

Responsible Officer and Appraisal Networks Information Sheet 8

Confidentiality of reflections for appraisal

Simple rules to help doctors to reflect on their practice with confidence:

1. Ensure that everything you write is couched in professional and neutral terms. Think professional, not confessional and avoid being judgemental of yourself or others. For sensitive matters it may help to draft your initial thoughts separately and then distil these into your written reflection.
2. Diligent anonymisation of all written material in appraisal is as important for the writer as for others. It is essential to ensure that third parties, be they patients or colleagues, cannot be identified.
3. Talk before you write. If unsure what to write on a sensitive topic, make a non-specific reference in your appraisal submission as a reminder to discuss it at your appraisal. You can then agree with your appraiser what to record in the appraisal summary.

Commentary:

- Reflecting on practice as described in GMC guidance is an essential aspect of professional life for a doctor. When making written reflection of sensitive matters at appraisal a doctor needs to find a sensible professional balance, to provide evidence of effective reflection whilst avoiding inappropriate over-sharing.
- Whatever is committed to a written format may be accessible to a court of law so all professional documentation, including reflections, should be written in a professional manner. (As well as appraisal documentation, care should also be taken with other communications including texts, email and social media.)
- Limits are placed on access to information written for appraisal under most circumstances. Every designated body is expected to have their own medical appraisal documentation access statement, setting out these. The access statement for NHS England can be found at the link below.
- A doctor unsure about whether to cooperate with a request to disclose appraisal reflections or other documentation to any party may seek advice from a number of sources, such as their appraiser, local Caldicott guardian, responsible officer, medical defence organisation, professional (e.g. BMA) or legal representative.

Relevant links:

- http://www.gmc-uk.org/guidance/ethical_guidance/11817.asp
- http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp
- http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp
- <https://www.england.nhs.uk/medical-revalidation/appraisers/access-statement/>
- <http://www.aomrc.org.uk/publications/reports-guidance/academy-guidance-e-portfolios/>
- https://heeoee.hee.nhs.uk/sites/default/files/20_04_16_statement_on_trainee_reflection_s.pdf (this statement was replicated from all HEE deans).

This information sheet is relevant to all designated bodies in England

These information sheets are written on an ad hoc basis, on issues of relevance to responsible officers and their teams, medical appraisers and doctors.