



Guidance on supporting information for appraisal and revalidation

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About this guidance

- 1 This guidance sets out the GMC's requirements for the supporting information licensed doctors must collect, reflect on and discuss at appraisal for revalidation.*
- 2 All licensed doctors[†] must meet our requirements for revalidation. It is your responsibility to make sure you understand and follow this guidance. Your licence to practise may be at risk if you fail to do so.
- 3 In this guidance we use the terms 'you must' and 'you should' in the following ways:
 - 'You must' is used for an overriding requirement.
 - 'You should' is used when we are providing an explanation of how you will meet the overriding requirement.
 - 'You should' is also used where the requirement will not apply in all situations or circumstances, or where there are factors outside your control that may affect whether or how you can follow the guidance. In these circumstances, you must be able to explain to your responsible officer why you can't meet the requirement and agree the next steps, such as appropriate measures to demonstrate your continued competence in a different way.
- 4 Throughout this guidance we refer to responsible officers. You should take this to include suitable persons, or the GMC if you do not have a prescribed connection to a designated body or suitable person.

* We have published this guidance under Section 29G of the *Medical Act 1983 (as amended)*.

† All licensed doctors includes doctors who are in training.

Supporting information for appraisal and revalidation

- 5 During your annual appraisals,* you will use supporting information to demonstrate that you are continuing to meet the principles and values set out in *Good medical practice*.†
- 6 This guidance sets out the supporting information you will need to provide at your annual appraisal and the frequency with which it should be provided. It also gives further details on how the information can be used or discussed during appraisal.
- 7 The supporting information you must bring to your appraisal falls under four broad headings:



- 8 There are six types of supporting information you must collect, reflect on and discuss at your appraisal. They are:
 - a Continuing professional development
 - b Quality improvement activity
 - c Significant events
 - d Feedback from patients or those to whom you provide medical services
 - e Feedback from colleagues
 - f Compliments and complaints

* Annual appraisal should be taken to mean Annual Review of Competence Progression for doctors in training.

† General Medical Council: www.gmc-uk.org/guidance/good_medical_practice.asp.

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- 9** By providing all six types of supporting information over your revalidation cycle you should, through reflection and discussion at appraisal, have demonstrated your practice against all 12 attributes outlined in our separate guidance, *Good medical practice framework for appraisal and revalidation*.^{*} This will make it easier for your appraiser to complete your appraisal and for your responsible officer to make a recommendation to us about your revalidation.

^{*} General Medical Council: www.gmc-uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation___DC5707.pdf_56235089.pdf.

Meeting our revalidation requirements:

Overarching principles

10 Annual appraisal: 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.

An appraisal can be used for a variety of other legitimate reasons, and not just for revalidation.* This guidance sets out our requirements for your appraisal for revalidation, as opposed to other local appraisal guidance requirements at the organisation where you work.

11 Whole scope of practice: 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:

- a clinical (including voluntary work) and non-clinical (including academic) roles
- b NHS, independent sector and private work.

12 Quality not quantity: 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.

13 Proportionality: 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.

* For example, to maintain status on the national performers list.

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- 14 Reflection:** 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.
- 15 Focus on learning:** 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. We do not require you to document the detail of every event. You should focus on what you have learned and what changes you need or want to make.
- 16 Link to improvement and development planning:** 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.

Essential information to help you meet our revalidation requirements

Appraisal requirements and guidance from other organisations

- 17** This guidance covers our requirements for all licensed doctors. Every licensed doctor practising in the UK (or crown dependencies or Gibraltar) can meet our requirements for supporting information for revalidation.
- 18** Our requirements are sufficiently flexible to take account of the wide range of medical practice carried out by licensed doctors in the UK. If you are concerned you can't meet our requirements, it is your responsibility to seek advice and agree any appropriate variations with your responsible officer.
- 19** The Academy of Medical Royal Colleges, individual colleges, faculties and specialty specific organisations also provide additional guidance about appraisal and revalidation for doctors working in different specialties. This is because the range of supporting information you must collect and reflect on will depend on your scope of practice and the type of work you do. Their guidance translates our high level requirements into a specialty specific context and can therefore help you understand how you can satisfy our requirements.
- 20** The organisation where you work may set other appraisal or contractual requirements as part of your employment – for example, completion of health and safety training. That is a matter for employers and they are not GMC requirements. Failure to meet local appraisal or contractual requirements may be discussed at your appraisal but should not influence the revalidation recommendation made about you.
- 21** However, in exceptional circumstances your responsible officer may decide that significant failure to meet local requirements will impact on their recommendation. They would need to be satisfied (and satisfy us) that failure to meet local requirements means you are not engaging with revalidation and therefore failing to meet our requirements. They would need to specify which of our requirements you have not met.

