



The Faculty of  
Intensive Care Medicine



Academy of  
Medical Royal  
Colleges



# Supporting information for appraisal and revalidation: guidance for doctors in anaesthesia, intensive care and pain medicine

Based on the Academy of Medical Royal Colleges  
and Faculties' core guidance for all doctors



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The clipboard holds a patient record form. The top of the form has a red header with the text "AMS" and "PATIENT RECORD". Below the header, there are several sections of text, including a section titled "Patient Information" and another titled "Medical History". The form is filled with handwritten notes and some printed text. A stethoscope is visible around the bottom of the clipboard.

# Introduction

This guide is based on the GMC's updated [Guidance on supporting information for appraisal and revalidation](#).<sup>1</sup> It combines this with guidance from the Academy of Medical Royal Colleges (AoMRC) – particularly the "[Mythbusters](#)"<sup>2</sup> document – and it provides dedicated information specific to doctors working in anaesthesia, critical care and pain. It also references a variety of resources which are available.

There is no significant change to the six types of supporting information required by the GMC for a positive revalidation recommendation:

- continuing professional development
- quality improvement activities
- significant events
- feedback on your practice from patients or those to whom you provide medical services, and from colleagues
- review of compliments and complaints.

The GMC requirements are necessarily broad enough to fit every licensed doctor, no matter what area, sector or scope of practice.

This document features the GMC's requirements followed by the updated RCoA and AoMRC guidance, and information on available resources. For easy reference, a summary checklist of the supporting information requirements for revalidation is included on page 21.

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

This guide forms part of the revalidation guidance series produced by the College which also includes dedicated information on participation in CPD and on collecting patient and colleague feedback. We would welcome your enquiries and also your views on this document. Please send any comments to [revalidation@rcoa.ac.uk](mailto:revalidation@rcoa.ac.uk).

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<sup>1</sup> Guidance on supporting information for appraisal and revalidation. *General Medical Council*, 2018.

<sup>2</sup> Mythbusters: Appraisal and revalidation. *AoMRC*, 2018.

# Overarching principles

Throughout this guidance, the GMC's requirements are highlighted in a box.

## 1. Annual appraisal

Appraisal is the opportunity for you to demonstrate that you are adhering to the principles of [Good Medical Practice](#)<sup>3</sup>, in accordance with GMC guidelines.

### The GMC's requirements:

- Annual whole practice appraisal is a key part of revalidation. It should be supportive and developmental and is not a pass or fail exercise. You must participate in a whole practice 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.

### Guidance

The GMC has clarified that every doctor is required to engage with an annual medical appraisal that covers their whole scope of practice. However, there is no need to have five appraisals in a revalidation cycle if there are reasons why a doctor has an 'approved missed appraisal' or the revalidation cycle is not five years long. There is no need for 'catch up' appraisals in order to revalidate.

## 2. Whole scope of practice

Demonstrating your continued competence across your whole scope of practice is part of the GMC's statutory guidance to maintain your licence to practise.

### The GMC's requirements:

- You must declare all the places you have worked and the roles you have carried out as a doctor since your last appraisal. You must collect supporting information that covers the whole of this practice. It's important you identify your whole scope of practice, so you can make sure your supporting information covers all aspects of your work.
- Your supporting information must cover any work you do in:
  - clinical (including voluntary work) and non-clinical (including academic) roles
  - the NHS, the independent sector and private work.

### Guidance

The GMC's description 'scope of practice' is clarified to ensure that you provide an appropriate level of detail for your responsible officer to be assured that all parts of your scope of practice have appropriate supporting information and reflection over the five-year cycle, and the contact details for the clinical governance review of any parts of the scope of practice outside your designated body have been shared.

The requirement to give details of all the places where you have worked has been made clearer and will mean that doctors need to pro-actively keep a log of everywhere they have worked in any role that requires a UK licence to practise. Capturing this data accurately is a GMC requirement.

<sup>3</sup> Good medical practice. *General Medical Council*, 2014.

### 3. 'Quality not quantity' and proportionality

You do not need to document all of your learning activities but you do need to document sufficient to give assurance that you are keeping up-to-date.

#### The GMC's requirements:

- 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.
- 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.

