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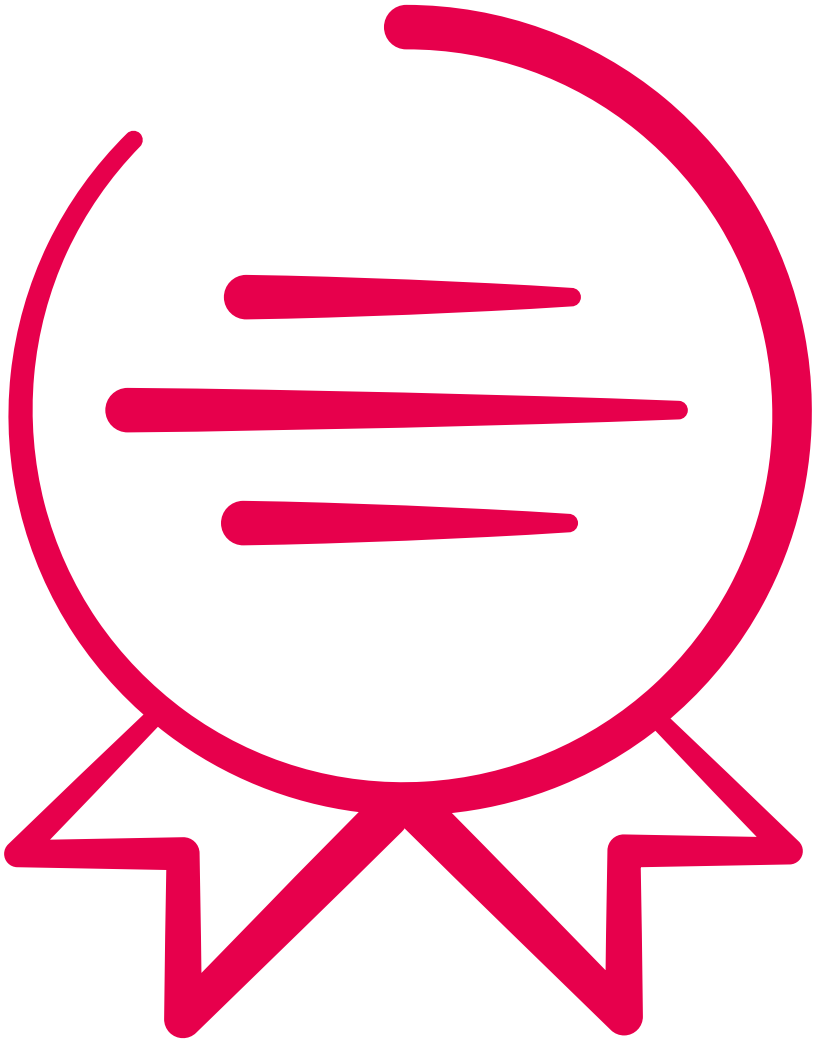
Academy of Medical Royal Colleges

Medical Appraisal Guide 2022

A guide to professional medical appraisal



Contents

Introduction

Medical appraisal has evolved to become a key part of the framework of support and supervision of all doctors regulated by the General Medical Council (GMC). In setting out the essential components of medical appraisal, the Medical Appraisal Guide describes an agreed model for the delivery of a consistent process for all doctors that minimises the administrative burden on the doctor and emphasises the primarily developmental nature of the discussion.

Through effective appraisal, doctors demonstrate their professionalism, insight, and reflective practice. Along with professional governance processes and management structures within organisations, where applicable, the outputs of appraisal assist responsible officers in making informed revalidation recommendations to the GMC.

Recognising the supportive and developmental purposes of appraisal and being clear about its improvement focus will help doctors to make the most of their appraisal to plan their development and quality improvement activities. In this way, appraisal contributes to better practice and better patient care.

What is medical appraisal

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. It has four purposes:

1. To enable doctors to enhance the quality of their professional work by planning their professional development.

2. To enable doctors to consider their own needs in planning their professional development.

3. To enable doctors to consider the priorities and requirements of the context(s) in which they are working.

4. To enable doctors to demonstrate that they continue to meet the principles and values set out in Good Medical Practice, and therefore inform the responsible officer's revalidation recommendation to the GMC.

These four purposes are fulfilled when doctors collate a portfolio of supporting information, reflect on it, discuss their practice and plan their next steps and improvements with their appraiser.

In contrast to appraisal in many other contexts, there are potential conflicts of interest when employment-related job planning and performance review processes are combined with the licensing aspects of revalidation and the developmental elements of appraisal. For this reason, organisations should separate the processes of appraisal and job planning as far as possible, although the outputs from each will inform the other. To avoid conflicts of interest, ideally the medical appraiser should be external to the normal line management structure for the doctor.

