



Royal College of
General Practitioners

APPRAISAL AND REVALIDATION

A guide for newly qualified GPs



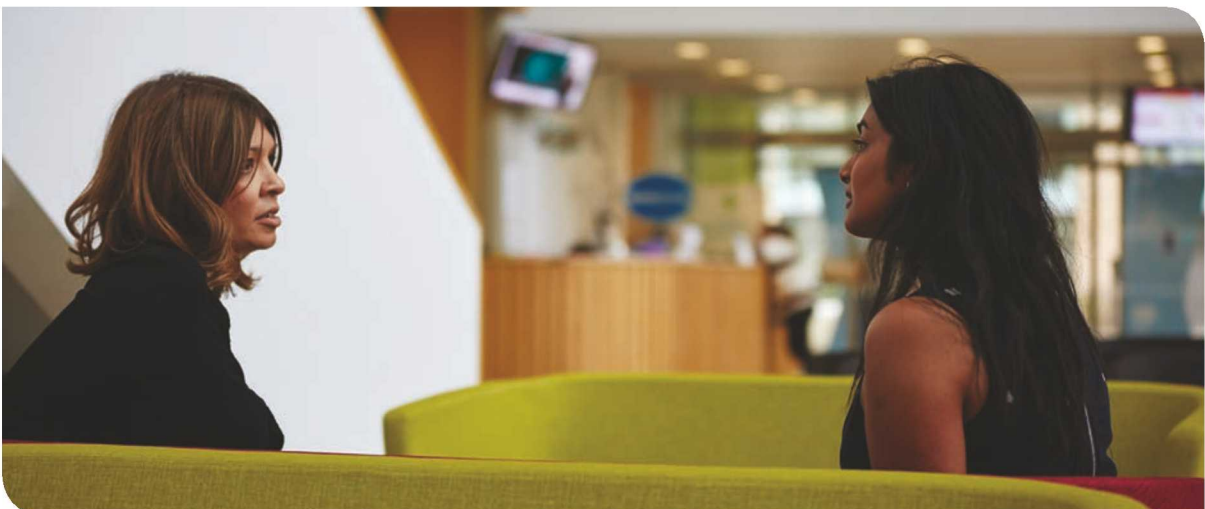
Congratulations!

You've completed all your training, passed the exams and are now a fully qualified GP.

Now that you're working in general practice, you'll need to take part in the appraisal and revalidation process. Your annual appraisal should be a rewarding professional event. Preparing for it should be easy and take you

away from your patients, friends and family for as little time as possible.

This guide will support you through your first revalidation cycle and help you to get the most out of your appraisal.



What is revalidation?

The General Medical Council (GMC) requires all licensed doctors who practise medicine in the UK to revalidate, usually once every five years. Revalidation is a formal process confirming your continued competence in all your medical roles.

It is underpinned by an individual process of annual medical appraisal and an organisational process of clinical governance. In addition to facilitating the collection of an appropriate portfolio of supporting information, which is defined by the GMC, your appraisal

should help you develop, personally and professionally, and improve your patient care by offering you support and encouragement from a trained peer.

Provided there are no outstanding investigations or causes for concern about your practice, and you engage fully in the appraisal process, collecting all the required supporting information, there is nothing more you need to do to revalidate successfully with the GMC.

What do you need to do?

1. The first thing you need to do is make sure you know who your designated body is – you may be connected automatically when you join the Performers List but, if not, the GMC has a [tool to help you with this](#). Your designated body will provide you with regular appraisals and support you through the revalidation process. Once registered, you will be connected to a responsible officer (RO) and the process of arranging your first appraisal can start. Make sure your designated body is correctly assigned on GMC Online.

2. You should also start preparing for your first appraisal. The GMC requires you to demonstrate, through your appraisals, that you practise in accordance with the guidance in 'Good Medical Practice'. You do this by collecting and recording supporting information over the course of the five-year revalidation cycle that includes CPD, Quality Improvement Activities (QIA), significant events, feedback from patients and colleagues, and compliments and complaints. It's important you show that you're reflecting on your practice - your appraiser is trained to help you with that at your appraisal. They will discuss your supporting information, your achievements, challenges and aspirations and help you to create your personal development plans every year.

3. You should also familiarise yourself with any local or organisational requirements which may be appended to the appraisal process, such as BLS or safeguarding training. Your RO might also require you to use a particular appraisal toolkit. For example, GPs in Wales should use [MARS](#) and those in Scotland should use [SOAR](#). Check this before signing up for one.

4. Every five years, your responsible officer will review your revalidation portfolio and, providing you've engaged in the appraisal process and collected appropriate supporting information to demonstrate your continued competence, and there are no unaddressed concerns, they will make a positive recommendation to the GMC. The GMC will decide whether to continue your licence to practice and you'll start a new cycle of appraisals.



