

# RCGP Guide to your appraisal



## What is appraisal?

Medical appraisal is a chance for you to reflect on your work with a trusted peer. Engaging with annual appraisal is also one element of what is needed for you to be recommended by your responsible officer (RO)\* for revalidation by the General Medical Council (GMC). You don't pass or fail your appraisal - your appraiser simply affirms at the end that the process has met the required standard by agreeing or disagreeing five statements. If they disagree something, both they and you are able to clarify this to your RO, but your appraisal can still be completed.

\*Some doctors connect to a Suitable Person instead of an RO – [see GMC guidance](#)

## The appraiser statements\*

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 GMC's Supporting information for appraisal and revalidation document and this reflects the nature and scope of the doctor's work.
3. A review that demonstrates appropriate progress against the previous personal development plan has taken place.
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming appraisal period.
5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

\*There are national differences in approach to appraisal output statements, including whether they are addressed in narrative form by the appraiser.

## Always...

Check with your appraiser or designated body if you're not sure what's required. There are regional and national differences in appraisal processes and administration. Familiarise yourself with those well in advance of your appraisal date.

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

## Good medical practice and the GMC

The GMC describes the behaviours and standards expected of medical professionals in **Good medical practice (GMP)**. If you want to retain your licence to practise you need to demonstrate your continued competence and professional behaviours through revalidation, which shows that you remain up-to-date and fit to practise. Appraisal supports this. However, most of the assurances your RO needs to trust that you are meeting the requirements of GMP come from your local and regional governance procedures.

Engaging in appraisal simply provides additional assurance that you practise in a reflective way enabling your RO to make a revalidation recommendation to the GMC.

### Your appraiser...

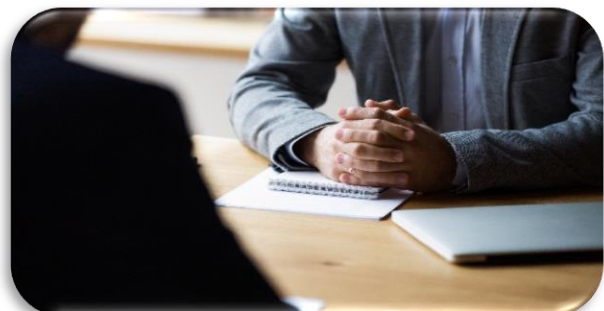
The main purpose of appraisal is to be supportive and focused on your personal and professional development, adding value to your work-leisure balance. To aid this, you're provided with a trained appraiser who will give you protected space to reflect on your challenges, achievements and aspirations.

### Your appraiser...

Is a trained and quality assured appraiser who can effectively summarise what is needed to demonstrate reflection on your work to your RO. They will help you minimise your time spent collecting documentation and reflecting on supporting information.

### Your appraiser...

Your appraiser should support you to think about what you need for your appraisal and help you avoid spending time collecting unnecessary information. During your appraisal discussion, they should help you to verbalise your reflection on your roles and bring out evidence that you are continuing to work in line with GMP. You need to reflect on supporting information relevant to the whole scope of your work and there are electronic toolkits designed to help you do that, either commercially available or provided for you by your designated body.



# What should I include in my appraisal portfolio?

## Personal information

- your name
- your GMC number
- professional qualifications related to your work that requires a GMC UK licence to practise
- up-to-date contact details.

## Appraisal information

- your appraiser's name, GMC number and contact details
- dates of your current and past appraisals
- the name of your RO
- your designated body.

## Who is my designated body?

This is the organisation responsible for providing you with an appraiser and supporting you with revalidation.

If you're not sure which designated body is yours, or who your RO is, the GMC website can help. They have an [online tool](#) to help you find your designated body and a [list of all designated bodies](#) with the ROs connected to them and an email address for you to contact them. Bear in mind, some doctors will revalidate directly with the GMC.

## We recommend...

You check the information about your revalidation held on [GMC online](#). It includes the date of your last revalidation, your designated body, your RO and your next submission date.

If you've moved to a different region it is likely your designated body will have changed and it is a good idea to check it has been updated on GMC online. This is also the most reliable way for you to check when your next revalidation recommendation is due.