Effective medical appraisal will support career development and the retention of doctors and act as a catalyst to quality improvements in practice and in patient care.

Purpose

This Medical Appraisal Guide:

- sets out a process for medical appraisal that balances the primary supportive and developmental purposes of appraisal with the assurance function that supports revalidation. It aims to act as a reference for responsible officers to consider when devising their appraisal processes, so that the GMC can be confident that approaches are consistent, and doctors can have a similar experience wherever they work in the UK. It builds on the Medical Appraisal Guide (RST, 2013) and subsequent work led by the Academy of Medical Royal Colleges (AoMRC) (Medical Appraisal Guide 2020) in the context of the COVID-19 pandemic
- is intended to complement and build on existing processes for professional development and governance. Different groups of doctors such as leaders and academics, those who have no clinical roles, or independent doctors working in isolation, may require adapted processes with the flexibility to reflect their own circumstances, although the purposes and principles will remain consistent for all doctors
- is advisory, because the statutory responsibility for the delivery of appraisal as laid out in The Medical Profession (Responsible Officers) Regulations 2010 and The Medical Profession (Responsible Officers) Regulations (NI) 2010 and accompanying guidance (Department of Health NI) lies with responsible officers. For this reason, the local/regional requirements for appraisal may differ from those described in this document
- does not supersede or limit the extant GMC core requirements for revalidation or the guidance issued in the devolved nations that are set out in the following publications:

    - Good Medical Practice (GMC, 2013, updated 2019)
    - Supporting information for Appraisal and Revalidation (GMC, 2018, updated 2020)
    - Effective clinical governance for the medical profession (GMC, 2018)
    - Medical Appraisal Guidance Scotland (Scotland, 2021)
    - All Wales Medical Appraisal Policy (Wales, 2018)
    - Appraisal for doctors and dentists (excluding GPs) (Northern Ireland)
    - GP Appraisal and revalidation (Northern Ireland)

It is designed to help doctors understand what they need to do to participate in appraisal and to help appraisers and designated bodies ensure that appraisal underpins the professional development of doctors and improvements to patient care.

It should be read in conjunction with current GMC guidance, which sets out generic requirements for medical practice and appraisal for revalidation in two main documents:

— Good Medical Practice (GMC, 2013, updated 2019)

— Supporting information for Appraisal and Revalidation (GMC, 2018, updated 2020)

Medical appraisals must meet the GMC requirements in full, working within the flexibility available in these to adapt requirements to meet individual circumstances.

The GMC requirements are supported by guidance from the individual medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal. For example, medical academics should refer to appraisal guidance from the Universities and Colleges Employers Association (UCEA) which incorporates the principles found in the Follett report. In addition, the AoMRC provides generic resources that can be adapted for specialty and general practice use on its website

Doctors should be aware of any further guidance that their employing or contracting organisation(s) may provide concerning local policies, and any guidance that may be published by other agencies such as the NHS, governments, or relevant arms-length bodies.

Primary audience

This document should be read by:

- Doctors
- Appraisers
- Responsible officers and other officers in designated bodies and organisations providing appraisal services, including non-medical administrative and human resources staff and lay representatives
- Appraisal toolkit providers.

The role of medical appraisal in revalidation

The General Medical Council (GMC) describes the expected behaviours of doctors in Good Medical Practice. All doctors who wish to retain their GMC licence to practise need to demonstrate their continued competence and professional behaviours through participation in revalidation and hence the governance and appraisal processes that support it.

Revalidation provides a periodic reaffirmation that a doctor remains up to date and fit to practise. It is a process with which doctors need to engage throughout their professional careers.

Within this, governance processes are continuous, where review and response to matters arising occur in real time. Responding to concerns about a doctor's fitness to practise, or a doctor's failure to engage in the processes, including appraisal, that inform the revalidation process, requires timely action and is outside the scope of appraisal. Effective professional governance should support revalidation by providing the majority of the assurance to the responsible officer that the doctor is meeting the requirements of Good Medical Practice.

By comparison, the main focus of appraisal is to support the professional and personal development of the doctor. To achieve this, appraisal must be a safe and confidential space for a doctor to review their achievements, challenges and aspirations and reflect on information relating to their practice since their last appraisal. Participation in appraisal supports revalidation by enabling doctors to demonstrate the key professional behaviour of learning from reflection, and providing the remaining assurance to the responsible officer that the doctor is meeting the requirements of Good Medical Practice.