#### Guidance

You should be selective and you should focus on the quality rather than the quantity of supporting information in your appraisal and revalidation portfolio by demonstrating:

- an appropriate level of detail in describing your scope of practice
- reflection on the probity and health statements and the domains of [Good Medical Practice](#)
- annual reflection on continuing professional development (CPD) learning activities across a variety of activities appropriate to your scope of practice. Learning activities should normally be a mixture of consolidation (things you already know), targeted learning (for example, triggered by a case or a learning event, or an area of interest or need) and opportunistic exposure to new learning (to ensure you keep up-to-date with 'unknown unknowns')
- reflection on how you evaluate and improve the quality of your professional work through regular review, including learning arising from quality improvement activities and significant events
- reflection on how you seek and act on feedback about the quality of your professional work through feedback from colleagues, patients or those for whom you provide medical services, as well as compliments and complaints. You are advised to think broadly about those people that you work with and to get feedback across your whole scope of practice, and to use a variety of feedback tools that will give you meaningful feedback in a timely way while being appropriate and accessible to your respondents.

### 4. Focus on learning and development

Your reflection on your participation in all of the supporting information requirements for revalidation (not just CPD) should focus on the learning and impact on your practice.

#### The GMC's requirements:

- 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.
- You should focus on what you have learned and what changes you need or want to make.
- 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.

#### Guidance

The annual appraisal process is structured around ongoing professional development through reviewing the progress made with your previous year's personal development plan (PDP) and agreeing new PDP goals arising from the appraisal and discussion.

You should focus on agreeing supportive and well-structured PDP goals that will contribute to your personal and professional development and help you maintain and improve the quality of your practice and patient care.

# Information required for your appraisal

In addition to your supporting information detailed from pages 11 onwards, you must provide the following details about your practice in your appraisal portfolio:

- Your personal details including your GMC reference number. Your medical and professional qualifications should also be included.
- Details of the organisations and locations where you have worked as a doctor since your last appraisal, and the roles or posts held – further guidance on page 7.
- A comprehensive description of the scope and nature of your practice – further guidance on page 7.
- A record of your annual whole practice appraisals, including confirmation whether you are in any revalidation non-engagement, licence withdrawal or appeal process. Any concerns identified in the previous appraisal should be documented as having been satisfactorily addressed (or satisfactory progress made), even if you have been revalidated since your last appraisal.
- Your PDPs and their reviews – further guidance on page 8.
- Probity and health statements – further guidance on pages 9-10.

Whilst not mandated by the GMC as one of the supporting information requirements for revalidation, it is recognised that many anaesthetists and other doctors routinely present a logbook summary of their previous year's activity at their annual appraisal.



# Details of your workplaces and description of your scope of practice

You are required for your appraisal to provide details of all the places you have worked as a licensed doctor since your last appraisal. This will be important, particularly to locum doctors who may work in many places. You are advised to keep a log of all the places that you work and provide the contact details in your appraisal portfolio.

You also need to clarify your scope of practice because you are required to provide supporting information to demonstrate the quality of your work against the standards in [Good Medical Practice](#) for the scope of practice that you actually do, not what you historically qualified for.

It is important to think broadly and feature all clinical roles (including voluntary work) whether in the NHS or private practice, working for a charity or in a voluntary capacity, paid or unpaid.

If you hold a licence to practise then you must additionally declare, in your scope of work, all roles in which you provide “medical services” according to the GMC definition, such as training, academic, leadership, management and medico-political roles, and provide the necessary supporting information for those roles too.

Any work undertaken outside the UK should be identified and an approximate indication of the proportion of time that you spend on each activity should be provided. Any separate role which requires a licence to practise for a different organisation, employer, or as an individual, in public or private practice, also needs to be included so that the responsible officer knows where to seek assurance that you are fit to practise.

It is best practice to include the contact details, where applicable, for each organisation or employer to facilitate the transfer of information to the responsible officer, and to be aware of the clinical governance arrangements in place. The responsible officer may request confirmation, from each part of your scope of practice outside the designated body, that there are no outstanding clinical governance issues, concerns or investigations, or request an up-to-date status report on any progress made, before making your revalidation recommendation.

If appropriate you should summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser.

# Your personal development plans and their reviews

The GMC requires you to review your personal development plan (PDP) each year to make sure it reflects your needs as defined by the portfolio of supporting information and the appraisal discussion. The PDP is a matter for agreement between you and your appraiser.

There is no GMC requirement about the number of PDP goals you should include or if those goals should be clinical or non-clinical.

