

Types and frequency of supporting information required for appraisal and revalidation

Type of information	Frequency with which information should be brought to appraisal
General information	
Personal details	Annual
Scope of work	Annual
Record of annual appraisals	Annual
Personal development plans and their review	Annual
Statement of probity	Annual
Statement of health	Annual
Continuing professional development	
For example, college or faculty run continuing professional development activities	Annual
Quality improvement activity	
For example, clinical audit, review of clinical outcomes, or case review or discussion	Minimum 1 in 5 years
Significant events	
For example, clinical incidents, significant untoward incidents, or other similar events	Annual
Feedback from colleagues	
Colleague feedback	Minimum 1 in 5 years
Feedback from clinical supervision, teaching, and training	Minimum 1 in 5 years
Feedback from patients	
Feedback from patients and carers	Minimum 1 in 5 years
Review of complaints and compliments	
Formal complaints	Annual
Compliments	Annual

Feedback from patients and colleagues

As part of your revalidation you should seek feedback from patients and colleagues once in every five year cycle. The range of patients you seek feedback from should cover the whole scope of your practice, as should the range of colleagues. You shouldn't be turning to just patients themselves; you can also ask families and carers. You should be similarly imaginative when collecting feedback from the people you work with. "Colleagues" should include non-medical coworkers, such as managers and administrators, as well as medical colleagues both junior and senior to you and other healthcare professionals.

The GMC has produced questionnaires to use when collecting multisource feedback, although doctors and organisations are free to develop their own questionnaires providing that they meet the GMC's guidance.⁸⁹ The GMC's patient questionnaire asks patients to rate their doctors from "poor" to "very good" on things like being polite, explaining their condition and treatment, and involving them in decisions about their care. When it comes to its own questionnaires, the GMC recommends that you should give paper questionnaires to 45 consecutive patients or carers and ensure you obtain a minimum of 34 completed forms.

With colleague questionnaires, the GMC recommends that you nominate 20 colleagues to provide feedback on your performance, 10 of whom should be medical and 10

non-medical. To gain reliable feedback from colleagues, the aim should be to collect a minimum of 15 completed colleague questionnaires.

Review of complaints and compliments

As well as feedback from patients, revalidation requires you to collate and review at your annual appraisal any complaints and compliments you may have received from patients, carers, colleagues, or other staff.

The GMC defines a complaint as "a formal expression of dissatisfaction or grievance" about an individual doctor, a team, or care where a doctor could be expected to have had influence or responsibility. At your appraisal you should discuss the complaints you have received, your participation in the investigation and response, and any changes to your practice as a result.

You should also bring to your annual appraisal a summary of any unsolicited compliments from patients, carers, colleagues, and staff. The Academy of Medical Royal Colleges says that you do not need to include all compliments you receive in your appraisal and that you do not need to include any at all. Neither of these approaches will hinder your progress towards revalidation, it says.

Conclusions

Supporting information for revalidation is not just about collecting pieces of paper;

it is important that you also reflect on the information you have provided and consider how you might respond to it. You should provide evidence of your reflections at your appraisal and of how you have changed your practice on the basis of the information you have collated.

It's important to remember that the content of your supporting information won't be grounds for "passing" or "failing" revalidation. Rather, it will guide your CPD and help you improve your practice as a doctor. As Peter Rubin, chairman of the GMC, says: "For the vast majority of doctors, revalidation will be about improving still further their high standards of practice."

Finally, if there is one piece of advice you should take heed of when it comes to collecting supporting information, it's that you should collect and record information on an ongoing basis. If you collect your supporting information and record your reflections throughout the year, you'll save yourself a lot of stress when your annual appraisal comes round.

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Helen Jaques, news reporter and deputy editor, BMJ Careers
hjaques@bmj.com