Doctors in training will normally revalidate through the Annual Review of Competence Progression (ARCP) during their time in training. They do not need to additionally participate in the annual appraisal process described in this document unless they take time out of training. If they do take time out to undertake additional medical work that is not assessed and supported as part of their training, they must connect to a responsible officer and engage in this appraisal process.

The responsible officer

The responsible officer has statutory responsibilities under The Medical Profession (Responsible Officers) Regulations 2010 or The Medical Profession (Responsible Officers) Regulations (NI) 2010 and accompanying guidance (Department of Health NI).

These include maintaining effective professional governance systems in their organisation, including medical appraisal, responding to concerns about a doctor's fitness to practise whenever they occur and making periodic recommendations to the GMC about the doctor's suitability for revalidation. Local considerations may therefore result in additional requirements for medical appraisal not described in this guidance. Better governance and appraisal systems support doctors in developing their practice. They also enable earlier identification of doctors whose practice needs attention, or who need help, allowing for more timely and effective intervention.

The role of organisations

Organisations where doctors are employed or work should, where possible, support them in collecting and providing the GMC required supporting information. This adds objectivity to the information, supports organisational quality and reduces paperwork for the doctor. There will always be some information that only the individual can provide, and some doctors who work outside any organisational structure, but it is neither cost-effective nor appropriate for information to be assembled and presented by the individual when it can be generated from existing data systems.

Organisations should consider the GMC governance handbook on effective clinical governance for the medical profession and the GMC Supporting information for Appraisal and Revalidation requirements and other national guidance, such as Improving Inputs to Medical Appraisal in England, the All Wales Medical Appraisal Policy v12 in Wales, or Medical Appraisal Guidance Scotland (2021) when designing their data collection processes. They should be transparent about what information they hold about a doctor's performance, and work with doctors and patients to continually improve the quality of the data they hold. Mechanisms should be designed to share governance and feedback information in good time to inform the appraisal discussion.

Medical appraisers

Medical appraisers are highly trained and skilled individuals whose skills and competencies are described in the document Quality Assurance of Medical Appraisers (RST, 2013). They should be supported by regular updates and calibration of their professional judgement. The appraiser uses their knowledge and skills to support the doctor's personal and professional development, signposting them to additional resources and support, if necessary. By understanding the GMC requirements, they also help the doctor navigate the revalidation process.

Appraisers should support doctors to consider what information they need to present for appraisal and help them avoid gathering information that is not necessary. They should facilitate effective reflection at the appraisal discussion, through active listening and open questioning, to demonstrate that the doctor continues to work in line with Good Medical Practice. Recognising the value of facilitated verbal reflection and recording this effectively in the written summary can significantly reduce pre-appraisal documentation requirements.

Essential components of the appraisal process

Medical appraisal is undertaken annually at a meeting between a doctor and a trained appraiser. In some circumstances, it may be appropriate to pull an appraisal forward or push an appraisal back in the appraisal year to account for periods of long-term absence, such as parental or sick leave, or a sabbatical, with the agreement of the responsible officer. Engaging in the annual appraisal process involves keeping in touch with the responsible officer and agreeing any exception to the usual process in good time.

The doctor is required to reflect on supporting information that is relevant to their whole scope and nature of work.