If you have made additions to your own PDP during the year, these should be confirmed with your appraiser as being relevant and should be carried forward into the next PDP if required. Similarly, any outstanding PDP objectives that are still relevant should be carried over to the newly-agreed PDP.

In some cases, where you have come from abroad, or circumstances have changed significantly during the year, it is possible that you will not have had a previous PDP or made any progress with any of your previous year's PDP goals. You should discuss the reasons for this at your appraisal and your appraiser will sign a 'disagree' statement to indicate this and insert the explanation in the comments section.

## Reflection

It is important to find a method of capturing reflection that works for you and to keep it simple and proportionate.

### The GMC's requirements:

- Appraisal is a supportive and developmental forum, giving you the opportunity to reflect on your professional practice over the past year.
- 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 annual appraisal.
- Your appraiser can facilitate further reflection, as needed, but it is your responsibility to demonstrate examples of your reflective practice.

## Guidance

The GMC requirements and the guidance produced by the RCoA and the AoMRC all highlight the importance of reflection on supporting information, not just the capture of raw data in a portfolio.

Reflective practice is central to the annual appraisal process because the quality of your medical practice is maintained and improved by thinking through what you do, what you have learned and what you may do differently as a result.

There are many stages to reflection, from your first thoughts at the time to your captured reflection prior to your appraisal, including your thoughts about your supporting information, summarised in your reflective notes in your portfolio. Finally, there is the facilitated reflection with the appraiser during the appraisal discussion, when your individual reflection may be put into context and developed as part of your personal development plan.

## Resources

The AoMRC, in conjunction with the GMC, the Conference of Postgraduate Medical Deans (COPMED) and the Medical Schools Council has published guidance on [The reflective practitioner](#)<sup>4</sup> which was developed following calls from doctors, responsible officers and appraisers for clearer information on what is meant by reflection and how those in training and engaging in revalidation should reflect as part of their practice.

The AoMRC and COPMED has also produced a [reflective practice toolkit](#)<sup>5</sup> which provides templates and examples of reflective styles, aimed to facilitate best practice in the documentation of reflection on a variety of activities and events. It should be used in conjunction with the above guidance.

<sup>4</sup> The reflective practitioner. AoMRC *et al*, 2018.

<sup>5</sup> Academy and COPMED Reflective Practice Toolkit. AoMRC & COPMED, 2018.

# Probity and health statements

Probity and health signed self-declarations are required annually as part of the supporting information requirements for revalidation.

## Probity statement

Your supporting information should include a signed self-declaration confirming the absence of any probity issues.

### The GMC says:

- 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.
- A statement of probity is a declaration that you accept the professional obligations placed on you in [Good Medical Practice](#) in relation to probity.

## Health statement

Your supporting information should also include a signed self-declaration that you accept your professional obligations about your personal health.

### The GMC's requirements:

- Your supporting information should include a signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that you comply with the health and safety obligations for doctors as set out in [Good Medical Practice](#). The scope of your declaration should reflect the nature of your work and any specialty-specific requirements.

## Guidance

[Good Medical Practice](#) gives guidance on issues of probity as follows:

- research (paragraphs 17 and 67);
- holding adequate and appropriate insurance or indemnity (paragraph 63);
- being honest and trustworthy (paragraphs 65–67);
- providing and publishing information about your services (paragraph 70);
- writing reports and CVs, giving evidence and signing documents (paragraph 71);
- cautions, official inquiries, criminal offences, findings against your registration, and suspensions and restrictions on your practice (paragraphs 72–76);
- financial and commercial dealings and conflicts of interest (paragraphs 77–80).

You should confirm that you have adequate and appropriate indemnity cover across the full scope of your work and that you have declared and discussed conflicts of interest and potential bias arising from your scope of work.

If you have become aware of any issues relating to the conduct, professional performance or health of yourself **or** of those with whom you work that may pose a risk to patient safety or dignity (for example undermining, bullying or harassment), you should take appropriate steps without delay, so that the concerns can be investigated, and patients protected where necessary.

[Good Medical Practice](#) gives the following guidance with regard to health:

- registration with a GP (paragraph 30);
- immunisation (paragraph 29);
- impact of a serious condition (paragraph 28).

To maintain your 'fitness' to practise you have a responsibility to look after your physical, mental and emotional wellbeing. It is appropriate to use your appraisal to reflect on how you maintain your health and wellbeing. If you have a health condition that could impact on patient care, it is best practice to reflect on any reasonable adjustments that you have made to ensure that patient safety is not compromised.

