleagues fairly and with respect (36)</li> <li>• Support colleagues who have problems with their performance, conduct or health (43)</li> <li>• Act as a positive role model for colleagues (LMAD 2f, 23, 63)</li> <li>• Ensure colleagues to whom you delegate have appropriate qualifications and experience (45)</li> <li>• Provide effective leadership as appropriate to their role (LMAD)</li> </ul>
3.3 Establish and maintain partnerships with patients	<ul style="list-style-type: none"> <li>• Encourage patients to take an interest in their health and to take action to improve and maintain it (51)</li> <li>• Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research (17)</li> </ul>

## Domain 4 - Maintaining trust

Attributes	Examples of principles and values from <i>Good medical practice</i>
4.1 Show respect for patients	<ul style="list-style-type: none"> <li>• Implement and comply with systems to protect patient confidentiality (69, 20)</li> <li>• Be polite, considerate and honest and respect patients' dignity and privacy (46, 47)</li> <li>• Treat each patient fairly and as an individual (47, 48)</li> <li>• If you undertake research, respect the rights of patients participating in the research (Research 15-20, 28-30, 31-32)</li> </ul>
4.2 Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> <li>• Be honest and objective when appraising or assessing colleagues and when writing references (41)</li> <li>• Respond promptly and fully to complaints (61)</li> <li>• Provide care on the basis of the patient's needs and the likely effect of treatment (56–60)</li> </ul>
4.3 Act with honesty and integrity	<ul style="list-style-type: none"> <li>• Ensure you have adequate indemnity or insurance cover for your practice (63)</li> <li>• Be honest in financial and commercial dealings (77–80)</li> <li>• Ensure any published information about your services is factual and verifiable (70)</li> <li>• Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence (66, 71)</li> <li>• Inform patients about any fees and charges before starting treatment (77)</li> <li>• If you undertake research, obtain appropriate ethical approval (Research 7) and honestly report results (67)</li> </ul>

Email: **revalidation@gmc-uk.org**

Website: **www.gmc-uk.org/revalidation**

Telephone: **0161 923 6277**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at **publications@gmc-uk.org**.

Published March 2013

© 2013 General Medical Council

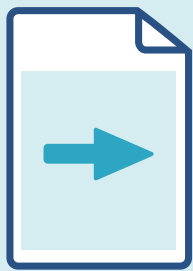
This version contains updated references to reflect the 2013 edition of *Good medical practice*, and replaces the version dated March 2011.

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

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

Code: GMC/REV-GMCF/1114

**General  
Medical  
Council**



# Guidance on supporting information for appraisal and revalidation

---

# Contents

---

About this guidance	02
Supporting information for appraisal and revalidation	03
Meeting our revalidation requirements: Overarching principles	05
Essential information to help you meet our revalidation requirements	07
Appraisal requirements for revalidation	07
Role of appraisers and responsible officers	07
Doctors in training	08
Supporting information should be from UK practice	09
Appraisal tools	09
Advice from other organisations	09
Your professional obligations	10
Additional information required for your appraisal	11
Information about your practice	11
Probity statement	11
Health statement	12
Your supporting information	13
1: Continuing professional development	13
2: Quality improvement activity	15
3: Significant events and serious incidents	18
4: Feedback from patients or those you provide medical services to	20
5: Colleague feedback	25
6: Compliments and complaints	28

---

# About this guidance

---

- 1 This guidance sets out the GMC's requirements for the supporting information licensed doctors must collect, reflect on and discuss at appraisal for revalidation.
- 2 All licensed doctors\* must meet our requirements for revalidation. It is your responsibility to make sure you understand and follow this guidance. Your licence to practise may be at risk if you fail to do so.
- 3 In this guidance we use the terms 'you must' and 'you should' in the following ways:
  - 'You must' is used for an overriding requirement.
  - 'You should' is used when we are providing an explanation of how you will meet the overriding requirement.
  - 'You should' is also used where the requirement will not apply in all situations or circumstances, or where there are factors outside your control that may affect whether or how you can follow the guidance. In these circumstances, you must be able to explain to your responsible officer why you can't meet the requirement and agree the next steps, such as appropriate measures to demonstrate your continued competence in a different way.
- 4 Throughout this guidance we refer to responsible officers. You should take this to include suitable persons, or the GMC if you do not have a prescribed connection to a designated body or suitable person.
- 5 Throughout this guidance we refer to appraisal. You should take this to mean annual whole practice appraisal.

\* All licensed doctors includes doctors who are in training.

# Supporting information for appraisal and revalidation

- 6 During your appraisals,\* you will use supporting information to demonstrate that you are continuing to meet the principles and values set out in [Good medical practice](#).†
- 7 This guidance sets out the supporting information you will need to provide at your 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.
- 8 The supporting information you must collect, reflect on and discuss at appraisal falls under four broad headings:



- 9 There are six types of supporting information you must collect, reflect on and discuss at your appraisal. They are:
  - a Continuing professional development
  - b Quality improvement activity
  - c Significant events or serious incidents
  - d Feedback from patients or those you provide medical services to
  - e Feedback from colleagues
  - f Compliments and complaints

\* Appraisal should be taken to mean Annual Review of Competence Progression for doctors in training.

† General Medical Council: [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp).

