

Royal College of Obstetricians and Gynaecologists

Supporting Information for Appraisal and Revalidation: Guidance for Obstetrics and Gynaecology

Based on the GMC

Guidance on Supporting Information for Appraisal and Revalidation

and the Academy of Medical Royal Colleges

Supporting information for appraisal and revalidation Academy framework document

October 2018

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1. Purpose of this document

The GMC has updated its Guidance on supporting information for appraisal and revalidation (March 2018). In the light of this, the Academy of Royal Medical Colleges revised its framework guidance for supporting information for appraisal and revalidation for Royal Colleges, on which this document is based.

This document provides detail on updated Academy and RCOG recommendations to enable doctors to fulfil the GMC requirements while protecting their time for patient care. There is no significant change to the six types of supporting information required by the GMC for a positive revalidation recommendation:

1. Continuing professional development (CPD)
2. Quality improvement activities (QIA)
3. Significant events (SE)
4. Feedback from patients or those to whom you provide medical services
5. Feedback from colleagues
6. 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.

Each section is structured to highlight the GMC's principles and requirements, followed by comments and updated Academy recommendations. Although the types of supporting information are the same for all doctors, the RCOG has included supplementary specialty-specific advice at the end of the sections where appropriate.

We recommend that this document is read alongside/in conjunction with the GMC's guidance.

2. Overarching principles of the GMC's guidance

The GMC's principles and requirement(s) are set out first in **black**, followed by the updated Academy recommendations in **red** and RCOG guidance in **blue**.

2.1. Annual appraisal	
GMC requirements	<p>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.</p> <p>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.</p>
AoRMC recommendations	<p>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.</p>

2.2. Whole scope of practice

GMC requirements	<p>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:</p> <ul style="list-style-type: none">• clinical (including voluntary work) and non-clinical (including academic) roles• the NHS, the independent sector and private work.
AoRMC recommendations	<p>The GMC's description 'scope of practice' is clarified to ensure that you provide an appropriate level of detail for the 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.</p> <p>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.</p>

2.3. Quality, not quantity and proportionality

GMC requirements	<p>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.</p> <p>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.</p>
AoRMC recommendations	<ul style="list-style-type: none">• You should be selective and provide high-quality examples of reflection on your most significant learning and indicate what further supporting information is available but not submitted. You should demonstrate in your portfolio:• An appropriate level of detail in providing context about what you do in all aspects of your work: describing your scope of practice, and details of all the places that you have worked as a doctor since your last appraisal;• Reflection on the probity and health statements and the domains of Good medical practice (GMC, 2013);• Annual reflection on how you maintain and enhance the quality of your professional work through continuing professional development (CPD) learning activities. CPD can include a variety of activities including personal reading, e-learning and professional conversations as well as learning in teams and externally. 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’). You should demonstrate a balanced programme of CPD appropriate to your scope of practice.• Reflection on how you evaluate and improve the quality of your professional work through regular review, including learning arising from quality improvement activities, (QIA), and significant events (SE).• 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.

2.4. Reflection

GMC 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.
AoRMC recommendations	The GMC requirements and AoMRC guidance both 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. Remember: collect, reflect, discuss.

2.5. Focus on learning and improvement and development planning

GMC requirements	<p>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.</p> <p>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.</p>
AoRMC recommendations	<p>The annual appraisal process is structured around continuous 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.</p> <p>The Academy recommends that you 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. Doctors are all clinical leaders and uniquely placed to engage with the continuous quality improvement agenda to improve systems and enhance the quality of patient care.</p>

3. Supporting information

Each section is structured to highlight the GMC’s principles and requirement[s] in **black**, followed by comments and updated Academy recommendation(s) in **red** and RCOG guidance in **blue**.