## Resources

In December 2017 the RCoA published the [results of a survey](#)<sup>6</sup> of the experiences of anaesthetists in training on the frontline of UK hospital care. The report includes recommendations for doctors to reflect on how well they look after themselves and how they support each other.

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<sup>6</sup> A report on the welfare, morale and experiences of anaesthetists in training: the need to listen. RCoA, 2017.

# Continuing professional development (CPD)

*Every doctor is required to demonstrate how they keep up-to-date across their whole scope of practice.*

## The purpose of carrying out and reflecting on 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:

- You must carry out CPD activities every year.
- Your CPD activities must cover the whole of your practice.
- Your learning needs and plans for your CPD should be reflected in your personal development plan for the coming year.
- 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.
- The reflection on your CPD activities must be discussed at each annual whole practice appraisal.

## Guidance

Continuing Professional Development (CPD) refers to any learning outside of undergraduate education or postgraduate training which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.

Examples of CPD include external activities: regional, national or international educational meetings organised by national bodies, specialist societies or commercial providers; internal activities: locally-organised teaching programmes and clinical governance meetings within the employing organisation; and personal study: reading of relevant books and journals, and e-Learning.

One credit or one point equates to one hour of learning activity and the RCoA recommends that doctors should complete a minimum of 50 hours CPD per year of which a minimum of 20 hours per year should be completed in each of external and internal activities. The key message is that over a five-year revalidation cycle there should be a balanced approach to your CPD across your whole scope of practice.

- The focus of your CPD should be on maintaining and enhancing the quality of your professional work and learning activities should normally be a mixture of consolidation (things you already know), targeted learning (for example, triggered by a case or a learning event, or an area of interest or need) and opportunistic exposure to new learning (to ensure you keep up-to-date with 'unknown unknowns').
- The amount of CPD undertaken should be sufficient to ensure that you remain up-to-date across your whole scope of practice. This does not have to be exactly the same amount each year, but it would be unusual for you to participate excessively in CPD one year but to do none (or very little) whatsoever the next.
- If you have not been able to undertake a balanced programme of CPD, or you have done excessive, or insufficient, CPD to keep up to date across your whole scope of practice in a given year, you would be expected to reflect on the reasons at your annual appraisal and discuss them with your appraiser.
- There is no need for you to scan, or provide, copies of certificates for appraisal and revalidation where learning has been demonstrated through an appropriate reflective note (although it may be best practice to keep certificates for mandatory training defined by an employing organisation, so that you could provide them on demand).
- It is best practice to ensure you include participation in CPD with colleagues inside and outside your normal place of employment over the five-year cycle. Team-based learning strengthens the team. Attendance at external events ensures that your practice is calibrated with others and avoids professional isolation.

## Resources

The [RCoA CPD Guidance](#)<sup>7</sup> published in 2018 provides guidance on the personal development plan, the role of the employer and signposts for reflection, and it also includes examples of the types of activities that the RCoA recognises for CPD.

The [RCoA CPD Matrix](#) is designed to assist anaesthetists and appraisers in their appraisal discussions and to help guide individual CPD requirements as part of the personal development plan. It is intended to be contextualised and interpreted in the light of individual requirements and doctors may wish to participate in activities that fall outside of it. Examples of how it can be used are available on the RCoA website at [www.rcoa.ac.uk/node/391](http://www.rcoa.ac.uk/node/391).

A CPD Online Diary, including a web-app version with offline functionality, is available to all subscribing members of the RCoA to plan, record and reflect upon CPD. The system can be used to generate a CPD activity report for presentation at the doctor's appraisal meeting and it can also be used to set up a personal development plan. Further information is available at [www.rcoa.ac.uk/revalidation-cpd/online-cpd](http://www.rcoa.ac.uk/revalidation-cpd/online-cpd).

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<sup>7</sup> Continuing Professional Development: Guidance for doctors in anaesthesia, intensive care and pain medicine, RCoA, 2018.

# Quality improvement activities

*Every doctor is required to demonstrate how they review the quality of their work across their whole scope of practice.*

## The purpose of carrying out and reflecting on quality improvement activities:

- 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:

- 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.
- 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.
- You should participate in any national audit or outcome review that is being conducted in your area of practice. You should also reflect on the outcomes of these audits or reviews, even if you have been unable to participate directly.
- 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.
- 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 this with your appraiser and include this in your personal development plan for the following appraisal period.