- 
- 10** By providing all six types of supporting information over your revalidation cycle you should, through reflection and discussion at appraisal, have demonstrated your practice against the attributes outlined in our separate guidance, [Good medical practice framework for appraisal and revalidation](#).<sup>\*</sup> This will make it easier for your appraiser to complete your appraisal and for your responsible officer to make a recommendation to us about your revalidation.

<sup>\*</sup> General Medical Council: [www.gmc-uk.org/The\\_Good\\_medical\\_practice\\_framework\\_for\\_appraisal\\_and\\_revalidation\\_\\_\\_DC5707.pdf\\_56235089.pdf](http://www.gmc-uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation___DC5707.pdf_56235089.pdf).



# Meeting our revalidation requirements: overarching principles

- 11 Annual appraisal:** Appraisal is a key part of revalidation. It should be developmental and assurance focused, and is not a pass or fail exercise. You must participate in appraisal every year unless there are clear and reasonable mitigating circumstances that prevent you from doing so. For example, you might not have had an appraisal one year because you were on maternity leave or long term sickness absence. Providing there are clear and reasonable mitigating circumstances, we do not require you to 'catch up' on appraisals and you do not have to complete five appraisals to revalidate. You should discuss and agree this with your responsible officer before any period of prolonged absence, or as soon as you know how long you are going to be away from work.
- 12** An appraisal can be used for a variety of other legitimate reasons, and not just for revalidation.\* This guidance sets out our requirements for your appraisal for revalidation, as opposed to other local appraisal guidance requirements at the organisation where you work.
- 13 Whole scope of practice:** You must declare all the places you have worked and the roles you have carried out as a doctor since your last appraisal. It's important you identify your whole scope of practice so you can make sure your supporting information covers all aspects of your work over the revalidation cycle.
- 14** The range of supporting information you must collect, reflect on and discuss at appraisal will depend on your scope of practice and the type of work you do. Your supporting information must cover any work you do in:
  - a** clinical roles
  - b** non-clinical roles such as educational, research, academic, managerial or leadership roles
  - c** NHS, independent sector, voluntary and private work.
- 15 Quality not quantity:** It is important that your supporting information covers your whole scope of practice, is of sufficient quality to support your learning and development, and helps you reflect to identify areas for improvement and strengths in your practice. We do not set a minimum or maximum quantity of supporting information you must collect, but advise against collecting multiple examples that demonstrate reflection and learning of the same skills.
- 16 Proportionality:** You should consider what evidence demonstrates your strengths as well as areas of your practice that may benefit from further development. You do not need to submit every available piece of evidence for each type of supporting information. You should choose clear examples within each supporting information category in line with the requirements in this guidance. You should also choose examples based on their ability to generate meaningful reflection and discussion during your appraisal meetings. You must be able to explain to your appraiser, if asked, why you have chosen the evidence.

\* For example, to maintain status on the national performers list.

- 
- 17 Reflection:** Appraisal is a supportive and developmental forum, giving you the opportunity to reflect on your professional practice over the past year. Reflecting on both positive and critical experiences and being supported to reflect, is important for your wellbeing and development. Reflecting on your supporting information and what it says about your practice will help you improve the quality of care you give your patients and the services you provide as a doctor. You will not meet our requirements by simply collecting the required information. Ongoing reflection on your practice is central to revalidation and should form part of the preparation for your appraisal. Your appraiser can facilitate further reflection, as needed, but it is your responsibility to demonstrate examples of your reflective practice.
- 19** Your reflective notes do not need to capture full details of an experience, they should focus on the learning identified and any planned actions arising from your reflections. [The reflective practitioner](#)\* includes guidance on approaches to reflection, demonstrating reflection and anonymising information.
- 19 Focus on learning:** At your appraisal you must discuss with your appraiser the changes you have made or plan to make, and any areas of good practice you intend to maintain or build on as a result of your reflections on your supporting information and appraisal discussion. We do not require you to document the detail of every event. You should focus on what you have learned and what changes you need or want to make.
- 20 Link to improvement and development planning:** Reflection supports your development and continuous learning, and will help you to identify improvements you can make to your practice. You must consider the learning needs and opportunities identified through the appraisal process in discussion with your appraiser, and agree how this feeds into your personal development plan and continuing professional development activities for the following year.

\* General Medical Council: [www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students)

---

# Essential information to help you meet our revalidation requirements

---

## Appraisal requirements for revalidation

- 21** This guidance covers our requirements for all licensed doctors. Every licensed doctor practising in the UK (or crown dependencies or Gibraltar) can meet our requirements for supporting information for revalidation.
- 22** Our requirements are sufficiently flexible to take account of the wide range of medical practice carried out by licensed doctors in the UK. If you are concerned you can't meet our requirements, it is your responsibility to seek advice and agree any appropriate variations with your responsible officer.
- 23** The organisation where you work may set other appraisal or contractual requirements as part of your employment – for example, completion of health and safety training. That is a matter for employers and they are not GMC requirements. Failure to meet local appraisal or contractual requirements may be discussed at your appraisal but should not influence the revalidation recommendation made about you.
- 24** However, in exceptional circumstances your responsible officer may decide that significant failure to meet local requirements will impact on their recommendation. They would need to be satisfied (and satisfy us) that failure to meet local requirements means you are not engaging with revalidation and therefore failing to meet our requirements. They would need to specify which of our requirements you have not met.