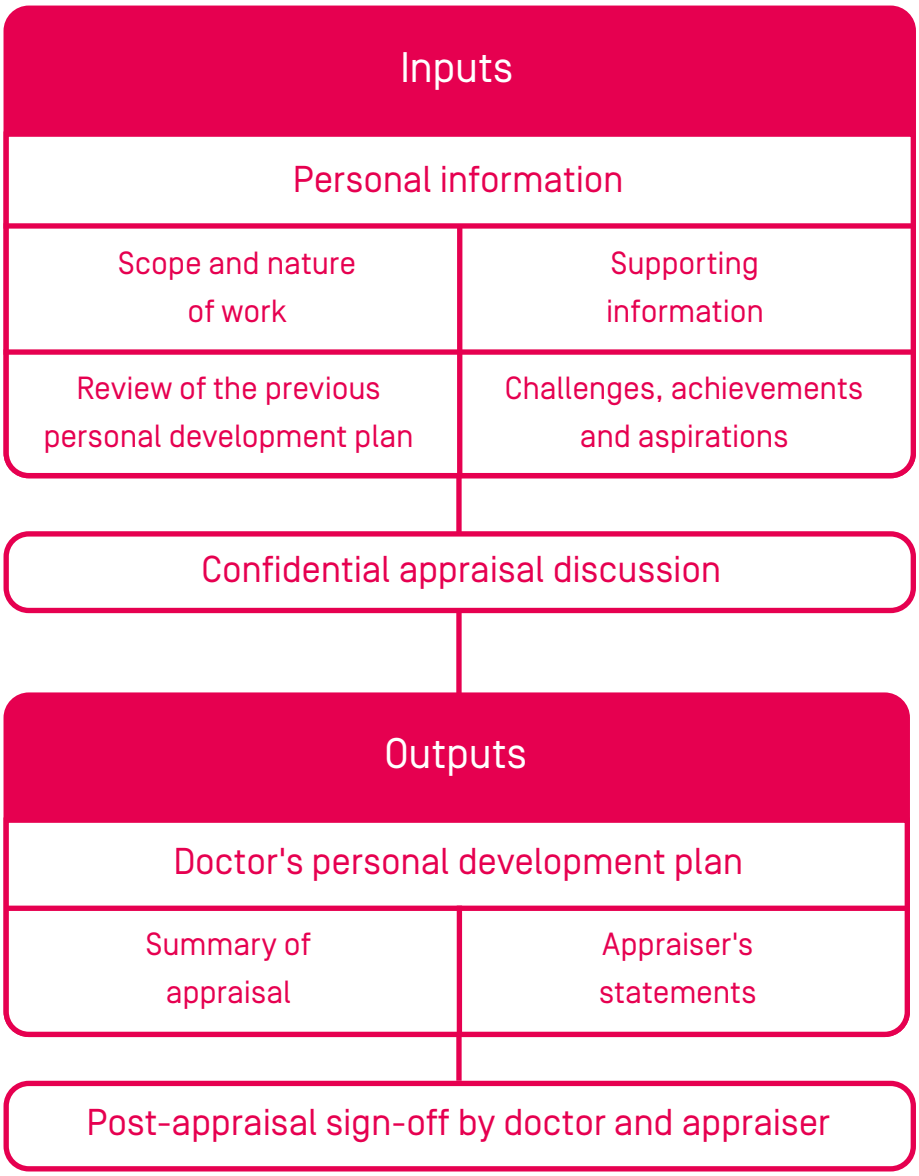
There are three stages in the medical appraisal process, as shown in Figure 1:

1. Inputs to appraisal
2. The confidential appraisal discussion
3. Outputs of appraisal.

Each of these components is described in this document. Some individual doctors, groups of doctors or organisations may require more detail on a particular aspect of the process.

This guide is supplemented by written guidance from individual royal colleges and faculties, professional bodies, and the doctor's designated body. If more detailed guidance is needed, or the context demands flexibility, individuals should contact their responsible officer to agree an appropriate course of action in good time before their appraisal. It may also be appropriate to discuss specialty specific issues with the appropriate royal college or faculty.

Figure 1: Medical appraisal



Stage 1. Inputs to appraisal

By providing the inputs set out in this section the doctor will ensure that the appraisal demonstrates that they are fulfilling the requirements of the GMC's Supporting information for Appraisal and Revalidation.

Personal information

The doctor's personal details, including their name, GMC number and contact details should be provided and kept up to date to ensure that the appraiser can contact the doctor. Personal information should include recording those historic qualifications that describe how the doctor is qualified for their scope of work, including details of when specific qualifications need to be updated (where applicable), and an assurance that the doctor has adequate indemnity arrangements in place to cover their whole scope of work.

Appraisal information

The appraiser's name, GMC number (if applicable) and contact details should also be recorded, together with the appraisal date, and details of the designated body and responsible officer (or other route to revalidation) and revalidation recommendation due date. Understanding the context of the appraisal in the revalidation cycle and whether this is a first appraisal is important to assessing the required supporting information and giving context to the appraisal discussion.

Scope and nature of work

The doctor should describe the whole scope and nature of the work that they carry out as a doctor to ensure that the appraiser and the responsible officer understand the full range of their work and practice. This should include all roles and positions in which the doctor has clinical responsibilities and any other roles for which a UK licence to practise is required. This includes work for voluntary organisations and work in public and private or independent practice and all leadership, managerial, academic, research and educational roles, including teaching and training, whether paid or unpaid.

The doctor should include the contact details of any employing organisations and places that they work (or have worked in the period since their last appraisal) to ensure that the

transfer of information about their practice can be made smoothly and in a timely fashion. This should be at the level of each organisation with separate governance arrangements, not each geographic site if they are part of the same organisation.

The whole scope of practice should be updated for each appraisal. For a doctor whose scope of work remains stable over time the doctor may simply need to describe any significant changes since their last appraisal and any anticipated changes they wish to prepare for.