Role of appraisers and responsible officers

- 22** Responsible officers, their revalidation teams, and employing or contracting organisations can advise you on local processes in place to support you to collect your supporting information.
- 23** Your appraiser can offer advice on how you can meet the requirements for your revalidation and signpost appropriate resources to help you. However it is your responsible officer who makes the recommendation about whether or not you have met the requirements. Most organisations have local appraisal guidance which will provide additional guidance on meeting our requirements.
- 24** Your appraisal should be with an appropriately appointed and trained appraiser. Your designated body must support you to access a whole practice annual appraisal.
- 25** If you do not have a connection to a designated body or suitable person and cannot access an appraiser through your employer or through the organisation with whom you have a contract to provide medical services, you must identify an appraiser who meets the criteria on our website.* We do not require your appraiser to be from the same specialty as you.
- 26** If you do not have a connection to a designated body or suitable person, and therefore have to give us an annual return, we can advise you on how you can meet our requirements of revalidation if you are unsure.

Doctors in training

- 27** Every licensed doctor must take part in revalidation including doctors who are in training. If you are a doctor in a UK training programme, your postgraduate dean will be your responsible officer.
- 28** Your responsible officer will make a revalidation recommendation for you based on your Annual Review of Competence Progression (ARCP). You do not need to collect any supporting information from your training programme posts other than what is required for your ARCP, as the ARCP process takes into account our requirements for revalidation. You must comply with ARCP or other programme requirements as long as you are in training.
- 29** If you carry out any work outside your training posts for which you need a licence to practise (including locum roles) you must declare this on your Form R (or electronic equivalent), and collect supporting information that covers the whole of this practice. This is consistent with the requirement on all doctors set out in paragraph 11. Your responsible officer may ask you to provide further evidence relating to your work outside training if they feel it is needed before making a revalidation recommendation about you.

* General Medical Council: www.gmc-uk.org/doctors/revalidation/23575.asp.

Supporting information should be from UK practice

- 30** Revalidation assures patients and the public that doctors remain up to date and fit to practise, in line with the standards of practice required in the UK. It is founded on the principle that you have met the professional expectations placed on you as a doctor practising in the UK.
- 31** If you don't carry out any medical practice in the UK, crown dependencies or Gibraltar, you don't need to hold or maintain a UK licence to practise. If you practise outside of the UK and choose to maintain your licence, you will need to work closely with your responsible officer to understand how you can meet our requirements for supporting information and whole practice appraisals.
- 32** We expect you to collect, reflect on and discuss supporting information generated from your whole UK practice. Responsible officers may decide to accept supporting information drawn from overseas practice if they are satisfied it meets the same standards as those expected in the UK and therefore gives assurance about your continued fitness to practise. It is important that you speak to your responsible officer as soon as you know you intend to practise overseas while holding a UK licence to practise. Only in exceptional circumstances* would a doctor with supporting information drawn from practice wholly or significantly overseas be able to maintain their UK licence to practise.

Appraisal tools

- 33** We do not require you to use any specific appraisal portfolio tools or systems for revalidation. Your organisations may specify the portfolio tools they expect you to use. The tool or system used must be robust enough to allow you to engage with revalidation. If you're unsure about which appraisal or portfolio tools you need to use, you should check your local appraisal guidance or contact your responsible officer.

* For example, a legislative requirement to hold a UK licence in a country outside of the UK, for example in Gibraltar.

Your professional obligations

- 34** You have a professional obligation to give an honest and comprehensive picture of your whole practice for revalidation. You must make your responsible officer and appraiser aware of all the places you have worked as a licensed doctor since your last appraisal.
- 35** In terms of supporting information and appraisal for revalidation, you must:
- read, understand and meet our requirements for the sources, types and frequency of supporting information specified in each section of this guidance
 - make sure your supporting information and any other evidence for your whole practice appraisal is honest, accurate and comprehensive
 - participate in annual appraisals that cover your whole practice. This means collecting, reflecting on, and discussing supporting information in line with the requirements in this guidance.

Your supporting information

1: Continuing professional development

The purpose of carrying out and reflecting on continuing professional development (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

- a You must carry out CPD activities every year.
- b Your CPD activities must cover the whole of your practice, and be tailored to your scope of practice and needs.
- c Your learning needs and plans for your CPD should be reflected in your personal development plan for the coming year.
- d 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.
- e You must reflect on your CPD activities and discuss them at each annual whole practice appraisal.

