



Revalidation Support Team

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# Medical Appraisal Guide

A guide to medical appraisal  
for revalidation in England

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## Introduction

Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients; it is the process by which the General Medical Council will confirm the continuation of doctors' licences to practise in the UK. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Through a formal link with their organisation, determined usually by employment or contracting arrangements, doctors will relate to a senior doctor in the organisation, the responsible officer. The responsible officer will make a recommendation about the doctor's fitness to practise to the General Medical Council (GMC). The recommendation will be based on the outcome of the doctor's annual appraisals over the course of five years, combined with information drawn from the organisational clinical governance systems. Following the responsible officer's recommendation, the GMC will decide whether to renew the doctor's licence.

The responsible officer is accountable for the quality assurance of the appraisal and clinical governance systems in their organisation. Improving these systems will support doctors in developing their practice more effectively, which will add to the safety and quality of health care in the UK. It will also enable the early identification of those doctors whose practice needs attention, allowing for more effective intervention.

All doctors wishing to retain their GMC licence to practise will need to participate in revalidation.

This publication has been prepared by the NHS Revalidation Support Team (RST). The RST works in partnership with the Department of Health (England), the General Medical Council and other organisations to deliver an effective system of revalidation for doctors in England.

All RST publications have been created in collaboration with partners and stakeholders across the UK, including testing with over 4,000 doctors.

The Medical Appraisal Guide has been tested as part of an extensive programme of testing and piloting, from which the quotes in this document have been derived.

## Purpose and context

The Medical Appraisal Guide (MAG) describes how medical appraisal can be carried out effectively. It is designed to help:

- doctors understand what they need to do to prepare for and participate in appraisal
- appraisers and designated bodies ensure that appraisal is carried out consistently and to a high standard.

The General Medical Council has set out its generic requirements for medical practice and appraisal in three main documents:

[Good Medical Practice](#) (GMC, 2006)<sup>1</sup>

[Good Medical Practice Framework for Appraisal and Revalidation](#) (GMC, 2011)

[Supporting information for appraisal and revalidation](#) (GMC, 2011).

These are supported by guidance from the medical royal colleges and faculties, which give the specialty **context** for the supporting information **required** for appraisal:

[Specialty guidance from the relevant college or faculty.](#)

Doctors should also have regard for any guidance that the employing or contracting organisation may provide concerning local policies.

## Primary audience for this document

This document should be read by:

- doctors
- appraisers
- officers in designated bodies and in organisations providing appraisal services.

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<sup>1</sup> This document has also been prepared with reference to the 2011 consultation draft of *Good Medical Practice*. A new edition will be published later in 2012.

## What is medical appraisal?

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work.

Medical appraisal can be used for four purposes:

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in *Good Medical Practice* and thus to inform the responsible officer's revalidation recommendation to the GMC.
2. To enable doctors to enhance the quality of their professional work by planning their professional development.
3. To enable doctors to consider their own needs in planning their professional development.

and may also be used

4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

There is a potential conflict of interest when this last purpose, which is normally part of the job planning process, is combined with the revalidation and developmental elements of appraisal. For this reason organisations should, and most do, separate the two processes of appraisal and job planning, though the outputs from each will inform the other.

*“Appraisal allows me to stand back from my work and think about how I can improve what I am doing...”*

*Consultant physician*

MAG is intended to complement and build on existing processes for appraisal. It is not intended to replace effective existing processes where these are in place and it recognises that different groups of doctors require different processes to reflect their own circumstances. The appraisal of clinical academics, for example, should continue to follow the Follett principles.

Effective medical appraisal and subsequent revalidation will satisfy the requirements of *Good Medical Practice* and support the doctor's professional development.

Doctors in training will revalidate through the Annual Review of Competence Progression (ARCP) and will not need to participate in the appraisal process as described in this document.

## Medical appraisal in the context of revalidation

Revalidation is the process by which licensed doctors demonstrate they remain up to date and fit to practise. Revalidation is based both on local clinical governance and appraisal processes.

The General Medical Council (GMC) has defined the principles and values on which doctors, as professionals, should base their practice in *Good Medical Practice*.

*“It is important that doctors understand that they will be required to participate in this process...”*

*Responsible officer*

Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice and support the doctor's professional development. This process is supervised by the responsible officer.

Where indicated, the responsible officer will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes that inform the revalidation process.

It is important that these issues are addressed as they arise and not solely when the revalidation recommendation is due.