Previous appraisals in this revalidation cycle

The appraiser should have access to the doctor's last appraisal and any previous appraisals in the current revalidation cycle, or an explanation for any 'approved missed appraisal', for example due to parental leave. If this is the first ever appraisal, this should be made clear.

Review of the previous personal development plan (PDP)

The doctor should provide a brief documented commentary on their progress with the personal development plan (PDP) arising from their previous appraisal or final ARCP. They may also wish to review and comment on other actions arising from the previous appraisal discussion. Exceptionally, a doctor may have no PDP to review. For example, a doctor new to the UK may come from a system without a PDP process.

The objectives laid out in the personal development plan should be designed to be completed before the next appraisal, although some may be aspirational and/or have a timeframe of more than one year. Occasionally, circumstances and priorities may have altered or been superseded. For example, a doctor's job may have changed. Well-designed goals will normally be partially or fully achieved but if no progress has been made with a goal, or it has only been partially achieved, the doctor should describe the reasons for this, for discussion and subsequent agreement about whether the goal should be dropped or modified and carried forward.

Challenges, achievements and aspirations

Reflection on the challenges, achievements and aspirations of the doctor is key to understanding the impact of the period since the last appraisal. Focusing on this major part of the appraisal process promotes professionalism in keeping with the high pressures associated with professional practice.

The focused documented reflection on the doctor's challenges, achievements and aspirations in the appraisal inputs will enable further facilitated verbal reflection during the appraisal discussion. Doing so helps ensure that appraisal is a useful process. Affirmation

of the doctor's achievements and aspirations by their appraiser is especially important to medical retention, as are acknowledgement and understanding of the challenges and constraints that they are facing.

Personal and professional wellbeing

Maintaining health and wellbeing is a professional responsibility described in Good Medical Practice. It is essential to providing safe and effective patient care.

The doctor is required to make a health declaration that demonstrates awareness and acceptance of the professional obligations placed on doctors in Good Medical Practice in relation to personal health. The appraisal inputs provide a prompt for doctors to think about how they maintain the personal and professional wellbeing to practice safely and effectively and an opportunity to indicate anything that they wish to discuss in the appraisal meeting. Equally, they may prefer to raise things verbally in confidence in the appraisal meeting or have nothing of this nature they wish to discuss.

Supporting information

The supporting information should relate to the doctor's complete scope and nature of work. The GMC document Supporting information for Appraisal and Revalidation describes six types of supporting information doctors must reflect on and discuss at their appraisal:

1. Continuing professional development (CPD)
2. Quality improvement activity (QIA)
3. Significant events or serious incidents
4. Feedback from patients or those they provide medical services to
5. Feedback from colleagues
6. Compliments and complaints.

The supporting information for appraisals is normally produced on an annual basis, building into a comprehensive portfolio over time. One aspect or another may take priority in a particular appraisal, but the portfolio should include the required supporting information on the whole scope and nature of a doctor's work by the end of the revalidation period.

The primary purpose of supporting information in the appraisal is to facilitate the doctor's self-review, whether through individual documented reflection before the appraisal or

facilitated verbal reflection during the appraisal discussion. This enables the doctor to demonstrate that they work as a reflective practitioner.

Doctors are encouraged to be selective about the supporting information that they provide as individuals. The aim is to provide sufficient information to illustrate their practice and facilitate a useful appraisal discussion that leads to insight and development, not to submit an exhaustive summary of all professional activities. Where doctors work in isolation, or systems within their organisations are immature or ineffective, there may unavoidably be an increased need for the doctor to collect their own supporting information. They should consider discussing this with their appraiser or responsible officer, who should support them in minimising the administrative burden as far as possible.

The medical royal colleges and faculties periodically produce specialty guidance frameworks that offer additional guidance and recommendations to help the doctor to keep their supporting information proportionate and to reduce preparation time.

The burden of preparation can be reduced by regarding verbal reflection facilitated during the appraisal discussion as having equal weight with recorded reflection prior to the meeting. The GMC emphasise the quality rather than the quantity of supporting information required.

A doctor cannot be held responsible for genuine errors in information that has been supplied to them. Equally, sharing data will allow errors to be identified and corrected, improving the quality of governance information held by the organisation.

Being asked to bring specific items of information to the appraisal

On occasion, the responsible officer may wish to ensure that certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that specific development needs are addressed. Where such information is sent to the doctor to be included in their appraisal portfolio, this should be undertaken securely and in accordance with appropriate information management guidance.