3.1. Continuing Professional Development (CPD)	
<p>Every doctor is required to demonstrate how they keep up-to-date across the whole scope of practice. The purpose of carrying out and reflecting on CPD</p> <ul style="list-style-type: none"> ✓ 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. 	
GMC requirements	<ul style="list-style-type: none"> • 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 should reflect on what you have learned from the activity and how this could help maintain or improve the quality of your practice. • You must reflect on your CPD activities and discuss them at each annual whole practice appraisal
AoRMC recommendations	<p>The Academy recommends that over a five-year revalidation cycle there should be a balanced approach to your continual professional development (CPD) across your whole scope of practice:</p> <ul style="list-style-type: none"> • Learning should come from a variety of external, internal and personal study activities. For example, you should ensure your CPD includes more activities than just reading journal articles. 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’). • You are required by the GMC to do enough appropriate CPD to remain up-to-date and fit to practise across the whole of your scope of work. There is no regulatory requirement to acquire a particular number of ‘credits’ each year. However, for doctors in some Colleges and Faculties, a credit- based approach may provide a helpful benchmark or guide to indicate a quantity of CPD that is considered sufficient to keep up-to-date across the whole of that curriculum. • 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

	<p>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.</p> <ul style="list-style-type: none"> • The focus of your CPD should be on maintaining and enhancing the quality of your professional work. You should reflect on its quality and impact on your practice, rather than on the amount of time spent on the activity. You will need to collect evidence to record your CPD, normally using a structured portfolio. CPD schemes or programmes organised by Colleges or professional associations can be a convenient way of doing this. • 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.
<p>RCOG recommendations</p>	<p>The RCOG has a well-developed CPD programme. Meeting the requirements of the CPD programme will go a long way towards fulfilling the requirements for Revalidation. Consider whether professional development in one area might cover more than one aspect of your scope of work. For example, completing CPD questions after reading an article published in <i>The Obstetrician & Gynaecologist (TOG)</i> on preventing stillbirth may provide clinical CPD credits, but reflecting on how you plan to implement learning by improving the investigation of stillbirths in your unit provides evidence of professional development as clinical leader. Planning a workshop and presentation on a clinical subject for trainees will provide clinical CPD, as well as CPD as an educator.</p> <p>The RCOG is launching its new CPD framework in Spring 2019, which has a focus on (and credits for) reflection and action following learning events. A recommendation of at least 50 credits a year, and 250 credits in 5 years remains in place.</p> <p>The RCOG information on CPD is available at: https://www.rcog.org.uk/en/cpd-revalidation/cpd-programme/</p>

3.2. Quality improvement activity

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

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

GMC requirements

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.

AoRMC recommendations

The Academy recommends that you demonstrate the ability to review and learn from your medical practice every year by reflecting on representative quality improvement activities (QIA) appropriate to your scope of practice and circumstances, with a spread of QIAs across your whole scope of practice over a five-year cycle.

- No fixed number of QIAs is recommended, as some will be very brief interventions, and others will be very significant projects. The Academy recommends that you keep in mind the principle of providing documentation that is reasonable and proportionate and does not detract unduly from