## Role of appraisers and responsible officers

- 25** Responsible officers and their revalidation teams can advise you on local processes in place to help you to collect your supporting information.
- 26** Your appraiser can offer advice on how you can meet the requirements for your revalidation and signpost appropriate resources to help you. However it is your responsible officer who makes the recommendation about whether or not you have met the requirements. Most organisations have local appraisal guidance which will help you meet our requirements.
- 27** Your appraisal should be with an appropriately appointed and trained appraiser.

- 
- 28** Your designated body must support you to access an appraisal.
  - 29** Responsible officers (as representatives of organisations) are required to ensure you have access to data and systems to support, and have sufficient time to prepare for, your appraisal and revalidation.\*
  - 30** If you do not have a connection to a designated body or suitable person and cannot access an appraiser through your employer or through the organisation with whom you have a contract to provide medical services, you must identify an appraiser who meets the criteria on our website.† We do not require your appraiser to be from the same specialty as you.
  - 31** If you do not have a connection to a designated body or suitable person, and therefore have to give us an annual return, we can advise you on how you can meet our requirements of revalidation if you are unsure.

## Doctors in training

- 32** Every licensed doctor must take part in revalidation including doctors who are in training. If you are a doctor in a UK training programme, your postgraduate dean will be your responsible officer.
- 33** Your responsible officer will make a revalidation recommendation for you based on your Annual Review of Competence Progression (ARCP). You do not need to collect any supporting information from your training programme posts other than what is required for your ARCP, as the ARCP process takes into account our requirements for revalidation. You must comply with ARCP or other programme requirements as long as you are in training.
- 34** If you carry out any work outside your training posts for which you need a licence to practise (including locum roles) you must declare this on your Form R (or electronic equivalent), and collect supporting information that covers the whole of this practice. This is consistent with the requirement on all doctors set out in paragraph 11. Your responsible officer may ask you to provide further evidence relating to your work outside training if they feel it is needed before making a revalidation recommendation about you.

\* General Medical Council: [Leadership and management for all doctors guidance](#) and [Effective Clinical Governance](#)

† General Medical Council: [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp).

---

## Supporting information should be from UK practice

- 35** Revalidation assures patients and the public that doctors remain up to date and fit to practise, in line with the standards of practice required in the UK. It is founded on the principle that you have met the professional expectations placed on you as a doctor practising in the UK.
- 36** If you don't carry out any medical practice in the UK, crown dependencies or Gibraltar, you don't need to hold or maintain a UK licence to practise. If you practise outside of the UK and choose to maintain your licence, you will need to work closely with your responsible officer to understand how you can meet our requirements for supporting information and appraisals.
- 37** We expect you to collect, reflect on and discuss supporting information generated from your whole UK practice. Responsible officers may decide to accept supporting information drawn from overseas practice if they are satisfied it meets the same standards as those expected in the UK and therefore gives assurance about your continued fitness to practise. It is important that you speak to your responsible officer as soon as you know you intend to practise overseas while holding a UK licence to practise. Only in exceptional circumstances\* would a doctor with supporting information drawn from practice wholly or significantly overseas be able to maintain their UK licence to practise.

## Appraisal tools

- 38** We do not require you to use any specific appraisal portfolio tools or systems for revalidation. Your organisations may specify the portfolio tools they expect you to use. The tool or system used must be robust enough to allow you to engage with revalidation. If you're unsure about which appraisal or portfolio tools you need to use, you should check your local appraisal guidance or contact your responsible officer.

## Advice from other organisations

- 39** The Academy of Medical Royal Colleges, individual colleges, faculties and specialty-specific organisations provide advice about appraisal and revalidation for doctors working in different specialties. Their advice translates our high level requirements into a specialty-specific context and can therefore help you understand how you can satisfy our requirements.

\* For example, a legislative requirement to hold a UK licence in a country outside of the UK, for example in Gibraltar.

---

## Your professional obligations

- 40** You have a professional obligation to give an honest and comprehensive picture of your whole practice for revalidation. You must make your responsible officer and appraiser aware of all the places you have worked as a licensed doctor since your last appraisal.
- 41** In terms of supporting information and appraisal for revalidation, you must:
- read, understand and meet our requirements for the sources, types and frequency of supporting information specified in each section of this guidance
  - make sure your supporting information and any other evidence for your whole practice appraisal is honest, accurate and comprehensive
  - participate in annual appraisals that cover your whole practice. This means collecting, reflecting on, and discussing supporting information in line with the requirements in this guidance.

# Additional information required for your appraisal

## Information about your practice

**42** In your appraisal portfolio you must provide:

- a** your personal details including your GMC reference number
- b** details of the organisations and locations where you have worked as a doctor since your last appraisal, and the roles or posts held
- c** a comprehensive description of the scope and nature of your practice
- d** a record of your appraisals, including confirmation whether you are in any revalidation non-engagement, licence withdrawal or appeal process
- e** your personal development plans and their reviews.