When the responsible officer has defined specific information for inclusion in a doctor's appraisal, they may check subsequently in the appraisal summary that appropriate reflection and discussion has taken place. The doctor is required to make a declaration at every appraisal about whether they have been asked to bring anything to their appraisal. This should prompt their awareness of any information they have been asked to bring and remind them to provide it.

Mandatory training and other employment requirements

Employing or contracting organisations may describe additional information to be included in the appraisal portfolio for practical reasons. For example, they may want a doctor to demonstrate completion of a relevant element of mandatory or recommended training. This is normally an employment requirement and not required for revalidation.

Doctors, appraisers and responsible officers should be clear about the GMC requirements and should keep employment requirements and performance review separate from medical appraisal.

Declarations before the appraisal discussion

Doctors should make appropriate declarations pre-appraisal about:

1. the professional obligations placed on doctors in Good Medical Practice in relation to probity and confidentiality

2. the professional obligations placed on doctors in Good Medical Practice in relation to personal health

3. their personal accountability for accuracy of the supporting information and other material in the appraisal portfolio.

Pre-appraisal preparation and reflection — summary

The doctor should consider all their inputs as described above. They will complete their preparation for the appraisal by considering their professional situation and what steps will enable them to make progress in their professional journey, for discussion at their appraisal. The appraisal form should support this key part of their reflection; a proposed PDP template in Appendix B provides one suitable format and prompt questions for this.

Appraiser's review of the appraisal portfolio

The appraiser should prepare thoroughly for the appraisal, ensuring that the appraisal portfolio normally includes the inputs described.

If the appraiser finds that the portfolio has important gaps in meeting the GMC requirements for supporting information, this should be discussed with the doctor. The doctor should be given the opportunity to revise or supplement the portfolio. This is

facilitated if the doctor fulfils local guidance on sharing their portfolio in good time (usually two weeks) before the appraisal discussion. In rare circumstances the appraisal should be postponed if required supporting information is missing.[1]

1. If a doctor appears to be unable or unwilling to engage with the appraisal process, for example, because they do not respond or agree an appraisal date or provide an appropriate portfolio of supporting information in good time, the matter should be treated with an open mind. Such behaviour may be a marker for professional and/or personal stress factors, including health issues. Where possible, additional support should be provided before the appraisal is due. With early support and an understanding of any possible problems, the doctor will often be able to prepare appropriately for the appraisal. Given the increased focus of appraisal on professionalism, health and wellbeing, if this has still not been possible, it may be appropriate to proceed with the appraisal discussion even with minimal documentation, after first taking advice from the responsible officer, in order to understand any issues that exist and signpost appropriate support.

Stage 2. The confidential appraisal discussion

The confidential appraisal discussion remains at the heart of every effective appraisal process. The appraiser is in a unique position to support, encourage and challenge the doctor constructively, having reviewed the supporting information and commentary provided, by facilitating their verbal reflection.

The appraiser uses their experience and training to facilitate the appraisal discussion to achieve the appropriate balance between the four appraisal purposes. They should use the appraisal inputs as a springboard for discussion, bringing in other areas and cues as they arise to clarify those issues of highest importance and support the doctor in identifying the most relevant and useful PDP items for their continuing professional journey. This will most successfully be achieved by a flexible professional conversation rather than a simple methodical review of the appraisal inputs and headings.

The appraisal discussion is confidential. This facilitates the open discussion of matters of importance to the doctor, some of which may be sensitive in nature. Creating a safe space for the confidential appraisal discussion should be part of the training for every appraiser. The doctor and the appraiser should discuss and agree their understanding of the confidential nature of the appraisal conversation before the meeting begins so that they can proceed with clarity and confidence.

The appraisal is a forum for facilitated self-reflection and planning professional development, and for signposting further resources and support if appropriate for any relevant area, including health. Offering all doctors an opportunity to discuss their health and wellbeing will help reduce inequalities in access to support. However, appraisers should bear in mind that many doctors will not have any additional support needs to discuss or may not wish to discuss matters that are being satisfactorily addressed elsewhere. The appraisal discussion is not a forum for forming a therapeutic relationship, even if the appraiser has the skills.

Stage 3. Outputs from appraisal

The outputs from the appraisal should be agreed by the doctor and their appraiser and include:

- the doctor's personal development plan (PDP)
- the summary of the appraisal portfolio and discussion
- the appraiser's statements and any explanatory commentary to the responsible officer by appraiser or doctor.