## Guidance

Quality improvement activities (QIAs) may take many forms including, but not restricted to, taking action as a result of:

- cases – such as reflective clinical case reviews;
- data – such as large scale national audit, formal audit, review of personal outcome data, small scale data searches, information collection and analysis ('search and do' activities), plan/do/study/act (PDSA) cycles;
- events – such as learning event analysis and significant event review;
- feedback – such as the outcomes of reflection on your formal patient and colleague feedback survey results, other solicited and unsolicited feedback, compliments and complaints.

No fixed number of QIAs is recommended as some will be very brief interventions and others will be much larger projects. You should keep in mind the principle of providing documentation that is reasonable and proportionate and does not detract unduly from patient care, while ensuring that your QIA covers the whole of your scope of practice over the five-year cycle and demonstrates clearly how you review and improve the quality of your practice every year. If in doubt you should use your professional judgement about what is appropriate and discuss your plans for the coming year with your appraiser.

Continuous quality improvement involves evaluating if a change is an improvement and you are advised to think about the quality not quantity of your QIAs. If you have not been able to evaluate or reflect on the impact of any QIA during the period your appraisal covers, then plans to do so should form part of your agreed PDP for the coming year.

- Changes made should be shared and strengthened where they are an improvement or reversed where they are not.
- For some parts of your scope of practice, particularly relating to specific clinical skills, such as surgical or procedural skills, it is appropriate and necessary to maintain an ongoing log of personal outcome data and reflect on the outcomes at least once in the revalidation cycle.
- If you are in a role where there is organisational, regional or national outcome data provided, you are required to demonstrate how you reflect on your personal involvement and response to the information provided about your own performance for your appraisal.
- You do not need to have undertaken data collection personally, but your reflection should describe your personal involvement in the activity and what you have learned about your own performance in relation to current standards of good practice, including what changes you plan to make as a result, or how you will maintain high standards of performance.

- All significant events, in which you have been personally named or involved, that reach the GMC defined level of harm, as patient safety incidents, must be reported, reflected on and declared as significant events. It is likely that in many cases the learning from them will also lead to quality improvement activities for you personally, or for the systems in which you work.

## Resources

The [RCoA Audit Recipe Book](#)<sup>8</sup> has provided a popular manual of audit topics for anaesthetists since the first edition in 2000. The current version, published in 2012, seeks to bridge the gap between audit and improvement, by providing anaesthetists with an introduction to the science of improvement and demonstrating some basic tools which can be used to drive positive patient centred change. It includes a number of examples from practising clinicians illustrating how they have identified problems using audit methodology, and then applied simple improvement techniques to achieve change.

There may be opportunities for departments to participate in multi-site (regional or national) clinical outcome projects such as the [RCoA National Audit Projects \(NAPs\)](#) which usually study an important anaesthesia-related topic of low incidence. Individuals should document how they contributed to such projects and draw on this data to benchmark and reflect on their personal practice.

A variety of resources are available via the [Healthcare Quality Improvement Partnership \(HQIP\)](#), which was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement.

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<sup>8</sup> Raising the Standard: a compendium of audit recipes for continuous quality improvement in anaesthesia. RCoA, 2012.



# Significant events

*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.*

## The purpose of collecting and reflecting on significant events:

- To allow you to review and improve the quality of your professional work.
- To identify any patterns in the types of significant events 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:

- You must declare and reflect on every significant event you were involved in since your last appraisal.
- 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.
- Your reflection and discussion should focus on the insight and learning from the event, rather than the facts or the number you have recorded.

## Guidance

You must be aware of the GMC definition of significant events as patient safety incidents and it is not the appraiser's role to conduct investigations into serious events. However, significant events should be discussed with colleagues to maximise and share learning according to GMC requirements.

All doctors must declare and reflect on all significant events in which you have been personally named or involved, and your reflections and actions agreed as a result must be provided in this section of supporting information and discussed during your annual appraisal.

Not all significant events need to be discussed in detail – you should choose those that have led to important learning and changes that have an impact on your practice. However, all significant events should be reviewed to look at how actions and conditions interacted in contributing to the outcome.

Where possible, any changes that can be made to protect patients should be considered and implemented and later reviewed to ensure that they are having the desired effect and no unintended consequences. Where appropriate, you should also reflect on this at your appraisal.