## Probity statement

- 43** You will need to make a statement in relation to probity. Your appraisal is an opportunity to review and reflect on any probity matters you wish to discuss with your appraiser. This includes the obligations to ensure you have adequate insurance and indemnity and declare and manage any conflicts of interests appropriately.
- 44** Probity is at the heart of medical professionalism and means being honest and trustworthy and acting with integrity. Not providing honest and accurate information required for your appraisal will raise a question about your probity.
- 45** Good medical practice gives guidance on issues of probity as follows:
- a** Research (paragraphs 17 and 67)
  - b** Holding adequate and appropriate insurance or indemnity (paragraph 63)\*
  - c** Being honest and trustworthy (paragraphs 65–67)
  - d** Providing and publishing information about your services (paragraph 70)
  - e** Writing reports and CVs, giving evidence and signing documents (paragraph 71)

\* A doctor must have adequate and appropriate insurance or indemnity in place when they start to practise medicine in the UK. Under the law, a doctor must have cover against liabilities that may be incurred in practising medicine having regard to the nature and extent of the risks.

- f** Cautions, official inquiries, criminal offences, findings against your registration, and suspensions and restrictions on your practice (paragraphs 72–76)
- g** Financial and commercial dealings and conflicts of interest (paragraphs 77–80)

## Health statement

- 46** You will also need to make a health statement. It is important that you reflect on and consider whether there any matters in relation to your own health and wellbeing which you wish to discuss with your appraiser. This includes whether you have appropriate support in place to protect yourself and your patients.
- 47** *Good medical practice* gives the following guidance:
- a** 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).
  - b** Immunisation – you should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available (paragraph 29).
  - c** 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).



# Your supporting information

## 1: Continuing professional development

### The purpose of carrying out and reflecting on continuing professional development (CPD)

- To help you keep up to date and competent in all the work you do.
- To maintain and enhance the quality of your professional work across your whole practice.
- To encourage and support specific improvements in practice.

### The GMC's requirements

- a You must carry out CPD activities every year.
- b Your CPD activities must cover the whole of your practice, and be tailored to your scope of practice and needs.  
  
Your learning needs and plans for your CPD should be reflected in your personal development plan for the coming year.
- d CPD should focus on outcomes or outputs rather than on inputs. You must reflect on what you have learned from the activity and how this could help maintain or improve the quality of your practice.
- e You must reflect on your CPD activities and discuss them at each appraisal.

### Our guidance on CPD

- 48** CPD helps doctors maintain and improve their performance. It covers the development of knowledge, skills, attitudes and behaviours across all areas of professional practice. Effective CPD will help you to anticipate and respond to the needs of your patients and the service, and changes in society's expectations in the ways doctors work. It will enable you to keep up to date and fit to practise and maintain the professional standards required of you throughout your career. It can also support specific changes in your practice, which may enhance your career opportunities and enhance job satisfaction.

- 49 *Good medical practice* requires you to keep your knowledge and skills up to date and encourages you to take part in activities that maintain and develop your competence and performance (paragraph 8 and 9).
- 50 Our [\*CPD: Guidance for all doctors\*](#)\* will help you plan and reflect on your learning opportunities and be prepared when you discuss your CPD at your annual appraisal.

## CPD must be tailored to your scope of practice and needs

- 51 You must carry out CPD activities annually, and these must cover your whole practice. Your CPD activities must:
- a be based on your day to day work and what you think you will need in the future to carry out all the roles and responsibilities that are (or are likely to become) part of your scope of practice
  - b be relevant to the current and emerging knowledge and skills needed for your specialty or area of practice, professional responsibilities and areas of development and work
  - c prepare you for the unpredictable and changing nature of medical practice
  - d meet the needs of your patients, colleagues and employers, where appropriate.
- 52 You should think broadly about the types of CPD activities you can do. You should make sure they are influenced by your participation in clinical governance processes, or quality improvement activities (including individual, organisational and national audit), workplace-based assessments and other ways you learn and get feedback about your professional and work practices.
- 53 Because your CPD activities need to be tailored to your scope of practice and needs, we do not mandate the number of CPD points you should collect for revalidation.
- 54 When deciding on which activities to reflect on and discuss at appraisal, focus on those you found most valuable and meaningful.

\* General Medical Council: [www.gmc-uk.org/education/continuing\\_professional\\_development/cpd\\_guidance.asp](http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp).

## 2: Quality improvement activity

### The purpose of collecting and reflecting on quality improvement activity

- To allow you to review and evaluate the quality of your work.
- To identify what works well in your practice and where you can make changes.
- To reflect on whether changes you have made have improved your practice or what further action you need to take.

### The GMC's requirements

- a You must discuss with your appraiser or responsible officer the extent and frequency of quality improvement activity that is appropriate for the work you do.
- b You must be able to show you have participated in quality improvement activity that is relevant to all aspects of your practice at least once in your revalidation cycle. However, the extent and frequency will depend on the nature of the activity.
- c You should participate in any national audit or outcome review if one is being conducted in your area of practice. You should also reflect on the outcomes of these audits or reviews, even if you are unable to participate directly.
- d You should evaluate and reflect on the results of the activity, including what action you have taken in response to the results and the impact over time of the changes you have made, and discuss these outcomes at your appraisal.
- e If you have been unable to evaluate the result of the changes you have made or plan to make to your practice, you must discuss with your appraiser how you will include this in your personal development plan for the following appraisal period.