	<p>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, use your professional judgement about what is appropriate and discuss your plans for the coming year with your appraiser</p> <ul style="list-style-type: none"> • You are advised to think about the quality not quantity of your QIA. 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. You must participate in QIA relevant to your whole practice at least once in your revalidation cycle. • Continuous quality improvement involves evaluating whether a change is an improvement. Changes made should be shared and strengthened where they are an improvement or reversed where they are not. • QIA may take many forms, including, but not restricted to, taking action as a result of: <ul style="list-style-type: none"> ○ 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 (LEA) and significant event (SE) review (see the definition of an SE in section 3.3); ○ feedback – such as the outcomes of reflection on your formal patient and colleague feedback survey results, other solicited and unsolicited feedback, compliments and complaints. • 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 (see section 3.3). It is likely that in many
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	<p>cases the learning from them will also lead to quality improvement activities for you personally, or for the systems in which you work.</p>												
<p>RCOG recommendations</p>	<p>There are a number of national audits relevant to obstetrics and gynaecology. (See table below). For national audits that do not provide individual level data, inclusion in appraisal is still worthwhile. Individuals could reflect on:</p> <ul style="list-style-type: none"> • Participation statistics as a unit and on a personal basis (number of cases and case ascertainment, data completeness) • Whether participation statistics could be improved • The audit findings both for own practice and the practice of the unit/team • Actions taken as a result of the audit. <p>National audits in obstetrics and gynaecology</p> <hr/> <table border="1"> <thead> <tr> <th data-bbox="443 887 933 954">Audit</th> <th data-bbox="933 887 1436 954">Relevance</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 954 933 1066">MMBRACE reports</td> <td data-bbox="933 954 1436 1066">Obstetricians</td> </tr> <tr> <td data-bbox="443 1066 933 1178">National Maternity and Perinatal Audit</td> <td data-bbox="933 1066 1436 1178">Obstetricians</td> </tr> <tr> <td data-bbox="443 1178 933 1290">Pregnancy and Diabetes National Audit</td> <td data-bbox="933 1178 1436 1290">Obstetricians providing services to pregnant women with diabetes</td> </tr> <tr> <td data-bbox="443 1290 933 1491">United Kingdom Gynaecological Oncology Surgical Outcomes and Complications</td> <td data-bbox="933 1290 1436 1491">Gynaecological cancer surgeons</td> </tr> <tr> <td data-bbox="443 1491 933 1559">British Society of Urogynaecology</td> <td data-bbox="933 1491 1436 1559">Urogynaecologists</td> </tr> </tbody> </table> <hr/> <p>Key: MMBRACE = Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK</p> <p>Participation in local audit to review and evaluate personal and/or team performance should be against national standards (National Institute for Health and Care Excellence [NICE] guidance and RCOG Green-top Guidelines). Information provided at appraisal should include reflection on the results of the audit cycle and what, if any, action was taken.</p> <p>The table below provides further examples of quality improvement activities from</p>	Audit	Relevance	MMBRACE reports	Obstetricians	National Maternity and Perinatal Audit	Obstetricians	Pregnancy and Diabetes National Audit	Obstetricians providing services to pregnant women with diabetes	United Kingdom Gynaecological Oncology Surgical Outcomes and Complications	Gynaecological cancer surgeons	British Society of Urogynaecology	Urogynaecologists
Audit	Relevance												
MMBRACE reports	Obstetricians												
National Maternity and Perinatal Audit	Obstetricians												
Pregnancy and Diabetes National Audit	Obstetricians providing services to pregnant women with diabetes												
United Kingdom Gynaecological Oncology Surgical Outcomes and Complications	Gynaecological cancer surgeons												
British Society of Urogynaecology	Urogynaecologists												

local sources that doctors in obstetrics and gynaecology might use for appraisal.

Example	O&G example	Evidence
Active participation in audit of clinical outcomes, measuring care provided by individuals as well as teams against national (NICE guidance, RCOG Green-top Guidelines) standards	Audit cycle of management of breech presentation against standards in the RCOG's <i>Green-top Guideline no. 20b: Management of Breech Presentation</i>	Audit findings, reflection and action on findings
Clinical outcome data, e.g. mortality, morbidity, complications	Dr Foster (or organisation's equivalent clinical outcomes database) consultant team based data	Evaluation of validated data of own outcomes
Case discussion with peer, specialist and/or multidisciplinary team	Interesting, rare or important learning cases	Documented account of discussion and learning
Audit of effectiveness teaching programme	Skill drills 'before and after' data, e.g. number of trainees that can do all seven HELPERR manoeuvres on a mannequin	Audit findings, reflection and action on findings
Evaluation of the impact of a health policy or management practice	Evaluation of effect of <i>Saving Babies Lives</i> care bundle on induction of labour rates	Documented evaluation

Adapted from General Medical Council⁵
 Key: NICE = National Institute for Health and Care Excellence; O&G = obstetrics and gynaecology; RCOG = Royal College of Obstetricians and Gynaecologists; HELPERR = help, evaluate for episiotomy, legs, pressure, enter vagina, remove the posterior arm, roll the patient on to all fours.

3.3. Significant events

For the purposes of the GMC's 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.

GMC requirements

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.

AoRMC recommendations

You must be aware of the GMC definition of significant events as patient safety incidents.