The doctor's personal development plan (PDP)

The appraiser should help the doctor to define and clarify their most important goals during the appraisal discussion. The PDP is an itemised list of individual objectives (or goals) that support personal and professional development for the period until the next appraisal. Agreeing and capturing these in written form is an important output from the appraisal process.

The ability to take time to develop an appropriate PDP in the context in which the doctor works is key to effective appraisal. Quality maintenance and quality improvements require time to plan. The assistance of a trained and skilled appraiser can help goals to be well thought through and clearly written, with an indication of how they might be completed. Describing what success looks like, and the positive impact to be gained, for the doctor, their practice or their patients, will help goals to be achieved.

Some goals will be aspirational and have a time frame of more than one year, but they should be broken down into achievable sub-goals, so that progress can be made within the time-frame between appraisals. A goal may reflect the need to complete one of the GMC required pieces of supporting information in time for the next revalidation recommendation.

The personal development plan is the main professional developmental output for the doctor. It may be appropriate to combine this plan with any objectives arising from job planning and from performance development review in other roles so that the doctor has a single development plan. The doctor and appraiser should always be clear, however, which elements are required for revalidation, and which are required for other purposes.

The summary of the appraisal

The doctor and the appraiser should agree the content of a succinct written summary of the appraisal. This is normally drafted by the appraiser and must be agreed with the doctor before the appraisal is completed. It should support the doctor in demonstrating that they remain competent in the four domains of Good Medical Practice and that they have engaged with the appraisal process.

It should cover the nature and scope of the doctor's work, the supporting information and the doctor's accompanying commentary, both documented and verbal, including the extent to which the supporting information covers the doctor's whole scope of practice. It should include other key elements of the doctor's reflection from the appraisal discussion, particularly around challenges, achievements, and aspirations. It may also be helpful for the appraiser to record a brief agreed summary of important issues for the doctor to ensure continuity from one appraiser to the next and act as an aide mémoire for the doctor, but it should not be a verbatim account of the discussion.

The summary should be structured in line with the requirements of Good Medical Practice with an introductory section to set out an overview of the context for the doctor and the appraisal and a general summary at the end, which highlights any gaps in the appraisal portfolio.

Gaps in the appraisal portfolio by the time the revalidation recommendation is due

The doctor and their appraiser should work together throughout the revalidation cycle to anticipate the doctor's revalidation date and ensure that all necessary supporting information is accumulated and discussed in good time for this.

On occasion, some doctors may find that they have not been able to collect all the required information before their revalidation recommendation is due. They should discuss this with their appraiser and develop a plan to be agreed with their responsible officer to collect the missing information. The responsible officer will consider the circumstances and decide if making a recommendation to defer to the GMC is appropriate.[2]

2. A recommendation to defer in this way is a neutral act which gives doctors time to collect any missing information by deferring their revalidation recommendation due date.

Information Governance and confidentiality

All appraisal paperwork constitutes personal, sensitive information and is subject to relevant information governance requirements. Every organisation undertaking medical appraisals must have a suitable policy in place describing the arrangements for the appraisal documentation, the circumstances under which different people have access, and when there may be disclosure to other persons or agencies. It should also describe the purposes to which the information may be put.

Some supporting information such as significant events or serious incidents, and compliments and complaints, that are hard to anonymise, should be provided separately and securely to the appraiser, who can reference what was provided. The doctor's reflection on what they have learned and changed as a result is what should be recorded in the appraisal documentation.

What is captured in the PDP, summary and output statements has important functions for the doctor, their current appraiser, their next appraiser and the responsible officer (or their designated deputy). For example, in large organisations, there may be additional named administrative staff who routinely review the outputs of appraisal. The appraisal outputs may also be used for the quality assurance of the work of the appraiser, or in an anonymised way, for research, collating themes about appraisal to inform future developments or educational provision.

The appraiser and doctor should ensure that the appraisal documentation is professionally written with these considerations in mind and that it does not contain any third-party identifiable information (except where it is already in the public domain). Sign-off should only take place when both are comfortable that the content is appropriate.

Confidentiality is not absolute in any professional setting, and, like a doctor-patient consultation, there may be occasions when the appraiser is obliged to disclose information gained in the appraisal discussion in the interests of the safety of the doctor, their patients, or others. Both the doctor and the appraiser should always act in a professional manner and follow published local procedures where these exist.

Should an issue arise that the appraiser thinks might need to be disclosed outside the appraisal they should discuss this with the doctor if possible and appropriate. When in doubt the appraiser or the doctor may wish to discuss this with the appraisal lead, responsible officer or nominated deputy. This step can be taken anonymously at first before clarifying that disclosure is essential. Usually it will be the doctor who makes any necessary disclosure, supported by the appraiser; only in the most unusual circumstances, such as a significant threat to the safety of the doctor or their patients, should the appraiser need to take this step.