## Scope and nature of your work

You should:

- describe all the work you do which requires you to have a licence to practise including any work for voluntary organisations, private practice, leadership, management, academic, research, teaching, and training. This helps your appraiser and responsible officer understand the full range of your practice
- include details of where you have worked since your last appraisal with contact details for each of them
- describe any significant changes since your last appraisal, or changes you are preparing for.

## Previous appraisal in this revalidation cycle

Your appraisal portfolio should provide your appraiser with details of any previous appraisals since your last revalidation date. This includes an explanation for any 'approved missed' appraisals, for example, if you've had parental leave, long-term sickness absence or if it was cancelled because of the Covid-19 pandemic.

If it is your first appraisal – either in this revalidation cycle or first post-CCT – your appraiser should have access to your last appraisal before you revalidated or your post-CCT personal development plan (you may have discussed this with your trainer at your final review).

## Review of your previous personal development plan (PDP)

You'll need to describe what progress, if any, you've made towards each PDP aim from your last appraisal (or those agreed with your trainer at your final educational supervisor's review). The aims from your PDP are generally designed to be met by the time you have your next appraisal, though you can set some aspirational or longer term aims if that works for your current scope of work. You should then detail any changing priorities and circumstances throughout the year which may have changed your original PDP and led to aims being dropped, modified, or carried forward.

## Challenges, achievements and aspirations

Make sure you reflect in your appraisal submission on the professional and personal challenges you've faced since your last appraisal. Consider what have been your greatest achievements and what your aspirations, both personally and professionally, are for the year ahead.

Thinking about this before your appraisal discussion will further facilitate verbal reflection during your appraisal discussion.

## Personal and professional wellbeing

You are required to sign a declaration that you accept the professional obligations in good medical practice about your own health\*. You are also invited to score the question 'How are you?' on a scale of one to ten.

A health issue that might affect patient care should be addressed outside the appraisal setting. It is optional if, and how much, you discuss your health with your appraiser.

That said, many doctors find their appraiser a helpful person to speak to in this area, but you should always feel in control of this. If you do discuss a health matter, this should be recorded with care in the appraisal summary, in terms that you are comfortable with.

\*Note there is some variation to this statement across the four nations.

## You may want to consider:

- How has the time since your last appraisal affected your wellbeing?
- Have you accessed support when you've needed it?
- How have you maintained your health and wellbeing?
- What, if anything, do you want to do differently for the year ahead??

## Remember

Your reflection in the discussion is the key activity of your appraisal. Your supporting information and preparatory thinking should help make this as useful as possible.

## Supporting information

The GMC's Supporting information for appraisal and revalidation guidance lists six types of supporting information you must reflect on and discuss at your appraisal. These are:

1. continuing professional development (CPD)
2. quality improvement activities (QIA)
3. significant events or serious incidents
4. feedback from patients or those you provide medical services to
5. colleague feedback
6. compliments and complaints.

The GMC emphasises quality rather than quantity should be the focus when collecting supporting information. Verbal reflection in your appraisal discussion is just as valid as what you write in your submission. Therefore, write a brief summary of the most impactful learning, quality improvement activities, and feedback you've received from colleagues, patients and others you've provided professional services to, such as trainees, but avoid lengthy reflections on everything you have done since your last appraisal.

### Aim...

To be selective about the supporting information you provide to illustrate your practice and enable a valuable appraisal discussion which facilitates your development.

It is not helpful to submit an exhaustive list of all your professional activities, but most GPs find it helpful to have a learning log that they maintain throughout the year demonstrating the spread of their learning across their scope of work. Review last year's PDP regularly through the year and start completing your electronic portfolio as soon as you get your reminder (if you haven't started it before).

### Remember...

If you undertake specific skills-based procedures, such as minor surgery or joint injections, logging outcomes can be a valuable way to assess how you are doing at specific things, may aid reaccreditation and may be a requirement of some commissioners.

### Time

For most doctors, and most appraisals, we would expect it to take less than two hours to prepare your documented reflection for your appraisal.