---

## Quality improvement activity can take many forms

- 55** Quality improvement activity can take many forms depending on the roles you do and the nature of your practice.
- 56** You should think about the activities or work in which you have been involved that has focused on quality improvement. Examples of these include:
- a** Review of your performance against local, regional or national benchmarking data where this is robust, attributable and validated. This could include morbidity and mortality statistics or complication rates.
  - b** Review or audit of prescribing activity. This could include identifying lessons for improvement and compliance with clinical guidelines and early, routine reporting of adverse reactions and near misses.
  - c** Clinical audit. This must be evidence of effective participation in clinical audit or an equivalent quality improvement exercise that measures the care with which you have been directly involved.
  - d** Local audit: This must be evidence of effective participation in local audits of compliance with key safety alerts.
  - e** Case review or discussion. A documented account of interesting or challenging cases that you have discussed with a peer, another specialist or within a multidisciplinary team.
  - f** Learning event analysis.
  - g** Audit and monitoring of the effectiveness of a teaching programme.
  - h** Audit of outcomes from clinical guidelines, devices and innovations recently introduced, including training received and any changes to practice.
  - i** Evaluating the impact and effectiveness of a piece of health policy or management practice.

## Quality improvement activity should be robust, systematic and relevant to your work

- 57** The medical royal colleges and faculties provide advice on the type of activity that would be most appropriate for doctors working in particular specialities or general practice. Many specialities have robust and validated quality measures in place, such as national specialty databases. If you are in specialist practice you should consult your college or faculty advice.

---

## Discuss and agree the frequency of your quality improvement activity with your responsible officer

- 58** You must discuss with your appraiser or responsible officer the extent and frequency of quality improvement activity.
- 59** The extent and frequency of your quality improvement activity will depend on the nature of the activity itself and the work you do.

## Reflecting on your quality improvement activity

- 60** At your appraisal you must reflect on and discuss your quality improvement activity. To show how these activities have impacted on your practice and made a difference to your work you should focus on:
- a** How the quality improvement activity you have carried out is relevant to your work.
  - b** How you have evaluated and reflected on the results of your activity. This may be through reflective notes about the implications of the results on your work, discussion of the results at peer-supervision, team meetings, and contributions to your professional development.
  - c** What action you have taken or plan to take in response to the results. This might include the development of an action plan based on the results of the activity, changing your practice following participation, and informing colleagues of the findings and any action required.
  - d** Demonstrating whether an improvement has occurred or if the activity showed that good practice has been maintained. This should be through the results of a repeat of the activity or a re-audit after a period of time where possible.

## 3: Significant events and serious incidents

### The purpose of collecting and reflecting on significant events and serious incidents

- To allow you to review and improve the quality of your professional work.
- To identify any patterns in the types of significant events and serious incidents recorded about your practice and consider what further learning and development actions you have implemented, or plan to implement to prevent such events happening again.

### The GMC's requirements

- a You must declare and reflect on every significant event and serious incidents you were involved in since your last appraisal.
- b Your discussion at appraisal should focus on those significant events that led to a change in your practice or demonstrate your insight and learning. You must be able to explain to your appraiser, if asked, why you have chosen these events.
- c Your reflection and discussion should focus on the insight and learning from the event or incident, rather than the facts or the number you have recorded.

### What is a significant event or serious incident?

- 61** For the purposes of this guidance a significant event 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.
- 62** We recognise that your organisation may use a different term for these events (for example, serious untoward incident or serious incident requiring investigation) or they may have defined the term more broadly to include learning events other than those that resulted in harm.\* For the purpose of meeting our requirements under this heading, you should focus on your learning from any events and incidents that have or could have harmed your patients.

\* In general practice, significant event analysis has included learning from events that did not meet the harm threshold and therefore such learning event analysis is usually considered as a form of quality improvement activity.

- 63** Significant events and serious incidents should be collected routinely by your employer where you are directly employed by an organisation. Many organisations (including hospitals and general practices) have formal processes in place for logging and responding to all such events. If you are self-employed you should make note of any such events or incidents and review them.

## Participating in significant event and serious incident reviews

- 64** All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients when things go wrong. As a doctor you must be open and honest with patients, colleagues and your employers. [\*The professional duty of candour guidance\*](#)<sup>\*</sup> makes clear the need for honesty with patients after healthcare harm, and the importance of contributing to a learning culture to improve patient safety and make sure lessons are learned.
- 65** As a doctor you have a responsibility under the duty of candour 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.

## Reflecting on significant events and serious incidents

- 66** You should be able to show to your appraiser that you are aware of any patterns in the types of incidents or events recorded about your practice. You should discuss the action you have taken and any changes made to your practice to prevent such events or incidents happening again. Areas for further learning and development should be reflected in your personal development plan and CPD.
- 67** It is the insight and learning from the significant event or serious incident, rather than the facts or the number you have recorded, which should be the focus of your reflection and discussion at appraisal.
- 68** The numbers of significant events or serious incidents may vary across different specialties. If you have not been involved in any significant events or serious incidents you must declare this fact. You should either reflect on your local significant event or serious incident process or what you have been doing well to mitigate the risk of an event or incident occurring.

<sup>\*</sup> General Medical Council: [www.gmc-uk.org/static/documents/content/DoC\\_guidance\\_english.pdf](http://www.gmc-uk.org/static/documents/content/DoC_guidance_english.pdf).

## 4: Feedback from patients or those you provide medical services to

### The purpose of gathering and reflecting on this feedback

Doctors have a professional duty, set out in *Good medical practice* to: 'listen to patients, take account of their views, and respond honestly to their questions.' (Paragraph 31).

