

Your appraisal should be a vibrant professional experience helping you to improve care for your patients and diverting you from your clinical work as little as possible. This guidance aims to support this approach by explaining what your responsible officer and appraiser are looking for when you present your documentation.

**Supporting information to be submitted in appraisal portfolio annually**

Listed are the required items although you may wish to submit more information depending on your learning style

<b>Scope of work - description</b>	<b>CPD and QIA should cover your whole scope of work over the 5 year revalidation cycle</b>
<b>PDP – progress during year</b>	Every PDP item should have a description of action taken and outcome of the activity
<b>Health - declaration</b>	Your appraiser will aid reflection on aspects of probity and health relevant to your roles in line with GMC Guidance
<b>Probity - declaration</b>	
<b>CPD - documented</b>	CPD claimed will need to be justifiable and your appraiser may seek further information in some cases. Required or 'mandatory' training may be counted as CPD.

**Domain 1 - Knowledge, skills and performance**

<b>Written reflection on at least one key learning event</b>	It is better to be specific: reflect meaningfully on a key CPD activity in preference to making a general statement of aspiration. <i>See below for guidance on how to document reflection.</i>
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**Domain 2 – Safety and quality**

<b>Quality Improvement – written reflection on at least one activity</b>	Think broadly. Quality improvement activities that could be reflected on include: <ul style="list-style-type: none"> <li>• PUNS and DENS (where you can show improvement to your practice)</li> <li>• Case reviews and the identification of educational needs/changes to practice</li> <li>• Learning event/incident analysis</li> <li>• Practice development e.g. additional responsibilities such as a clinical lead role</li> <li>• Audit</li> <li>• Teaching/training</li> <li>• Local, regional or national benchmarking data including CQC inspections</li> </ul>
<b>Significant Events – written reflection on any GMC defined Significant Event</b>	

**Domain 3 - Communication, partnership, teamwork**

<b>Written reflection on at least one activity that relates to communication, partnership and teamwork</b>  <b>Include at least one patient and one colleague survey in every 5 year cycle</b>	Examples that could be reflected on include: <ul style="list-style-type: none"> <li>• Patient or colleague survey</li> <li>• Patient compliments</li> <li>• Friends and Family responses</li> <li>• Personal involvement in Patient Participation Groups</li> <li>• How practice team working has improved patient care</li> <li>• Challenging relationships with colleagues</li> <li>• Practice protocols or team away days</li> <li>• Work on committees such as prescribing committee or LMC</li> <li>• Work as an appraiser.</li> </ul> The GMC emphasise the importance of including patient feedback in appraisal. If you have no direct contact with patients you should seek advice about your options.
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**Domain 4 - Maintaining trust**

Reflection on all: <ul style="list-style-type: none"> <li>- <b>Complaints</b></li> <li>- <b>Performance concerns if present, e.g. Practitioner Performance Team (PPT) or Professional Advisory Group (PAG) issues</b></li> <li>- <b>Additional information</b></li> </ul>	Complaints, performance concerns and other matters of probity are handled outside the appraisal, but appraisal is your opportunity to reflect on them with a non-involved, objective third party. See <i>Good Medical Practice</i> for issues of probity, including: research, indemnity, honesty, advertising, reports, legal/registration/restriction of practice, finance, conflicts of interest. Your responsible officer will tell you if there is additional information they want you to reflect on at your appraisal
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<b>How can I document my reflection?</b>  Consider: <ul style="list-style-type: none"> <li>- What?</li> <li>- So what?</li> <li>- What next?</li> </ul>	<ul style="list-style-type: none"> <li>• A clear description of the activity or event.</li> <li>• Why is this important to you or your practice?</li> <li>• How you feel it has contributed to your practice.</li> <li>• What actions you took (or plan to take) as a result?</li> <li>• How your practice has changed or will change as a result?</li> <li>• Any supporting information that could demonstrate this.</li> </ul>
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The General Medical Council (GMC) defines the duties of a doctor registered with them in their guidance *Good Medical Practice* (2013). To maintain your licence to practise you must demonstrate through the appraisal and revalidation process that you work in line with the principles and values set out in this guidance. Your practice should meet the standards expected in the four domains; Knowledge Skills and Performance, Safety and Quality, Communication Partnership and Teamwork and Maintaining Trust. Your practice should be demonstrated in the portfolio of supporting information you bring to appraisal, with the table below showing what this will mean for most doctors.

<b>Domain 1</b> Knowledge Skills and Performance	<b>Domain 2</b> Safety and Quality	<b>Domain 3</b> Communication Partnership and Teamwork	<b>Domain 4</b> Maintaining Trust
CPD activity documented (this may include mandatory training)	Quality Improvement– written reflection on at least one activity	Written reflection on at least one aspect of communication, partnership and teamwork	Complaints- written reflection on all complaints, performance concerns and probity issues
Written reflection on at least one key learning event	Significant Events - written reflection on any GMC defined Significant Event	Include at least one patient and one colleague survey in every 5 year cycle	Any additional information as requested by your RO

## Glossary

**Continuing Professional Development (CPD)** - CPD is the continuous learning process that enables you to maintain and improve across all areas of your practice. CPD can include all activities from which you learn, including Quality Improvement Activity (QIA) and Significant Event Analysis (SEA).

**Required training** - Training undertaken as required for an aspect of your scope of work. It may be required for a variety of reasons such as accreditation in a role, or contractual. Where required contractual reasons it can be called ‘mandatory training’.

**Personal Development Plan (PDP)** - The list you make of your professional objectives. At each appraisal you review and update your objectives with the help of your appraiser.

**Quality Improvement activity (QIA)** – You should demonstrate you regularly actively participate in activities that review and evaluate the quality of your work. You should include reflection on the results of your activity, demonstration of appropriate action taken, and where possible demonstration of an outcome or change. Examples of QIA are found overleaf.

**Reflection**- Where reflection is required you should consider what you have learned, and what you will do differently as a result. Your appraiser will be interested in what you think the supporting information says about your practice and how you developed or modified your practice as a result of that reflection.

**Responsible Officer** – Your responsible officer has statutory responsibility in relation to your practice, including ensuring your access to appraisal, making a recommendation to the GMC about your revalidation and responding to concern about your practice. They may request you to bring additional information to appraisal. You will be aware if additional information has been requested and should reflect on such information as appropriate.

**Scope of work**- Your documentation must record the scope and nature of all your professional work including all roles and positions for which a licence to practise is required. It should include work for voluntary organisations, work in private or independent practice and managerial, educational, research and academic roles.

**Significant Events** - These are defined by GMC as ‘any unintended or unexpected event, which could or did lead to harm of one or more patients’. In most organised settings they are captured within clinical governance processes; it should be relatively easy to identify those in which you were involved to include at your appraisal. The GMC consider incidents which do not meet this threshold of harm to be ‘learning events’ suitable in their own right for inclusion as quality improvement activity.

**Surveys**- Feedback from both patients and colleagues should be obtained using a validated questionnaire that meets the standards set by the GMC. Feedback should be reflected on and appropriate actions taken prior to appraisal.

## Links

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)  
<http://www.rcgp.org.uk/training-exams/practice/revalidation/guide-to-supporting-information-for-appraisal-and-revalidation.aspx>  
<https://www.england.nhs.uk/revalidation/appraisers/med-app-guide/>  
<https://www.england.nhs.uk/medical-revalidation/doctors/doctors-medical-appraisal-checklist/>  
<http://www.aomrc.org.uk/publications/reports-guidance/appraisal-revalidation-guide-process/>