



Revalidation FAQs: appraisal and supporting information

What is meant by 'clinical audit' for the purposes of revalidation?

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. The nature and balance of these activities will vary according to your specialty and the work that you do. These activities should be robust, systematic and relevant to your work. They should include an element of reflection and action and, where possible, demonstrate an outcome or change. Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation cycle.

You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every 5-year cycle.

A register of all national audits is maintained by a number of organisations including [HQIP](#) in England and Wales, [Healthcare Improvement Scotland](#) and [Guidelines and Audit Implementation Network Northern Ireland](#). There is also [additional guidance](#) produced by the Academy of Medical Royal colleges. Your specialty may recommend an area of practice that could be audited.

Your participation in national audits may focus on the performance of the team, but there will be elements that reflect your personal practice or the results of your management of, or contribution to, the team or service of which you are part. Your own role, input, learning and response to the audit results should be reflected upon and documented. The RCP [personal clinical audit tool](#) (p-CAT) enables you to do this.

If clinical audit is not possible, then there are other ways of demonstrating the quality of your clinical practice and your engagement with quality improvement, including clinical outcomes data and case review/discussion are also a demonstration of quality improvement activity. Please refer to [Supporting information for appraisal and revalidation: guidance for physicians](#). You will need to have discussion with your appraiser on how your activity fits with your practice.

Additional [revalidation resource guides](#) have also been developed for some physician specialties.

If you have a significant commitment as a medical manager, then your audit activity may describe service improvement initiatives for which you are responsible, with reflection on the learning and service change or outcome that has taken place.

Can I choose my appraiser?

Once you have confirmed your designated body, your responsible officer (RO) should advise you on how to access a suitable appraiser. A medical appraisal policy should be in place in your organisation that determines local processes.

ROs are obliged to ensure that there are sufficient numbers of appraisers in place in their organisation, and that those appraisers have completed the training prescribed by the NHS Revalidation Support Team (England) or equivalent in the devolved nations. To satisfy themselves that you have an appraisal of the required standard for revalidation, your RO will ensure you are allocated an appraiser who has been through the necessary training. This fits with their obligations and responsibilities to quality-assure appraisal within their organisation. You should speak to your RO if you wish to enquire whether you can keep an existing appraiser.

If your designated body does not offer appraisal, or you are unable to access their appraisal system (depending on your contract of employment) there are external organisations who offer appraisal services. It is the responsibility of each doctor to arrange their appraisal. Independent organisations may not conduct appraisals. For more information please see FAQs on independent practice.

Should my appraiser be of the same specialty?

In general, it would be advisable for an appraiser to be of the same specialty (ie at the level of physician/surgeon) if at all possible. However, this is not mandatory and will largely be dependent upon the decisions of the employer, and the availability of trained appraisers within that specialty. Please speak to your responsible officer.

Any appraiser should ensure that they have sufficient information about you, your specialty, and specialty standards to complete the appraisal. Specialty information and advice is available to appraisers and appraisees, including through the RCP's [Supporting information for appraisal and revalidation: guidance for physicians](#) and through the RCP revalidation helpdesk: revalidation@rcplondon.ac.uk, which has links to the specialty societies.

What forms do I have to fill in for appraisal?

It is very important that the inputs and outputs of your appraisal are accurately and effectively recorded over the 5-year revalidation cycle. In the first instance, you should speak to your appraiser or RO about whether your organisation has forms or procedures in place for recording your supporting information and/or the appraisal discussion.

In England, there is not currently one system that doctors are expected to use. Some trusts may decide to purchase an electronic integrated appraisal and revalidation system, and these systems will include appraisal forms. Other doctors may be able to choose their own forms, and if you do, you should inform your appraiser.

The RCP provides templates for collecting [supporting information](#), and has developed an online [revalidation portfolio](#) designed for members and fellows to collect and manage their supporting information for appraisal.

Doctors working in Scotland use the [SOAR \(for secondary care doctors\)](#).

Doctors working in Wales use the [MARS system for appraisal \(For Hospital Doctors\)](#).

In Northern Ireland the Department of Health, Social Services and Public Safety provides [information on appraisal and appraisal forms](#).

For more information on all of the above, please see [revalidation across the UK](#).

What happens if I cannot collect all of the pieces of supporting information specified? Can I bring other items instead?