## The essential components of the appraisal process

Medical appraisal is undertaken annually at a meeting between a doctor and a colleague who is trained as an appraiser.

The appraiser is a trained and skilled individual whose skills and competencies are described in the document *Quality Assurance of Medical Appraisers* (RST, 2012).

The doctor is required to collect supporting information that is relevant to their scope and nature of work.

There are three stages in the medical appraisal process, as shown in Figure 1 (opposite):

1. Inputs to appraisal
2. The confidential appraisal discussion
3. Outputs of appraisal.

Each of these components is described in this document. Some individuals or organisations may require more detail on a particular aspect of the process.

This guide will therefore over time be supplemented by a series of information sheets that consider particular aspects of the appraisal process and, in particular, how they relate to particular groups of doctors.

If more detailed guidance is needed individuals should contact their responsible officer. It may be more appropriate to discuss specialty issues with the appropriate college or faculty.

Figure 1



## Stage 1: Inputs to appraisal

### Doctors contact details

The doctor's contact details should be provided to ensure that the appraiser can contact the doctor. The date of the appraisal and the designated body with whom the doctor has a prescribed connection should also be recorded.

### Scope and nature of work

The doctor should record the scope and nature of the work that they carry out as a doctor to ensure that the appraiser and the responsible officer understand the doctor's work and practice. This should include all roles and positions in which the doctor has clinical responsibilities and any other roles for which a licence to practise is required.

This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles.

### Supporting information

The supporting information should relate to the doctor's complete scope and nature of work.

The GMC document, *Supporting Information for Appraisal and Revalidation* describes the six types of supporting information that a doctor will be expected to provide and discuss at appraisal at least once in each five-year cycle. These are:

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

*“Until now my appraisal has only concerned my job as a GP. I will now have to include my other roles and I think this will make it a more meaningful and useful process...”*

*General practitioner*

This enables the doctor to demonstrate their practice in the four domains of the *Good Medical Practice Framework for Appraisal and Revalidation*. These four domains are:

*“I was worried about collecting the information but when I read the GMC guidance and realised that I could tailor it to my working life I found the appraisal useful. It was my reflection on the information that was the most important thing however...”*

*GP locum*

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

The supporting information is important in itself, but it is also the doctor's reflection on the information and the record of that reflection that informs the appraisal discussion. This allows the appraiser and the doctor to discuss the doctor's practice and performance.

The medical royal colleges and faculties have produced specialty guidance frameworks that offer additional guidance and detail and assist the doctor in preparing for appraisal and understanding how to demonstrate that they are up to date and fit to practise.

Employing or contracting organisations may expect particular information to be included in the appraisal portfolio or for the individual to demonstrate completion of a relevant element of mandatory or recommended training. It is important to remember that this information may not be required for revalidation.

Appraisal is **not** the forum for the organisation to address specific clinical governance or performance issues.

In a small number of cases the responsible officer may wish to ensure certain key items of supporting information are included in the doctor's portfolio and are discussed at appraisal so that development needs are identified and addressed.

In some settings it is reasonable that this information is sent to the doctor and to the appraiser (with the doctor's knowledge) but this should be done in a secure way and in accordance with information

*“By encouraging our doctors to record the information they need for revalidation in the same place as their record of mandatory training we expect this to be simpler for doctors...”*

*Medical staffing officer,  
acute trust*

management guidance. An alternative is for the responsible officer to stipulate to the doctor that the information should be included and subsequently to check in the appraisal summary that the discussion has taken place.

The supporting information is produced on an annual basis but will build into a more comprehensive portfolio over time. It may be appropriate that in a particular year a doctor may focus more on a particular aspect of supporting information. The scope and nature of work should be fully reflected in the supporting information but it may not be appropriate to address each and every aspect of the scope of work every year, although reflection on any significant events or complaints should normally be included.

The preparation of the supporting information is important but it is the reflection on the information that will lead to identification of areas for development and improvement.

*“The personal development plan is the lynchpin of the doctor’s development. However it must remain flexible and reflect the fact that things change in real life...”*

*GP appraiser*

It is not always necessary for the doctor to record reflection on each and every item of supporting information. It may be more appropriate for the doctor to record reflection on a summary, or category, of the information. The appraisal process should ensure that this reflection occurs.

## **Review of last year’s personal development plan (PDP)**

The doctor should provide commentary on the previous year’s personal development plan (PDP) and may also wish to comment on other issues arising from the previous year’s appraisal discussion.