- Like all doctors, you 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.
- 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.
- Significant events should be discussed with colleagues to maximise and share

	<p>learning according to GMC requirements.</p> <ul style="list-style-type: none"> • 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.
<p>RCOG recommendations</p>	<p>Significant events include serious untoward incidents (SUIs) and serious incidents requiring investigation (SIRIs) or their equivalent. Organisations should have systems for recording these events and provide information to doctors for their appraisal about incidents in which they have been involved. However, many of the systems currently in use are not designed to link incidents to individual practitioners who may have been involved, so information provided for appraisal may not be comprehensive. It is prudent for doctors to keep track of any involvement in such events themselves. Most systems are able to provide accurate information about incidents reported by individuals. This is an opportunity to discuss with an appraiser learning and action taken from incidents and demonstrate how this has improved practice.</p>

3.4. 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.

GMC requirements

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

AoRMC recommendations

- You must reflect on feedback relating to the whole of your scope of practice over the five-year cycle.
- 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.
- There is no requirement to use the GMC example questionnaire in obtaining feedback from your patients. A variety of other questionnaires meeting the GMC guidance have been developed which may be more suitable for your patient groups, professional scope of work, or circumstances.

	<ul style="list-style-type: none"> • If you don't see patients, you should think broadly about who you could obtain feedback from, including those to whom you provide medical services, and seek feedback from them if possible. If this is not possible, you must agree that in advance of your revalidation recommendation due date with your responsible officer or suitable person. • You may find it helpful to refer to the GMC's webpage containing Patient Feedback Case-studies covering a variety of scenarios.
<p style="text-align: center;">RCOG recommendations</p>	<p>As with colleague feedback, the critical point about patient feedback is reflection, discussion with the appraiser and identifying opportunities for the further development of the doctor.</p> <p>The RCOG has not developed its own tools for feedback but support the use of the tools that meet the requirements for such tools published by the GMC: https://www.gmc-uk.org/-/media/documents/guidance-on-colleague-and-patient-questionnaire_pdf-72399762.pdf</p>

3.5. 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.

GMC 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.
- You must reflect on what the feedback means for your current and future practice.

AoRMC recommendations

- You must reflect on feedback relating to the whole of your scope of practice over the five-year cycle.
- 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 colleagues to give a full 360-degree view of your practice and avoid any conflicts of interest or appearance of bias.
- There is no requirement to use the GMC example questionnaire in obtaining feedback from your colleagues. The expectation is that feedback is collected using standardised questionnaires that comply with GMC guidance in this area. A variety of other questionnaires meeting the GMC guidance have been developed which may be more suitable for your professional scope of work, or circumstances.
- For some parts of your scope of practice, such as teaching and training, or appraising, it may not be possible to seek feedback in a way that meets all the

	<p>GMC guidance. You are expected to seek and act on feedback about all parts of your scope of practice over the five-year cycle, so you should choose an appropriate way to get meaningful feedback and discuss it with your appraiser. If there is an element of your practice for which you don't think you can collect colleague feedback you should discuss and agree this with your appraiser in advance.</p>
<p>RCOG recommendations</p>	<p>The RCOG has not developed its own tools for feedback but support the use of the tools that meet the requirements for such tools published by the GMC: https://www.gmc-uk.org/-/media/documents/guidance-on-colleague-and-patient-questionnaire_pdf-72399762.pdf</p> <p>For feedback to be useful, this sets out a number of conditions should be met:</p> <ul style="list-style-type: none"> • The process includes a self-assessment element • Benchmarked data against doctors in the same specialty are used whenever available • A range of professional colleagues who are representative across the scope of work of the doctor are selected, including those in line management positions, such as clinical director, peers, nurses, midwives, allied health professionals and junior doctors • Feedback from colleagues for non-clinical work is included for doctors whose scope of work includes significant non-clinical work, such as feedback on teaching and training, and on leadership roles • Participants are made aware of the importance of feedback for the development of the doctor, and the importance of constructive feedback including using open text boxes • Questionnaires are administered independently of doctor and appraiser • The doctor has reflected in a meaningful way on the feedback received • Appraisers are trained in discussing feedback in a constructive manner, including discussion about significant divergence between self-assessment and colleague assessment • The appraisal discussion is focused on how feedback can be used positively in the development of the doctor.