The purpose of reflecting on feedback from your patients is to help you to understand their experience of your practice. Patients have a unique perspective and their feedback can help you to identify areas of strength or opportunities for improvement. It can help you develop greater insight and self-awareness and challenge assumptions.

### The GMC's requirements

- a** At least once in each revalidation cycle you must reflect on feedback from patients, collected using a formal feedback exercise.
- b** If you do not have patients, you should reflect on feedback from others you provide medical services to. If you can't collect such feedback, you must agree with your responsible officer that you do not need to.
- c** Feedback you reflect on should be collected in a way that is appropriate for your patients and the context in which you work.
- d** At each appraisal you should reflect on any other sources of patient feedback you can access, that give you helpful information about your practice (such as unsolicited feedback).\*
- e** You should reflect on patient feedback that covers your whole scope of practice across each revalidation cycle.
- f** You must reflect on feedback and if appropriate, act on it in a timely manner and discuss how it has informed your practice at your appraisal.

\* We're encouraging doctors to reflect on existing sources of patient feedback, such as letters, cards or team feedback at each appraisal to support their professional development, but this isn't mandatory. We recognise that what doctors can reflect on will depend on their role and what they can access.



## Principles for reflecting on patient feedback and how to apply them

**Principle 1.** You must collect and reflect on feedback from your patients (or where appropriate their family or carers)\* and discuss your reflections at your appraisal, to help you to:

- a understand your patients' experience of the care they receive and your work as a doctor
- b demonstrate you are taking account of your patients' views in developing your practice
- c identify areas of strength to build on or maintain, and any changes you can make to improve your practice
- d review whether any changes you have made in response to earlier feedback have had a positive impact.

- 69** At least once in each revalidation cycle you must reflect on feedback from patients that has been collected using a formal feedback exercise.
- 70** When deciding how to do this you should consider which mechanism or tool would be most appropriate for your patients, and what would give you meaningful information about your practice. A structured questionnaire (e.g. friends and family test), may be suitable, however you may take another approach if it better suits the context of your work and/or your patients' needs. Other approaches could include: structured interviews, focus groups, formal comment cards or a remote feedback tool like an app. You can find more information in our supplementary [guidance on developing and implementing formal patient feedback tools](#).<sup>†</sup>
- 71** At each appraisal you should also reflect on any sources of patient feedback you can access that give you helpful information about your practice, such as unsolicited feedback (for example, cards and letters), or feedback on your team or the service you provide.
- 72** Organisations where you work, or your designated body, should support you by providing or advising on mechanisms you can use to seek feedback, and by providing access to any relevant feedback collected centrally. If you are unsure how to collect patient feedback, check local appraisal guidance and discuss with your appraiser and responsible officer. If you work in settings that do not have systems in place, you may need to identify how to obtain patient feedback (for example through an independent provider).

\* Or, if you don't have any patients, others you provide medical services to (see paragraph 68 below).

† General Medical Council: [www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources/collecting-colleague-and-patient-feedback-for-revalidation](http://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources/collecting-colleague-and-patient-feedback-for-revalidation)

- 73** Processes you use to obtain formal patient feedback should be robust, fair and help you to reflect on your practice. Responsible officers may decide to accept formal patient feedback obtained using a mechanism that doesn't meet all the criteria outlined in our supplementary guidance, if they are satisfied it is robust enough to enable you to reflect on and discuss at appraisal.
- 74** Patient feedback should help you to identify what you do well and where you could make improvements. Questions that patients are asked could be based on relevant domains in *Good medical practice* (as appropriate for your patients and the method used), such as: *Domain 3. Communication, partnership and teamwork* – how well your patients felt that you listened to them.
- 75** Our patient feedback case studies may help you decide how best to seek feedback in roles where it can be challenging such as roles with little patient contact or where patients find it hard to respond

### Principle 2. Patient feedback

- a** should be from across your whole scope of practice across your revalidation cycle
- b** must be sufficient to allow you to effectively reflect on your practice.

- 76** You should reflect on feedback from your whole scope of practice across each revalidation cycle. Your approach should be proportionate to the nature of your work and the number of patients you see, and not unduly burdensome (for example, you do not need to obtain patient feedback using a formal exercise for each role you hold).
- 77** Focus on the quality of the feedback, how meaningful it is and what it tells you about your practice. A tool you use to seek feedback might recommend that you achieve a certain number of responses to get a reliable picture of your practice. However, if it's not possible to achieve these numbers in your circumstances, the feedback can still give you valuable information to reflect on, especially free text comments. If your circumstances make it difficult to obtain the recommended number of responses, discuss this with your appraiser and responsible officer.
- 78** Your approach over the revalidation cycle should include reflection on both solicited feedback (that patients are asked to give), and any unsolicited feedback (unplanned and given at any time), that you receive.

\* *The Medical Profession (Responsible Officers) Regulations 2010 and The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010.*

**79 If you do not have patients,** it is still important you reflect on feedback from those you interact with on a professional basis. Depending on the nature of your practice this could include individuals, such as students, clients or those who rely on your expert opinion. Where no such feedback is available discuss and agree this with your RO, SP or appraiser. Clearly explain any issues that may affect your ability to reflect on this type of feedback including, for example:

- an overlap with those providing colleague feedback
- conflicts of interest when asking certain individuals for their feedback.

