**Evidence for additional roles.**

A doctor is required to provide evidence for each role in the UK every appraisal year even if non-clinical, private or voluntary. The minimum a doctor should provide as specified by the GMC is:

* **CPD** relevant to each role showing how the doctor keeps up to date and fit to practice in this role annually.
* **QIA** for every role at least once in a revalidation cycle. The frequency and nature of QIA will depend on the nature of the role, for GP work this should be annual. For other roles if you are uncertain of the frequency, please ask your senior appraiser or the appraisal team for advice.
* Any **SEA or complaint** from any role should be declared annually.
* A doctor should reflect on any source of **patient feedback** they can access that gives them useful information about their practice at each appraisal.
* **Formal feedback from patients and colleagues** at least once in a revalidation cycle across the doctor’s whole scope of work.

While we would encourage **in job appraisals** **these are not mandatory** and the annual appraisal should cover the whole scope of work. If a doctor has an appraisal in another role the outputs from it should be included as valuable supporting information.

There is **no mandatory requirement to do any structured reflective template (SRT)** **in another role** unless specified by the RO. SRTs can be useful supporting information but are not a requirement for revalidation. If a doctor is struggling to provide evidence for a role or there are concerns that they are not demonstrating they are up to date and fit to practice in the role there is a useful “Other roles structured reflective template” on the website ( <https://www.gpappraisals.uk/extended-practice.html> ) which guides reflection but this is not mandatory.

**OOH GP** work is considered to be GP work so does not require additional CPD or QIA to in hours GP work but should be included in patient and colleague feedback.