3.6. Review of 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.

GMC 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.
- You should follow the same principles for collecting, discussing and reflecting on compliments.

AoRMC recommendations

Compliment

- You should reflect on any compliments you have received annually.
- 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

- 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.
- All organisations where doctors work should have appropriate complaints

	<p>procedures, which should include all doctors who work in that organisation, including locums.</p> <ul style="list-style-type: none"> • 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.
<p>RCOG recommendations</p>	<p>Complaints and compliments are another form of feedback. Both can be at an individual or team level. As with all feedback, both should be used to further a doctor's development, through reflection and action. Reflecting on the positive in compliments can be just as educational as the learning from complaints. Take care not to include any identifiable personal data in this category.</p>

4. Additional information required for appraisal

4.1. Information about your practice	
GMC requirements	Personal details including your GMC reference number
AoRMC recommendations	<p>The GMC requires you to keep your basic personal details up-to-date and to include them in your appraisal portfolio.</p> <p>Your medical and professional qualifications should also be included.</p>
RCOG recommendations	<ul style="list-style-type: none"> ✓ GMC number ✓ demographic and relevant personal information and qualifications ✓ self-declaration of no change, or an update identifying changes
GMC requirements	Details of the organisations and locations where you have worked as a doctor since your last appraisal, and the roles or posts held
AoRMC recommendations	<p>The requirement to provide details of all the places you have worked as a licensed doctor since your last appraisal has been clarified and will be important, particularly to locum doctors who may work in many places. The Academy strongly recommends that you keep a log of all the places that you work and provide the contact details in your appraisal portfolio.</p>
GMC requirements	A comprehensive description of the scope and nature of your practice
AoRMC recommendations	<ul style="list-style-type: none"> • You 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 (GMC, 2013) for the scope of practice that you actually do, not what you historically qualified for. • It is important to think broadly and include 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

	<p>those roles too.</p> <ul style="list-style-type: none"> • Any work undertaken outside the UK should be identified. • 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, needs to be included so that the responsible officer (RO) 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 RO, and to be aware of the clinical governance arrangements in place. The RO 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, summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser.
RCOG recommendations	<ul style="list-style-type: none"> ✓ description of your whole practice covering the period since your last appraisal ✓ current job plan (if required for reference) ✓ any significant changes in your professional practice ✓ extended clinical and non-clinical activities ✓ any other relevant information for your field of practice
GMC requirements	A record of your annual whole practice appraisals, including confirmation whether you are in any revalidation non-engagement, licence withdrawal or appeal process
AoRMC recommendations	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.
RCOG recommendations	<ul style="list-style-type: none"> ✓ signed-off appraisal portfolio record and satisfactory outcomes of previous appraisal ✓ evidence of appraisals (if undertaken) from other organisations ✓ confirmation that previous actions/concerns have been addressed

<p>GMC requirements</p>	<p>Your personal development plans and their reviews</p>
<p>AoRMC recommendations</p>	<ul style="list-style-type: none"> • 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
<p>RCOG recommendations</p>	<ul style="list-style-type: none"> ✓ current personal development plan (PDP) with agreed objectives from previous appraisal ✓ details of any new objectives added since last appraisal or to be added ✓ access to previous PDPs

4.2. Probity statement

<p>GMC requirements</p>	<p>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.</p> <p>Good medical practice gives guidance on issues of probity as follows:</p> <ul style="list-style-type: none"> ○ 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)
<p>AoRMC recommendations</p>	<p>You should confirm that:</p> <ul style="list-style-type: none"> ● You have adequate and appropriate indemnity cover across the full scope of your work. ● 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), that you have taken appropriate steps without delay, so that the concerns could be investigated, and patients protected where necessary. ● If you have been requested to present any specific item(s) of supporting information for discussion at appraisal, you have done so.
<p>RCOG recommendations</p>	<p>✓ signed probity self-declaration</p>

4.3. Health statement

GMC 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.
AoRMC recommendations	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.
RCOG recommendations	✓ signed health self-declaration

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