Our guidance on CPD

36 CPD helps doctors maintain and improve their performance. It covers the development of knowledge, skills, attitudes and behaviours across all areas of professional practice. Effective CPD will help you to anticipate and respond to the needs of your patients and the service, and changes in society's expectations in the ways doctors work. It will enable you to keep up to date and fit to practise and maintain the professional standards required of you throughout your career. It can also support specific changes in your practice, which may enhance your career opportunities and enhance job satisfaction.

- 37** *Good medical practice* requires you to keep your knowledge and skills up to date and encourages you to take part in activities that maintain and develop your competence and performance (paragraph 8 and 9).
- 38** Our *CPD: Guidance for all doctors** will help you plan and reflect on your learning opportunities and be prepared when you discuss your CPD at your annual appraisal.

CPD must be tailored to your scope of practice and needs

- 39** You must carry out CPD activities annually, and these must cover your whole practice. Your CPD activities must:
- a** be based on your day to day work and what you think you will need in the future to carry out all the roles and responsibilities that are (or are likely to become) part of your scope of practice
 - b** be relevant to the current and emerging knowledge and skills needed for your specialty or area of practice, professional responsibilities and areas of development and work
 - c** prepare you for the unpredictable and changing nature of medical practice
 - d** meet the needs of your patients, colleagues and employers, where appropriate.
- 40** You should think broadly about the types of CPD activities you can do. You should make sure they are influenced by your participation in clinical governance processes, or quality improvement activities (including individual, organisational and national audit), workplace-based assessments and other ways you learn and get feedback about your professional and work practices.
- 41** Because your CPD activities need to be tailored to your scope of practice and needs, we do not mandate the number of CPD points you should collect for revalidation. Most medical royal colleges and faculties have published advice on how doctors working in their specialties can demonstrate appropriate CPD across the curriculum for that specialty or general practice. This includes their recommendation of what relevant levels of CPD might look like. If you are unclear about the CPD required for your revalidation, you can discuss this with relevant colleagues, your appraiser or responsible officer.

* General Medical Council: https://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp.

2: Quality improvement activity

The purpose of collecting and reflecting on quality improvement activity

- 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

- a 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.
- b 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.
- c You should participate in any national audit or outcome review if one is being conducted in your area of practice. You should also reflect on the outcomes of these audits or reviews, even if you are unable to participate directly.
- d 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.
- e 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 with your appraiser how you will include this in your personal development plan for the following appraisal period.

Quality improvement activity can take many forms

- 42** Quality improvement activity can take many forms depending on the roles you do and the nature of your practice.
- 43** You should think about the activities or work in which you have been involved that has focused on quality improvement. Examples of these include:
- a** Review of your performance against local, regional or national benchmarking data where this is robust, attributable and validated. This could include morbidity and mortality statistics or complication rates.
 - b** Clinical audit. This must be evidence of effective participation in clinical audit or an equivalent quality improvement exercise that measures the care with which you have been directly involved.
 - c** Case review or discussion. A documented account of interesting or challenging cases that you have discussed with a peer, another specialist or within a multidisciplinary team.
 - d** Learning event analysis.
 - e** Audit and monitoring of the effectiveness of a teaching programme.
 - f** Evaluating the impact and effectiveness of a piece of health policy or management practice.

Quality improvement activity should be robust, systematic and relevant to your work

- 44** The medical royal colleges and faculties provide guidance on the type of activity that would be most appropriate for doctors working in particular specialities or general practice. Many specialities have robust and validated quality measures in place, such as national specialty databases. If you are in specialist practice you should consult your college or faculty guidance.

Discuss and agree the frequency of your quality improvement activity with your responsible officer

- 45** You must discuss with your appraiser or responsible officer the extent and frequency of quality improvement activity.
- 46** The extent and frequency of your quality improvement activity will depend on the nature of the activity itself and the work you do. For example, participation in a full national clinical audit might be appropriate once in your revalidation cycle, whereas a case review might take place more regularly.