- If you have not been personally named, or involved, in a significant event during the year, you should sign the statement to confirm there were none and include a reflective note about the systems that are in place to ensure that such events would be recognised and reported.
- It is best practice to demonstrate that you are aware of how significant events are captured in all the organisations within which you work, across the whole of your scope of practice. You should know how to report any significant events that you become aware of and how to ensure, as far as possible, if you have been named, or involved, in any.
- All relevant data included in the appraisal and revalidation portfolio should be anonymised to remove third party identifiable information. This may include the identification of rare conditions or specialist clinics. For this reason, although your reflective note on the lessons learned and any changes made as a result should always form part of your appraisal portfolio, specific original supporting information relating to significant events in which you have been named, or involved, may sometimes appropriately be submitted separately or reviewed in paper format, which your appraiser should then reference in the appraisal summary.

# Feedback on your practice

*You must complete a minimum of one formal patient feedback exercise and one formal colleague feedback exercise, each compliant with GMC questionnaire requirements, during a five year revalidation cycle.*

## Feedback from patients or those to whom you provide medical services

Patients from across your whole scope of practice (where possible) should be chosen to provide feedback.

### The purpose of collecting and reflecting upon patient feedback:

- To understand what your patients and others think about the care and services you provide.
- To help you identify areas of strength and development, and highlight changes you can 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:

- At least once in each revalidation cycle you must collect, reflect on and discuss feedback from patients about their experience of you as their doctor.
- If you do not have patients you should collect feedback from others to whom you provide medical services. If you believe you can't collect such feedback, then you must agree with your responsible officer that you do not need to.
- Those asked to give you feedback must be chosen from across your whole scope of practice.
- You should use standard questionnaires that have been validated and are independently administered to maintain objectivity and anonymity. You must agree any alternative approaches with your responsible officer.
- You should not personally select those asked to give feedback about you, and you should make sure the method used for collecting feedback allows responses to be obtained from a representative sample.

## Feedback from colleagues

Similar to collecting responses from patients, feedback from colleagues should represent your whole scope of practice and should include people from a range of different roles.

### The purpose of collecting 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:

- At least once in your revalidation cycle you must collect, reflect on, and discuss at your annual appraisal, feedback from your colleagues.
- The colleagues who are asked to give feedback must be chosen from across your whole scope of practice and must be appropriate and include people from a range of different roles who may not be doctors.
- 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.
- 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.

## Guidance

You may want to consider undertaking this requirement early in the revalidation cycle (in the second or third years) in case the exercise needs to be repeated or if you have made significant changes as a result of feedback which facilitates reflection on the impact.

You must reflect on what the patient and colleague feedback means for your current and future practice and discuss it at your appraisal.

The GMC does not mandate a specific or minimum number of patient and colleague feedback responses to be collected. However, the feedback that is collected should provide you with information about all aspects of your practice.

You may be asked by your appraiser to explain your choice of respondents and how they were selected to provide your formal feedback. Your appraiser will be able to support you in planning how to select an appropriate range of patients to give a full 360-degree view of your practice and avoid any conflicts of interest or appearance of bias.

If there are elements of your practice for which you don't think you can collect patient or colleague feedback this should be discussed and agreed with your appraiser in advance.

The provision of feedback should be made accessible, giving consideration to seldom-heard groups such as patients with speech, language, learning, literacy or numeracy difficulties.

## Resources

A variety of resources are available to assist with this supporting information requirement.

The [RCoA guidance on patient and colleague feedback](#)<sup>9</sup> published in 2018 provides advice on a number of areas including logistics in obtaining patient feedback: when to collect it, the need to make it accessible, and its administration and collation. The guidance also includes examples of colleagues who can be approached for feedback and provides advice on acting on the results of patient and colleague feedback.

It is recognised that there can be challenges in collecting feedback such as for doctors working in intensive care medicine. This is addressed in the above document and also in [guidance](#)<sup>10</sup> which has been produced by the Faculty of Intensive Care Medicine.

The need to make the provision of feedback accessible is detailed further in [guidance](#)<sup>11</sup> on improving patient feedback produced by the Academy of Medical Royal Colleges.

The College has developed and piloted a questionnaire tailored specifically for the interaction between patients and their anaesthetist in the surgical setting. The questionnaire seeks information from patients using the same domains as the standard GMC patient questionnaire although the questions are framed in a slightly different manner in the context of the patient's engagement with the anaesthetist. It has been approved for use by the GMC and is available on the College website at [www.rcoa.ac.uk/reval-feedback-practice](http://www.rcoa.ac.uk/reval-feedback-practice).