**Principle 3.** Patients should be able to:

- a** give formal feedback in a way that meets their needs
- b** give unsolicited feedback when they have something to say.

**80** Patients should be offered a way to give feedback that meets their needs, to ensure the process is accessible. For example, you might need to offer some patients support to give their feedback, or a questionnaire in an appropriate format, such as in another language or in easy read. Being able to offer patients different ways to give feedback may depend on the appraisal and revalidation policies where you work. We would expect the approach to be proportionate in terms of the time and resource required. You must make reasonable adjustments for disabled patients, as required under equality law.\*

**81** If your patients cannot give feedback themselves, even with adjustments to the process, you should seek feedback from those who can give you meaningful feedback from the patient's perspective. For example, patients' relatives, carers or advocates. Professional judgement should be used to decide whether it is appropriate to ask patients or their representatives for feedback, for example, in a particularly sensitive situation.

**82** Those who give their feedback should be broadly representative of your patient population.

\* There is a legal duty in the *Equality Act 2010* (and associated requirements in Northern Ireland) to make reasonable adjustments for disabled people, to ensure they are not disadvantaged compared with non-disabled people.

---

**Principle 4.** Patients should be informed of the purpose of the feedback and what it will be used for.

- 83** Patients should be told; how they can give feedback, what the feedback will be used for, that the feedback will be confidential or anonymous, and that they do not have to take part.
- 84** It is good practice to tell patients about changes made in light of feedback from patients. This will help them understand the value of giving their feedback, and encourage them to take part. This could be done at an individual, team or service level.

**Principle 5.** You should reflect and, if appropriate, act on the feedback in a timely manner.

- 85** Reflecting on feedback close to the time when it's given means results are more likely to remain relevant to your practice and allow you to identify actions to help your professional development. It may also allow you to identify opportunities to improve the quality of care in organisations where you work.
- 86** Your reflection can be across several pieces or types of supporting information and further explored through the discussion at your appraisal, which is documented in the appraisal summary.
- 87** At appraisal, focus on how the feedback informed your practice, whether the changes you made have helped your professional development, and if there are any further steps to take to develop your practice.

## 5: Colleague feedback

### The purpose of gathering and reflecting upon colleague feedback

- To understand how the range of people you work with view your practice.
- To help you identify areas of strength and development, and highlight changes you could make to improve the care or services you provide.
- To evaluate whether changes you have made to your practice in light of earlier feedback have had a positive impact.

### The GMC's requirements

- a At least once in your revalidation cycle you must collect, reflect on, and discuss at your appraisal, feedback from your colleagues.
- b The colleagues who are asked to give feedback must be chosen from across your whole scope of practice, and must include people from a range of different roles who may not be doctors.
- c You must choose colleagues impartially and be able to explain to your appraiser, if asked, why you have chosen the colleagues who have given your feedback.
- d Wherever possible you should use standard questionnaires that have been validated and are independently administered to maintain objectivity and confidentiality. You must agree any alternative approaches with your responsible officer.
- e You must reflect on what the feedback means for your current and future practice.

---

## Frequency and methods

- 88 At least once in your revalidation cycle you must collect feedback from colleagues on all of the different types of work you do across your whole practice. If you are unsure how to collect colleague feedback, you should check any local appraisal guidance and discuss with your responsible officer.
- 89 The organisations where you practise are likely to have systems and processes in place so you can gather feedback using standard questionnaires that have been validated and are independently administered. If you practise in settings that do not have these systems in place, you will need to think about how you will gather colleague feedback, for example through an independent provider.
- 90 You should use standard questionnaires that are consistent with the principles, values and responsibilities set out in *Good medical practice*, and have been validated. Where possible, your standard questionnaires should be independently administered to reassure your colleagues that their feedback will be anonymous.
- 91 When using standard questionnaires, the independent provider will be able to tell you how many responses you will need, to give an accurate reflection of your practice. You can find additional [guidance on using standard colleague feedback questionnaires\\*](#) on our website.
- 92 Some organisations might have other mandatory feedback mechanisms in place such as 360 degree feedback processes. In exceptional circumstances, your responsible officer may agree to you using feedback from these other processes instead of feedback through standard questionnaires.

## Think broadly about who can provide colleague feedback

- 93 You should discuss where, how and from whom you should collect colleague feedback from across your whole practice with your appraiser or check local guidance on colleague feedback. They can help you identify colleagues who can give feedback, including non-healthcare professionals. You should think about the nature of your practice, including the teams with which you work and the organisational environments in which you practise. This should include peers, people you supervise, individuals who support your work and those who you interact or liaise with from other professions. Your feedback should be gathered from colleagues who reflect the range of people who you work with, and not only other doctors. For example, this might include colleagues from other specialties, junior doctors, nurses, allied healthcare professionals, clinical directors, and management and clerical staff.