Reflecting on your quality improvement activity

- 47** At your whole practice appraisals you must reflect on and discuss your quality improvement activity. To show how these activities have impacted on your practice and made a difference to your work you should focus on:
 - a** How the quality improvement activity you have carried out is relevant to your work.
 - b** How you have evaluated and reflected on the results of your activity. This may be through reflective notes about the implications of the results on your work, discussion of the results at peer-supervision, team meetings, and contributions to your professional development.
 - c** What action you have taken or plan to take in response to the results. This might include the development of an action plan based on the results of the activity, changing your practice following participation, and informing colleagues of the findings and any action required.
 - d** Demonstrating whether an improvement has occurred or if the activity showed that good practice has been maintained. This should be through the results of a repeat of the activity or a re-audit after a period of time where possible.

3: Significant events

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

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

What is a significant event?

- 48 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.
- 49 We recognise that your organisation may use a different term for these events (for example, serious untoward incident or serious incident requiring investigation) or they may have defined the term more broadly to include learning events other than those that resulted in harm.* For the purpose of meeting our requirements under this heading, you should focus on your learning from any events that have or could have harmed your patients.

* In general practice, significant event analysis has included learning from events that did not meet the harm threshold and therefore such learning event analysis is usually considered as a form of quality improvement activity.

- 50** Significant events should be collected routinely by your employer where you are directly employed by an organisation. Many organisations (including hospitals and general practices) have formal processes in place for logging and responding to all such events. If you are self-employed you should make note of any such events or incidents and review them.

Participating in significant event reviews

- 51** All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients when things go wrong. As a doctor you must be open and honest with patients, colleagues and your employers. *The professional duty of candour guidance** makes clear the need for honesty with patients after healthcare harm, and the importance of contributing to a learning culture to improve patient safety and make sure lessons are learned.
- 52** As a doctor you have a responsibility under the duty of candour to log incidents and events according to the reporting process within your organisation. Discussion at appraisal should include your participation in logging any incidents or events, and your participation in any clinical governance meetings where incidents or events and learning are discussed.

Reflecting on significant events

- 53** You should be able to show to your appraiser that you are aware of any patterns in the types of incidents or events recorded about your practice. You should discuss the action you have taken and any changes made to your practice to prevent such events or incidents happening again. Areas for further learning and development should be reflected in your personal development plan and CPD.
- 54** It is the insight and learning from the significant event, rather than the facts or the number you have recorded, which should be the focus of your reflection and discussion at appraisal.
- 55** The numbers of significant events may vary across different specialties. If you have not been involved in any significant events you must declare this fact. You should either reflect on your local significant event process or what you have been doing well to mitigate the risk of a significant event occurring.

* General Medical Council: www.gmc-uk.org/static/documents/content/DoC_guidance_english.pdf.

4: Feedback from patients or those to whom you provide medical services

The purpose of gathering and reflecting on this 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

- a 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.
- b 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.
- c Those asked to give you feedback must be chosen from across your whole scope of practice.
- d 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.
- e 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.
- f You must reflect on what the feedback means for your current and future practice, and discuss it at your appraisal.

Frequency and method

- 56** At least once since you last revalidated you must collect and reflect on feedback from patients from across your whole practice. If you are unsure how to collect patient feedback, you should check any local appraisal guidance and discuss with your appraiser and responsible officer.
- 57** The organisations where you practise may have systems and processes in place so you can gather feedback using standard questionnaires that have been validated and are independently administered. If you practise in settings that do not have these systems in place, you will need to identify how you will gather patient feedback, for example through an independent provider.
- 58** You should use standard questionnaires that are consistent with the principles, values and responsibilities set out in *Good medical practice*, and have been validated.
- 59** Your standard questionnaires should be independently administered (handed out and responses collected and collated) to reassure your patients that their feedback is anonymous. If as a result of a patient's circumstances you can identify who has given the feedback, you must remain professional at all times, particularly where feedback may not be favourable.
- 60** When using standard questionnaires, the independent provider will be able to tell you how many responses you need, to give an accurate reflection of your practice. You can find additional *guidance on using standard questionnaires** on our website.
- 61** If you are unable to use a standard questionnaire, you must agree an alternative approach with your responsible officer before starting to collect your feedback. Your appraiser can help you to think broadly and flexibly about an alternative approach.

If you don't have patients

- 62** If you don't treat patients directly, you should think more broadly about who can give you feedback from the perspective of those you work for as a doctor. For example, clients, appraisees, customers, and recipients of reports you provide (who could be other doctors) or medical students. If you can collect feedback from these types of people, then you should.
- 63** If you are unable to collect patient feedback from either your patients directly or other alternatives, you must discuss this with your responsible officer.

* General Medical Council: www.gmc-uk.org/RT___Instructions_for_administering_GMC_colleague_and_patient_questionnaires___DC7532.pdf_60944814.pdf.