The College website includes an [example letter](#) which has been sent to patients with a reply-paid envelope to get responses. Also included on the website is a [leaflet](#) which has been produced by a collaboration including the Medical Royal Colleges to give an overview of revalidation and to explain why patient feedback is sought.

The [GMC website](#) includes a number of case-studies focusing on collecting feedback from patients and alternatives. This also references the use of a 'proxy' to respond on behalf of a patient if they are unable to do so, whilst emphasising the need for professional judgment about the most appropriate time to make an approach.

For collecting colleague feedback, the GMC has produced an [example questionnaire](#) which provides the template on which many other appropriate feedback tools are based. There is no requirement to use this or any specific questionnaire for collecting patient or colleague feedback although any version must comply with the GMC's [Guidance on colleague and patient questionnaires](#)<sup>12</sup>.

9 Patient and colleague feedback for anaesthetists, RCoA, 2018.

10 Guidance on revalidation in intensive care medicine, FICM, 2014.

11 Improving patient feedback for doctors. AoMRC, 2018.

12 Guidance on colleague and patient questionnaires, GMC, 2011.

# Review of compliments and complaints

For clarification, the GMC's [Guidance on supporting information for appraisal and revalidation](#) 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." Unsolicited compliments may be received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team

## The purpose of collecting 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:

- 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.
- 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.
- 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.

## Guidance

You should follow the same principles for collecting, discussing and reflecting on both compliments and complaints. Complaints should be seen as another type of feedback, allowing doctors and organisations to review and further develop their practice and to make patient-centred improvements.

## Compliments:

You should reflect on any compliments you have received annually as part of your reflection on patient or colleague feedback.

You should include a reflective note rather than original material in your submitted appraisal portfolio, due to the difficulties with anonymising data, and keep any original cards or letters, if you wish, securely in a paper portfolio. Such original data, if shared with your appraiser, can be referenced in the appraisal summary to preserve the anonymity of the sender without defacing the source material.

## Complaints:

All organisations where doctors work should have appropriate complaints procedures, which should include all doctors who work in that organisation, including locums. You should be aware of the complaints procedures for all the organisations in which you work and be kept fully informed of all formal complaints in which you are named.

- You should include your reflection on all formal complaints in which you have been named, or involved, in your supporting information for your appraisal every year, although if the complaint is not yet resolved your reflection may be incomplete. Your reflections should consider how the complaint arose, your response and any further actions taken, or to be taken (and the results of those changes once available).
- You do not have to discuss your reflection on every complaint at your appraisal if it has been fully discussed elsewhere but you should always declare all complaints and provide your personal reflection in the supporting information.
- You may not have been personally named, or involved, in any complaints during the year, in which case you should declare that.
- If a complaint in which you have been named remains unresolved over several years, you do not need to reflect on it in detail at every appraisal if no significant progress has been made, but you should acknowledge that there is an ongoing complaint every year in your annual declaration and include reflection about it at least once in every revalidation cycle.
- All relevant data included in the appraisal and revalidation portfolio should be anonymised to remove any third party identifiable information. For this reason, although your reflection on any complaint should always form part of your appraisal portfolio, specific original supporting information relating to complaints should be shared with your appraiser separately and discussed at appraisal so that your appraiser can comment on it in the appraisal summary.

# Resources and further information

## Royal College of Anaesthetists and Faculty of Intensive Care Medicine

- [A report on the welfare, morale and experiences of anaesthetists in training: the need to listen, 2017](#)
- [Continuing Professional Development: Guidance for doctors in anaesthesia, intensive care and pain medicine, 2018](#)
- [Raising the Standard: a compendium of audit recipes for continuous quality improvement in anaesthesia. RCoA, 2012](#)
- [Patient and colleague feedback for anaesthetists, 2018](#)
- [Guidance on revalidation in intensive care medicine, 2014](#)

## General Medical Council

- [Guidance on supporting information for appraisal and revalidation, 2018](#)
- [Good Medical Practice, 2014](#)
- [Guidance on colleague and patient questionnaires, 2011](#)
- [Continuing professional development: guidance for all doctors, 2012](#)
- [The Good medical practice framework for appraisal and revalidation, 2013](#)

