



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.

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- 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](#).^{*} 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.

^{*} General Medical Council: 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.

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- 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/reflective-practitioner

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.

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.
- c 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.

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** 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.

* General Medical Council: 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.

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](#).[†]
- 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

- 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

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).^{*} 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.

^{*} General Medical Council: 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.

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