Patient feedback should be objective and representative

- 64** You should make sure patients are offered an accessible way to give their feedback that meets their needs. For example, you might need to offer a questionnaire in another language or an easy read version. If your patients cannot give feedback themselves, you should seek feedback from those who can give you meaningful and informed feedback from the patient's perspective. For example, patients relatives, carers or advocates.
- 65** The method used to collect patient feedback should not exclude those less able to give their feedback, for example patients with cognitive impairments such as learning disabilities. You might need to offer some patients a questionnaire in another format, such as easy read or large print, to reach a representative sample of all your patients.
- 66** Feedback from your patients must be of sufficient quantity to give a realistic and comprehensive picture of how your patients perceive you. It should give you the opportunity to identify your strengths and areas for development. You should not personally select the patients asked to give feedback about you and should use an independently administered questionnaire to minimise bias. A random or consecutive selection can help minimise bias.
- 67** You should make sure the method used for collecting feedback allows responses to be obtained from a representative sample of your patients. Whoever selects the patients that are asked to provide feedback should use a method that allows them to choose a broad range of patients reflecting all the patients you see.

Reflecting on your patient feedback

- 68** Feedback from your patients and those you provide services to will help you understand their experience as a patient and how they view your practice.
- 69** Reflecting on this type of feedback will help you identify changes you need to make to your practice to improve the care or services you provide. It will also allow you to identify your strengths so you can build on these further.

5: Colleague feedback

The purpose of gathering 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

- a At least once in your revalidation cycle you must collect, reflect on, and discuss at your annual appraisal, feedback from your colleagues.
- b The colleagues who are asked to give feedback must be chosen from across your whole scope of practice, and must include people from a range of different roles who may not be doctors.
- c 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.
- d 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.
- e You must reflect on what the feedback means for your current and future practice.

Frequency and methods

- 70** At least once in your revalidation cycle you must collect feedback from colleagues on all of the different types of work you do across your whole practice. If you are unsure how to collect colleague feedback, you should check any local appraisal guidance and discuss with your responsible officer.
- 71** The organisations where you practise are likely to have systems and processes in place so you can gather feedback using standard questionnaires that have been validated and are independently administered. If you practise in settings that do not have these systems in place, you will need to think about how you will gather colleague feedback, for example through an independent provider.
- 72** You should use standard questionnaires that are consistent with the principles, values and responsibilities set out in *Good medical practice*, and have been validated. Where possible, your standard questionnaires should be independently administered to reassure your colleagues that their feedback will be anonymous.
- 73** When using standard questionnaires, the independent provider will be able to tell you how many responses you will need, to give an accurate reflection of your practice. You can find additional *guidance on using standard questionnaires** on our website.
- 74** Some organisations might have other mandatory feedback mechanisms in place such as 360 degree feedback processes. In exceptional circumstances, your responsible officer may agree to you using feedback from these other processes instead of feedback through standard questionnaires.

Think broadly about who can provide colleague feedback

- 75** You should discuss where, how and from whom you should collect colleague feedback from across your whole practice with your appraiser or check local guidance on colleague feedback. They can help you identify colleagues who can give feedback, including non-healthcare professionals. You should think about the nature of your practice, including the teams with which you work and the organisational environments in which you practise. This should include peers, people you supervise, individuals who support your work and those who you interact or liaise with from other professions. Your feedback should be gathered from colleagues who reflect the range of people who you work with, and not only other doctors. For example, this might include colleagues from other specialties, junior doctors, nurses, allied healthcare professionals, clinical directors, and management and clerical staff.

* General Medical Council: www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp.

Colleague feedback should be objective

- 76** Feedback from your colleagues is an opportunity to identify areas for improvement and further develop your strengths. You must choose colleagues impartially. You will get the most valuable feedback by selecting colleagues who you feel will be honest in their assessment and give constructive feedback on what you do well and where you could improve. This might mean selecting colleagues with whom you have worked in difficult or challenging circumstances.
- 77** Your appraiser can help you decide which colleagues to select for feedback across the whole of your scope of practice. You will also need to be able to explain to your appraiser, if asked, why you have chosen the colleagues who have given your feedback.
- 78** Where possible, feedback should be anonymous. If you are able to identify colleagues through the feedback they give, you must remain professional, particularly where the feedback may not be favourable.
- 79** The feedback from your colleagues must cover the whole of your practice and be of sufficient quantity to give an accurate and comprehensive picture of how your colleagues view your professional practice.