All doctors are expected to provide the types of supporting information specified, although the specific information will differ depending on the context in which you work. If you feel that you are unable to collect the requisite supporting information you should discuss the matter with your appraiser. You may be able to take alternative items of supporting information in support of your practice if you are unable to provide one of the required items. However this will need to be agreed with your appraiser, and any information should support the attributes of *Good Medical Practice*. You are able to take additional information if you feel it demonstrates the quality of your practice.

We understand that in some physician specialties, certain activities relating to audit, outcomes, or patient feedback, for example, may not be possible, or very difficult. Please refer to the [Supporting information for appraisal and revalidation: guidance for physicians](#) for further information.

What information can I expect my employer to provide for the purposes of my appraisal and revalidation?

Employers will need to support doctors to achieve revalidation, ensuring that every doctor has the opportunity to take part in annual appraisal and that organisational systems enable easy access to the clinical governance information that doctors require for their supporting information. This includes information about formal complaints and incident reports.

Both the GMC and NHS Employers have advised NHS organisations to ensure that they have arrangements in place for the access, storage and transfer of information between individuals, organisations and external bodies. These arrangements will need to operate over extended periods of time and be resilient to any NHS structural changes. Organisations are assessed on their readiness for revalidation, including the readiness to provide the information required for appraisal and revalidation.

You should speak to your appraiser and responsible officer about any local systems or electronic tools that might be available to you. Information may also be available from www.nhsemployers.org/revalidation.

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In my specialty it will be difficult to obtain patient feedback. What are the alternatives?

If you do not see patients as part of your medical practice, you are not required to collect feedback from patients. However the GMC recommends that you think broadly about what constitutes a 'patient' in your practice. Depending on your practice, you might want to collect feedback from a number of other sources, such as families, carers, students, suppliers or customers.

The RCP recommends use of its validated [patient feedback questionnaire](#) and to follow the accompanying guidance for appraisees.

Where a physician's practice includes children, a questionnaire validated for children should be used. An example is that recommended by the Royal College of Paediatrics and Child Health: (www.rcpch.ac.uk/paedccf).

Many physicians will work with patients with communication difficulties and each patient will require a tailored approach to gathering their feedback. You may wish to seek the views of their family or carers, in which case they should be asked to complete the patient questionnaire on behalf of the patient. Alternatively, advice is available from the British Society of Rehabilitation Medicine (www.brsm.co.uk) or potentially from your local speech and language therapists.

Please refer to the [Supporting information for appraisal and revalidation: guidance for physicians](#). Additional [revalidation resource guides](#) have also been developed for some physician specialties.

How should I collect information on significant events (SUIs)?

A significant event may also be known as an untoward, critical or patient safety incident. It is any unintended or unexpected event, which could or did lead to harm of one or more patients. Each organisation should have its own local clinical governance processes and agreed thresholds for recording these events. If you have been directly involved in any SUIs you must provide details based on data logged by you or your employer, or by a national incident reporting system.

If you are self-employed or working outside the NHS in environments where there are no reporting systems, you are responsible for keeping your own records eg a brief description of the event, any potential or actual adverse outcomes and evidence of reflection. You should provide a summary of the event at your appraisal. If you have not been involved in any SUIs since your last appraisal, then you should provide a declaration to that effect. If you have learnt from an SUI in which you were not personally involved, you could provide a reflection on this as evidence for your appraisal. The RCP provides [guidance for physicians on supporting information](#) which provides information on this, as well as a template for summarising significant events.

How should I collect information on complaints and compliments?

In preparation for your appraisals, you should provide details of all formal complaints since your last appraisal. You should include a summary of the main issues and how they have been dealt with, and a personal reflection on this. If you have not received any formal complaints since the last appraisal, you can make a self-declaration to that effect. Formal complaints may relate to your team and reflections on such a complaint would still be useful at your appraisal. Your reflection should consider actions taken, learning gained and, if required, items for your PDP.

If you find it difficult to access data on your complaints (for example locums and SAS doctors) you should keep a personal record of any complaints throughout the year. Requesting administrative support from employers or locum agencies may help. If you have any concerns or queries, you could speak to your responsible officer or appraiser.

Compliments are defined as unsolicited comments on the quality and success of your work or that of your team. You can provide a summary of these for your appraisal reflecting on their contribution to your learning. You do not need to include all compliments in your summary and you may opt not to present details of any compliments during your appraisal – this should not hinder your progress towards revalidation.

The RCP provides summary templates for [complaints and compliments](#).