It would normally be expected that the objectives laid out in the personal development plan would have been completed by the time agreed but it should be remembered that circumstances and priorities may have changed (for example, a doctor’s job may have changed).

It may also be that some objectives take longer than a year to complete and it may therefore be inappropriate for the plan to be completed, although this should normally be recognised and agreed at the time the plan is written.

The appraisal portfolio should include the personal development plan and summaries of appraisal discussion for each year in the current revalidation cycle.

### **Achievements, challenges and aspirations**

The appraisal should provide an opportunity for a general commentary on the doctor's achievements, challenges and aspirations.

This important part of the confidential appraisal discussion offers the doctor an annual opportunity to review practice, chart progress and plan for development and ensures that the appraisal is a useful process for all doctors. This may not be a requirement for revalidation but it is a vital part of the appraisal process and should be prepared for and addressed appropriately.

### **Pre-appraisal preparation and reflection**

The doctor should prepare for the appraisal by demonstrating that they have considered how they are continuing to meet the principles and values set out in the four domains of *Good Medical Practice Framework for Appraisal and Revalidation*.

This reflection should help the doctor and the appraiser prepare for the appraisal and should also help the appraiser summarise the appraisal discussion. The doctor should reflect on their practice and their approach to medicine and consider what the supporting information demonstrates about their practice.

### **Appraiser's review of the appraisal portfolio**

The appraisal portfolio should normally include:

- supporting information (including a summary of all supporting information in the current revalidation cycle)
- a description of the doctor's scope and nature of work (including any significant changes or circumstances)
- previous personal development plans and summaries of the appraisal discussion for each year in the current revalidation cycle
- a commentary on achievements, challenges and aspirations.

The portfolio should demonstrate that the doctor fulfils the requirements of the *Good Medical Practice Framework for Appraisal and Revalidation*.

If the appraiser is not satisfied that the portfolio is adequate to inform the confidential appraisal discussion then this should be discussed with the doctor. The doctor should be given the opportunity to revise or supplement the portfolio.

In rare circumstances the portfolio may be insufficient to inform a discussion and the appraisal should be postponed.

The appraiser may, however wish to proceed with the appraisal discussion in order to understand the issues that prevent the doctor from preparing a suitable portfolio. If in doubt, the appraiser or the doctor may wish to discuss this with the appraisal lead, responsible officer or nominated deputy.

### **Declarations before the appraisal discussion**

Doctors should make a declaration that is visible to the appraiser that demonstrates:

1. acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to probity and confidentiality
2. acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to personal health
3. personal accountability for accuracy of the supporting information and other material in the appraisal portfolio.

Organisations have an obligation to assist doctors in collecting supporting information for appraisal. A doctor cannot be held responsible for genuine errors in information that has been supplied to them.

## Stage 2: The confidential appraisal discussion

*“My job is to help the doctor think and to hold up a mirror so that they can see themselves more clearly...”*

*Consultant paediatrician  
appraiser*

The confidential appraisal discussion remains at the heart of every effective appraisal process. The appraiser is in a unique position to support, guide and constructively challenge the doctor, having reviewed the supporting information and commentary provided.

It is the appraiser who uses their experience and training to facilitate the appraisal discussion to fulfil the appropriate balance between the four appraisal purposes described on page 5.

The appraisal discussion is confidential and the privacy that this allows is needed to consider some of the more difficult areas that may be raised in appraisal.

Confidentiality is not absolute, however and in a similar way to the doctor-patient relationship in a consultation, there will be situations in which the appraiser is obliged to share information gained in the appraisal discussion.

This would clearly be the case should patient safety issues be identified. The appraiser should always act in a professional manner and should follow published local procedures where they exist.

When in doubt the appraiser or the doctor may wish to discuss this with the appraisal lead, responsible officer or nominated deputy.

*“I hope doctors and appraisers will see me as a place to get support. I need to understand problems doctors are facing if I am to support them effectively...”*

*Responsible officer*

## Stage 3: Outputs from appraisal

The doctor and the appraiser should agree how the appraisal should be summarised and how the doctor is going to undertake further professional development.

### The doctor's personal development plan (PDP)

The doctor and the appraiser should agree a new personal development plan at the end of appraisal.

The plan is an itemised list of personal objectives for the coming year (or, where appropriate, for a longer period). There should be an indication of the period of time in which items should be completed and how completion should be recognised.