Reflecting on your colleague feedback

- 80** Feedback from your colleagues will help you understand their experiences of working with you and how they view your practice.
- 81** Reflecting on your colleagues' feedback will help you to identify changes you can make to improve the care or services you provide. It will also allow you to identify your strengths so you can build on these further.

6: Compliments and complaints

The purpose of gathering 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

- a 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.
- b 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.
- c 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.
- d You should follow the same principles for collecting, discussing and reflecting on compliments.

The value of compliments

- 82** Compliments are important sources of evidence that can facilitate reflection on your practice. They are a source of learning and reinforcement. Collecting, discussing and reflecting on compliments gives you the opportunity to affirm areas of strength in your practice and their positive impact on patient care. This will help you understand what your patients and others you interact with every day think you do well.
- 83** Reflecting on compliments can help you further develop areas of strength.

Considering formal complaints

- 84** *Good medical practice* states that 'You must be honest and trustworthy in all your communication with patients and colleagues.' (paragraph 68).^{*} You have a professional obligation to declare any formal complaints made about you or your practice at your annual appraisals, and to discuss these with your appraiser as appropriate.
- 85** This guidance 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.
- 86** You must make sure your evidence of complaints covers all of the roles you carry out across your whole scope of practice.

Think broadly about sources of compliments and complaints

- 87** For each annual appraisal you should collect, discuss and reflect on:
- a** Complaints and compliments about you or your team that you or any organisation where you practise have received. This includes complaints that have been addressed through organisational complaints policies and procedures and complaints you might have resolved informally without the need for formal escalation.
 - b** Complaints investigated by regulatory bodies, for example, ombudsmen, inspection agencies in the four UK countries, or the GMC.
 - c** Feedback that you or the organisations where you practise have received through other channels, which identifies areas of your practice that are going well or may benefit from improvements. For example from online feedback platforms or informal feedback from a colleague following their conversation with a patient.
 - d** Feedback about the team in which you work or the wider environment in which you practise, which has an impact on your individual practice by, for example, giving you a compliment, learning or action points.

^{*} General Medical Council: www.gmc-uk.org/guidance/good_medical_practice/20463.asp.

Reflecting on compliments and complaints

- 88** During discussions at your appraisals, you should choose the examples of the complaints and compliments you have received that evidence your insight and learning about your practice. During your appraisal discussion you should talk about and reflect on any changes you have already made to your practice as a result, and any future actions or changes you propose to make. You must be able to explain to your appraiser, if asked, why you have chosen these complaints and compliments over others as part of your appraisal discussion.

- 89** You might not have any complaints or compliments in which you are personally named. If this is the case, you can consider reflecting on other relevant local complaints or compliments that helped you to change your practice or confirm good practice you already do.

Additional information required for your appraisal

Information about your practice

90 In your appraisal portfolio you must provide:

- a** your personal details including your GMC reference number
- b** details of the organisations and locations where you have worked as a doctor since your last appraisal, and the roles or posts held
- c** a comprehensive description of the scope and nature of your practice
- d** a record of your annual whole practice appraisals, including confirmation whether you are in any revalidation non-engagement, licence withdrawal or appeal process
- e** your personal development plans and their reviews.

Probity statement

91 You will also need to make a probity statement.

92 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.

93 A statement of probity is a declaration that you accept the professional obligations placed on you in *Good medical practice* in relation to probity.

94 *Good medical practice* gives guidance on issues of probity as follows:

- a** Research (paragraphs 17 and 67)
- b** Holding adequate and appropriate insurance or indemnity (paragraph 63)*
- c** Being honest and trustworthy (paragraphs 65–67)
- d** Providing and publishing information about your services (paragraph 70)
- e** Writing reports and CVs, giving evidence and signing documents (paragraph 71)
- f** Cautions, official inquiries, criminal offences, findings against your registration, and suspensions and restrictions on your practice (paragraphs 72–76)
- g** Financial and commercial dealings and conflicts of interest (paragraphs 77–80).

* A doctor must have adequate and appropriate insurance or indemnity in place when they start to practise medicine in the UK. Under the law, a doctor must have cover against liabilities that may be incurred in practising medicine having regard to the nature and extent of the risks.

Health statement

- 95** A statement of health is a declaration that you accept your professional obligations about your personal health under *Good medical practice*.
- 96** *Good medical practice* gives the following guidance:
- a** Registration with a GP – you should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself (paragraph 30).
 - b** Immunisation – you should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available (paragraph 29).
 - c** A serious condition that could pose a risk to patients – if you know that you have, or think you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients (paragraph 28).

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