\* General Medical Council: [www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources/collecting-colleague-and-patient-feedback-for-revalidation](http://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources/collecting-colleague-and-patient-feedback-for-revalidation)

---

## Colleague feedback should be objective

- 94** Feedback from your colleagues is an opportunity to identify areas for improvement and further develop your strengths. You must choose colleagues impartially. You will get the most valuable feedback by selecting colleagues who you feel will be honest in their assessment and give constructive feedback on what you do well and where you could improve. This might mean selecting colleagues with whom you have worked in difficult or challenging circumstances.
- 95** Your appraiser can help you decide which colleagues to select for feedback across the whole of your scope of practice. You will also need to be able to explain to your appraiser, if asked, why you have chosen the colleagues who have given your feedback.
- 96** Where possible, feedback should be anonymous. If you are able to identify colleagues through the feedback they give, you must remain professional, particularly where the feedback may not be favourable.
- 97** The feedback from your colleagues must cover the whole of your practice and be of sufficient quantity to give an accurate and comprehensive picture of how your colleagues view your professional practice.

## Reflecting on your colleague feedback

- 98** Feedback from your colleagues will help you understand their experiences of working with you and how they view your practice.
- 99** Reflecting on your colleagues' feedback will help you to identify changes you can make to improve the care or services you provide. It will also allow you to identify your strengths so you can build on these further.

## 6: Compliments and complaints

### The purpose of gathering and reflecting on compliments and complaints

- To identify areas of good practice, strengths and what you do well.
- To identify areas for improvement, lessons learned and any changes to be made as a result.
- To demonstrate you value patients' and others' concerns and comments about your work by making changes as a result of the feedback you have received.

### The GMC's requirements

- a You must declare and reflect on all formal complaints made about you at your appraisal for revalidation. You should also reflect upon any complaints you receive outside of formal complaints procedures, where these provide useful learning.
- b You do not have to discuss every complaint at your appraisal. You should select those that evidence your insight and learning into your practice, and those that have caused you to make a change to your practice. You must be able to explain to your appraiser, if asked, why you have chosen these complaints over others as part of your appraisal discussion.
- c At your appraisal you should discuss your insight and learning from the complaints, and demonstrate how you have reflected on your practice and what changes you have made or intend to make.
- d You should follow the same principles for collecting, discussing and reflecting on compliments.

### The value of compliments

**100** Compliments are important sources of evidence that can facilitate reflection on your practice. They are a source of learning and reinforcement. Collecting, discussing and reflecting on compliments gives you the opportunity to affirm areas of strength in your practice and their positive impact on patient care. This will help you understand what your patients and others you interact with every day think you do well.

**101** Reflecting on compliments can help you further develop areas of strength.



---

## Considering formal complaints

- 102** *Good medical practice* states that 'You must be honest and trustworthy in all your communication with patients and colleagues.' (paragraph 68).<sup>\*</sup> You have a professional obligation to declare any formal complaints made about you or your practice at your appraisals, and to discuss these with your appraiser as appropriate.
- 103** This guidance defines formal complaints as complaints received about you or your team that have been formally acknowledged or recorded by you or the organisation to which it was sent.
- 104** You must make sure your evidence of complaints covers all of the roles you carry out across your whole scope of practice.

## Think broadly about sources of compliments and complaints

- 105** For each appraisal you should collect, discuss and reflect on:
- a** Complaints and compliments about you or your team that you or any organisation where you practise have received. This includes complaints that have been addressed through organisational complaints policies and procedures and complaints you might have resolved informally without the need for formal escalation.
  - b** Complaints investigated by regulatory bodies, for example, ombudsmen, inspection agencies in the four UK countries, or the GMC.
  - c** Feedback that you or the organisations where you practise have received through other channels, which identifies areas of your practice that are going well or may benefit from improvements. For example from online feedback platforms or informal feedback from a colleague following their conversation with a patient.
  - d** Feedback about the team in which you work or the wider environment in which you practise, which has an impact on your individual practice by, for example, giving you a compliment, learning or action points.

<sup>\*</sup> General Medical Council: [www.gmc-uk.org/guidance/good\\_medical\\_practice/20463.asp](http://www.gmc-uk.org/guidance/good_medical_practice/20463.asp).

---

## Reflecting on compliments and complaints

- 106** During discussions at your appraisals, you should choose the examples of the complaints and compliments you have received that evidence your insight and learning about your practice. During your appraisal discussion you should talk about and reflect on any changes you have already made to your practice as a result, and any future actions or changes you propose to make. You must be able to explain to your appraiser, if asked, why you have chosen these complaints and compliments over others as part of your appraisal discussion.
- 107** You might not have any complaints or compliments in which you are personally named. If this is the case, you can consider reflecting on other relevant local complaints or compliments that helped you to change your practice or confirm good practice you already do.

Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

### Join the conversation

 [@gmcuk](https://twitter.com/gmcuk)  [facebook.com/gmcuk](https://facebook.com/gmcuk)

 [linkd.in/gmcuk](https://linkd.in/gmcuk)  [youtube.com/gmcuktv](https://youtube.com/gmcuktv)

To ask for this publication in Welsh, or in another format or language, please call us on **0161 923 6602** or email us at **[publications@gmc-uk.org](mailto:publications@gmc-uk.org)**.

Published March 2018, updated November 2020

© 2020 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

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

Code: GMC/GSIAR/1120

**General  
Medical  
Council**



# **Medical Staff Appraisal**

## **Aide Memoire and Quality Assurance Audit Tool**

**(Revised June 2019)**

**(PLEASE RETAIN FOR OWN RECORDS)**

**Doctor's Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Initial Meeting:** \_\_\_\_\_

**Time:** \_\_\_\_\_