These are the reflective prompts you'll see when preparing. Look at them as aids to your personal reflection - you do not need to write an answer to each

1. What have you done to keep up-to-date across the whole of your scope of work?
2. What are the most significant things you have learned?
3. Have you identified any learning needs that you need, or want, to address or key learning to be shared? If so, what action have you taken as a result?
4. What have you learned from reviewing your practice across the whole of your scope of work?
5. What are the most significant things you have changed as a result and how effective have those changes been?
6. What else do you want to change (if anything)?
7. What have you learned from any feedback, solicited or unsolicited, you have had about your practice, both individually and as part of the teams you work in:
  - a. from your patients or their carers
  - b. from any other group you provide medical services to, including teaching, training and appraising
  - c. from your colleagues
  - d. from any compliments you have been personally named in?
8. What have you changed, or do you want to change (if anything), because of any feedback you have received?

You'll then need to sign a declaration stating whether you have been named in any significant events or serious incidents since your last appraisal. If you have, you're required to provide a brief reflective commentary (not a description) in your submission before your appraisal meeting. This should include consideration of your participation in the investigation, your response, and any actions taken. You'll then have the opportunity to discuss it further with your appraiser.

### Consider...

Using the GP curriculum as a resource for your supporting information and reflection.

### Remember...

The more you think about what you want to get out of your appraisal, the more valuable it will be.



# Statements

There is then a probity statement you will have to agree or disagree with, a question for you to answer and a further statement you'll need to sign.

## 1 Probity statement\*

**I declare that I accept the professional obligations on me in Good medical practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately.**

If you disagree with this statement, you'll need to explain why. \*Note there is some variation to this statement across the four nations.

## 2 Question

**In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal, I have something to declare. If you have been suspended from any medical post, have restrictions placed on your practice or are currently under investigation by the GMC or any other body since your last appraisal, please include a brief commentary here.**

You will be able to describe and discuss it in more detail with your appraiser.

## 3 Statement

**Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?**

Your responsible officer may occasionally want to ensure certain items of supporting information are included in your portfolio and discussed at your appraisal meeting. This could be to address specific development needs or provide collated organisational information so that you don't need to collect it yourself.

If you have been asked to bring something specific, you'll need to include a brief description of it in your supporting information – and attach it with documented reflection if appropriate – and then discuss it in more detail with your appraiser at the meeting. Your responsible officer might check the appraisal summary to make sure it has been appropriately reflected on and discussed.

## Mandatory training and other employment requirements

It is not a GMC requirement of your appraisal for revalidation for you to include supporting information about mandatory training. However, you should be aware of your professional training needs for safe practice such as remaining up-to-date with your local safeguarding procedures.

Your employer or partnership will have mandatory training requirements for them to fulfil legislative or contractual requirements. Make yourself aware of these so you know what is expected of you and keep them up-to-date throughout the year.

## Final preparation:

You are encouraged to write down any thoughts or goals you may have about the year ahead, though this is optional so use it if you think it'll be helpful.

You'll then need to give your consent to share the supporting information with your appraiser and responsible officer by agreeing to this statement:

**I confirm that I have completed this form and reflected on the supporting information to support this appraisal. I am responsible for the contents and confirm that it is appropriate for this information to be shared with my appraiser and responsible officer.**

Finally, there is an optional question asking whether there is anything you wish to discuss during the meeting. Use this to highlight anything that hasn't already been included elsewhere.

## Take care...

Not to include any third-party identifiable information not already in the public domain without permission.

## Keep in mind...

Your appraiser is there to support you and signpost you to further help if needed. Make use of them to support your personal and professional development.

## Guidance to follow

The [Medical Appraisal Guide \(MAG\)](#) was updated in June 2022 and built on the streamlined 2020 format shared by the Academy of Medical Royal Colleges and agreed across the four nations as appropriate.

Most electronic appraisal platforms used in England have already been updated in line with the new process.

If you're practising in Scotland, you must use the [Scottish Online Appraisal Resource \(SOAR\)](#).

GPs in Wales must use the [Medical Appraisal Revalidation System \(MARS\)](#).

Those based in Northern Ireland use the [GP appraisal registration and declaration form](#).

## Remember...

Documenting your pre-appraisal reflections should certainly take less than two hours.

Your reflection in the appraisal discussion will carry equal weight to reflection included in your portfolio beforehand.


Your appraiser is there to support you and signpost to further help if needed. Make use of them.

It's your appraisal – make it work for you!



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