The personal development plan represents the main developmental output for the doctor. It may be appropriate to combine this plan with any objectives arising from job planning and from other roles so that the doctor has a single development plan. The doctor should be clear however which elements are required for revalidation and which are required for other purposes.

### The summary of the appraisal discussion

The doctor and the appraiser should agree the content of a written summary of the appraisal discussion.

This written summary should cover, as a minimum, an overview of the supporting information and the doctor's accompanying commentary, including the extent to which the supporting information relates to all aspects of the doctor's scope and nature of work. It should also include the key elements of the appraisal discussion itself.

The summary should be structured in line with the four domains of the *Good Medical Practice Framework for Appraisal and Revalidation*.

It may also be helpful for the appraiser to record a brief agreed summary of important issues for the doctor in that year to ensure continuity from one appraiser to the next.

## The appraiser's statements

The appraiser makes a series of statements to the responsible officer that will, in turn, inform the responsible officer's revalidation recommendation to the GMC. The appraiser should discuss these with the doctor.

It may be that there is a clear and understandable reason that an appraiser is unable to make a positive statement. For example, a doctor may not have made significant progress with the previous year's personal development plan because of a period of prolonged sickness.

If an appraiser is unable to confirm one, or more than one, statement this does not mean that the doctor will not be recommended for revalidation, it simply draws an issue to the attention of the responsible officer.

The doctor and the appraiser should each have the opportunity to give comments on the statements to assist the responsible officer in understanding the reasons for the statements that have been made.

The appraiser may also wish to record at this point other issues that the responsible officer should be aware of that may be relevant to the revalidation recommendation.

It would be inappropriate for the appraiser to report issues without the doctor's knowledge. The appraiser's statements should confirm that:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in *Good Medical Practice*.
2. Appropriate supporting information has been presented in accordance with the *Good Medical Practice Framework for Appraisal and Revalidation* and this reflects the nature and scope of the doctor's work.
3. A review that demonstrates appropriate progress against last year's personal development plan has taken place.

*"I make a professional judgement, but I am not a judge. My statements are there to help the responsible officer make a fair recommendation to the GMC and to support the doctor, not punish the doctor..."*

*Consultant surgeon appraiser*

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

The appraiser must remain aware when conducting an appraisal of their duty as a doctor as laid out in *Good Medical Practice*. The appraisal summary should include a confirmation from the appraiser that they are aware of those duties.

*"I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."*

This provides the context for a further statement that:

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

The appraiser and the doctor should both confirm that they agree with the outputs of appraisal and that a record will be provided to the responsible officer.

If agreement cannot be reached the responsible officer should be informed. In this instance the appraiser should still submit the outputs of the appraisal, but the responsible officer should take steps to understand the reasons for the disagreement.

## Conclusion

Medical appraisal has evolved to become part of the framework of support and supervision of doctors in many parts of the health sector. In revalidation, appraisal now becomes a universal process, based on the GMC's *Good Medical Practice*.

In setting out the essential components of medical appraisal, the Medical Appraisal Guide lays the foundations for the delivery of a consistent process across England.

Effective medical appraisal will inform a doctor's professional development needs and aspirations. Effective medical appraisal will also allow appraisers and responsible officers to have confidence that doctors remain up to date and fit to practise according to the values and principles of *Good Medical Practice*. Along with clinical governance processes and the management structures within organisations, this will allow responsible officers to make informed recommendations to the GMC about revalidation.

This, in turn, will allow revalidation to serve its primary purposes of promoting improvements in patient safety and in the continuing support and improvement of doctors' practice.

## Appendix 1 Useful documents

### GMC guidance

*Good Medical Practice* (GMC, 2006)

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

*Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2011)

[www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)

*Supporting information for appraisal and revalidation* (GMC, 2011)

[www.gmc-uk.org/doctors/revalidation/revalidation\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp)

### Specialty guidance from the medical royal colleges and faculties

[www.aomrc.org.uk/revalidation/role-of-medical-royal-colleges-faculties.html](http://www.aomrc.org.uk/revalidation/role-of-medical-royal-colleges-faculties.html)

### Skills and competencies of appraisers

*Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012)

<http://www.revalidationsupport.nhs.uk/CubeCore/uploads/RSTQAMAforReval0312.pdf>

### The Follett principles

*A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties* (Department for Education and Skills, 2001)

[www.academicmedicine.ac.uk/uploads/folletreview.pdf](http://www.academicmedicine.ac.uk/uploads/folletreview.pdf)