## Academy of Medical Royal Colleges

- [Mythbusters: Appraisal and revalidation, 2018](#)
- [Improving patient feedback for doctors, 2018](#)
- [Appraisal for revalidation: a guide to the process, 2014](#)
- [The reflective practitioner, 2018](#)
- [Academy and COPMeD Reflective Practice Toolkit, 2018](#)

## NHS Scotland

- [A guide to appraisal for medical revalidation, 2014](#)

## Wales Deanery

- [All Wales Medical Appraisal Policy, 2016](#)

## Northern Ireland Medical & Dental Training Agency

- [Revalidation guidance, 2015](#)

## NHS Revalidation Support Team

- [Medical appraisal guide: A guide to medical appraisal for revalidation in England, 2014](#)

# Supporting information for revalidation – checklist

As part of revalidation you need to collect and bring to your annual appraisal six types of supporting information to show how you are keeping up to date and fit to practise. It is the responsibility of your appraiser to make a judgement about the adequacy of the supporting information that you provide and so you may wish to use this Checklist in conjunction with your appraisal meeting.

General information		
Personal Details	<ul style="list-style-type: none"> <li>■ GMC number</li> <li>■ demographic and relevant personal information and medical and professional qualifications</li> <li>■ self-declaration of no change, or an update identifying changes</li> </ul>	Annual
Scope of work	<ul style="list-style-type: none"> <li>■ description of your whole practice in the period since your last appraisal</li> <li>■ logbook summary of your previous year's activity (as required)</li> <li>■ current job plan (if required for reference)</li> <li>■ any significant changes in your professional practice</li> <li>■ any extended practice or work outside the NHS</li> <li>■ any work undertaken outside of the UK</li> <li>■ any anticipated changes in the pattern of your professional work</li> </ul>	Annual
Record of annual appraisals	<ul style="list-style-type: none"> <li>■ signed-off 'Form 4' or equivalent evidence</li> <li>■ evidence of appraisals (if undertaken) from other organisations</li> <li>■ confirmation that previous actions/concerns have been addressed</li> </ul>	Annual
Personal development plan (PDP)	<ul style="list-style-type: none"> <li>■ current PDP with agreed objectives from previous appraisal</li> <li>■ details of any new objectives added since last appraisal or to be added</li> <li>■ access to previous PDPs</li> </ul>	Annual
Probity	<ul style="list-style-type: none"> <li>■ signed probity self-declaration</li> </ul>	Annual
Health	<ul style="list-style-type: none"> <li>■ signed health self-declaration</li> </ul>	Annual
Keeping up to date		
CPD	<ul style="list-style-type: none"> <li>■ description of CPD undertaken each year</li> </ul>	Annual
Review of your practice		
Quality improvement activity – at least one of the following activities as appropriate		
Clinical audit	<ul style="list-style-type: none"> <li>■ evidence of demonstrating active engagement in complete audit cycle</li> </ul>	Minimum 1 in 5 years
Review of clinical outcomes	<ul style="list-style-type: none"> <li>■ documented review of clinical outcomes as appropriate</li> </ul>	Minimum 1 in 5 years
Case review or discussion	<ul style="list-style-type: none"> <li>■ documented case reviews</li> </ul>	Annual: minimum 2 per year

Significant events		
Also known as untoward or critical incidents	<ul style="list-style-type: none"> <li>■ declaration of and reflection upon all significant events in which you have been personally named OR</li> <li>■ self-declaration that you have not been involved in any significant events</li> </ul>	Annual
Feedback on your practice		
Colleague feedback	<ul style="list-style-type: none"> <li>■ colleague feedback exercise (suggested in years 2 or 3)</li> </ul>	Minimum 1 in 5 years
Feedback from patients and/or carers	<ul style="list-style-type: none"> <li>■ patient feedback exercise (suggested in years 2 or 3)</li> </ul>	Minimum 1 in 5 years
Feedback from clinical supervision, teaching and training (if applicable)	<ul style="list-style-type: none"> <li>■ evidence of your performance as a clinical supervisor and/or trainer</li> <li>■ feedback from any formal teaching included annually</li> </ul>	Minimum 1 in 5 years
Formal complaints	<ul style="list-style-type: none"> <li>■ documented formal complaints received with reflection OR</li> <li>■ self-declaration that you have not received any since your last appraisal</li> </ul>	Annual
Compliments	<ul style="list-style-type: none"> <li>■ a summary of unsolicited compliments received</li> </ul>	Annual









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