The appraiser's statements

The appraiser makes a series of statements to the responsible officer that the RO will draw on when making a revalidation recommendation to the GMC. The appraiser should discuss these with the doctor.

The appraiser's statements should confirm that:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in Good Medical Practice

2. Appropriate supporting information has been presented in accordance with the General Medical Council Supporting information for Appraisal and Revalidation and this reflects the nature and scope of the doctor's work

3. A review that demonstrates appropriate progress against the previous personal development plan has taken place

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming appraisal period.

The appraiser must remain aware when conducting an appraisal of their own duty as a doctor as laid out in Good Medical Practice. The appraisal summary should include a confirmation from the appraiser that they are aware of those duties:

"I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."

This provides the context for a further statement that:

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

For most appraisals, the appraiser will be able to 'agree' all five statements. If an appraiser is unable to confirm one, or more than one, statement, it simply draws something relevant to the attention of the responsible officer. Any 'disagree' statements should be

appropriately explained in the comments sections provided, to assist the responsible officer in understanding the reasons for them.

The doctor and the appraiser can both comment on the output statements made. For example, the appraiser may explain that they have disagreed with statement three because there was no previous PDP to review, or because a major change in circumstances affected the appropriateness of the former goals, or with statement five because a doctor presented an ongoing investigation into a complaint that had been discussed but was not yet resolved. A doctor newly arrived from overseas might comment that the previous system within which they worked did not include a PDP process which is why there was no PDP to review.

Separately, there is an opportunity for the appraiser to record other issues that the responsible officer should be aware of that may be relevant to the doctor's professional practice. For example, the appraisal may cover a longer period than usual because of a period of parental leave or prolonged sick leave, or the doctor may have done a very low volume of clinical work and have completed additional reflection on the governance that allows them to maintain patient safety for this work. A suitable Factors for Consideration template is on the AoMRC website, and also linked to in Appendix A.

Signing off the appraisal

The appraiser and the doctor will both confirm that they agree with the outputs of appraisal and sign it off such that the appraisal outputs can be locked down and the completed appraisal outputs shared with the responsible officer.

If agreement cannot be reached the responsible officer should be informed, for further discussion and action as appropriate.

Appendix A
Useful links and resources

A Factors for Consideration template for doctors wishing to reassure themselves that they are competent across the whole scope of their work. AoMRC 2020

All Wales Medical Appraisal Policy v12. Health Education and Improvement Wales

Appraisal for doctors and dentists (excluding GPs) Department of Health Northern Ireland

GP Appraisal and revalidation Northern Ireland Medical & Dental Training Agency

Good Medical Practice. GMC. 2013, updated 2019

Guidance on supporting information for Appraisal and Revalidation. GMC. 2018, updated 2020

Improving Inputs to Medical Appraisal. NHS

Medical Appraisal Guidance Scotland. 2021

Medical Appraisal Guide. NHS Revalidation Support Team. 2013

Quality Assurance of Medical Appraisers. NHS Revalidation Support Team. 2013

Revalidation in Wales

Sir Keith Pearson's review of medical revalidation: Taking revalidation forward. GMC. 2017

The Medical Profession (Responsible Officers) Regulations 2010

The Medical Profession (Responsible Officers) Regulations (NI) 2010 and accompanying guidance. Department of Health Northern Ireland

The reflective practitioner - guidance for doctors and medical students. GMC

Updated handbook on effective clinical governance for the medical profession. GMC

UCEA Clinical Academic Staff Appraisal Guidance Notes. 2012

Academy of Medical Royal Colleges Library of Materials

Appendix B
Personal Development Plan (PDP) template 2022

A downloadable version of this template can be found on the Academy of Medical Royal Colleges website.

What are your top priorities for the period until your next appraisal? Think about the things that are important to you. What will make the most positive difference to your personal and professional development, or the team/system that you work in, and have the biggest impact?

During your appraisal, use your appraiser's coaching skills and support to refine your goals and create a plan to help you achieve them.

Learning and/or development need What do you want to change, or achieve, and why is it a priority now?	**Agreed action(s) or goal(s)** How might you do this? What options do you have? Describe the actions or steps you plan to take...	**Timescale for completion** By when will you have done this? Do intermediate steps have their own timescales that are worth recording?	**How I intend to demonstrate success** How will you know that you have achieved your goal? Describe what success will look and feel like. What will be the impact on you, your colleagues/teams and/or patients?

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