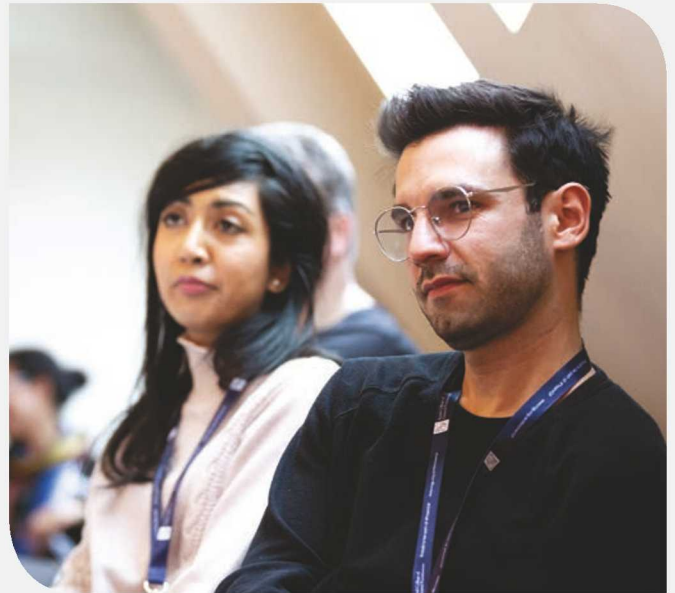
Who is involved?

Once you reach CCT...

The GMC: requires you to actively participate in the appraisal process and demonstrate continued competence across your whole scope of practice.

Your designated body: provides the appraisal and revalidation infrastructure for you to engage with, including your responsible officer (RO) and your appraisal. If you have no designated body, you may be able to connect to a suitable person (SP) or revalidate through the GMC.

The RCGP: provides support and helps you navigate through the process.



During your appraisal...

The GMC: sets the requirements for the supporting information you need to provide for your medical appraisal for revalidation.

Your designated body: provides your responsible officer (RO) and defines the local appraisal process.

Your appraiser: helps you to produce an appropriate portfolio of supporting information and supports your personal and professional development across your whole scope of practice.

The RCGP: interprets the GMC requirements into guidance and recommendations for GPs.



For your revalidation... (usually once every five years)

The GMC: decides whether you have demonstrated your continued competence appropriately and renews your licence to practise when you have.

Your designated body: manages the revalidation process with the GMC, usually through a Revalidation Advisory Group (RAG) or equivalent panel.

Your responsible officer: oversees the quality assurance of the appraisal and clinical governance processes in the designated body and makes the revalidation recommendation about you to the GMC.

The RCGP: provides guidance and support for GPs concerned about any aspect of their revalidation.

What supporting information do you need?

For revalidation, the GMC requires you to provide supporting information for your whole scope of work covering: CPD, Quality Improvement Activities, Significant Events, colleague and patient feedback, and complaints and compliments. Try to keep this proportionate. Demonstrate that you're up-to-date and fit to practise with appropriate examples, focusing on quality, not quantity.

Continuing Professional Development (CPD)

As a guide, we recommend demonstrating your participation in 50 credits/hours of learning activities per 12 months in work. This is not a GMC requirement but if you do fewer you should explain why what you have done is sufficient to keep up to date. CPD includes any activity where you learn something and decide how to put it into practice. It should cover your whole scope of practice and the GP curriculum every 5 years. We recommend you capture your CPD as you go along, and there are dedicated apps and tools to help with this. Include a range of CPD, online courses, medical journals, conferences, and record reflections on your most valuable learning each year.

QIA

You need to show that you've participated in quality improvement activities relevant to your whole scope of practice at least once per revalidation cycle. We recommend you review and learn from your practice every year by reflecting on QIA relevant to your circumstances. Keep it proportionate and include a range of QIA over the cycle such as reflective learning from cases, data, events and feedback from colleagues and patients.

Feedback from patients and colleagues

You need to complete and reflect on at least one GMC compliant colleague feedback exercise and one GMC compliant patient feedback exercise per revalidation cycle. We recommend that you reflect on your relationship with your patients and any informal feedback you've received each year, recognising that GPs see a lot of patients and get feedback all the time.

Significant Events (SE)

A GMC level SE is any event which could have, or did, lead to harm to one or more patients. You are required by the GMC to record and reflect on such an event in your appraisal if you are involved in one. Reflective discussions in your appraisal should focus on what you've learned from the event and if you've made changes to your practice as a result. Learning events that GPs used to call SE should be renamed learning events and recorded as a form of QIA.

Review of complaints and compliments

The GMC states that you must declare and reflect on any compliments and formal complaints made about you each year. At your appraisal discussion, you should discuss those that evidence your insight and learning and have caused you to make changes to your practice. Remember to keep original evidence separate to your portfolio to preserve anonymity.



Things to remember

Quality over quantity

Preparing for your appraisal should take no more than half a day in total – 3.5 to 4 hours. If it is taking you away from valuable down time, or feels disproportionate, talk to your appraiser during your appraisal discussion about how you can simplify what you're recording. We recommend you take your supporting information from your everyday practice and add evidence for your portfolio as you go through the year. Don't worry about recording all your learning. Be selective and focus on the most valuable learning and reflect on what has had the biggest impact on your practice. Experiment with apps and other tools to collect information in real time.

Reflection is not difficult

Reflective practice is part of your professional training and should be something you do all the time. It's important that you find a way of recording your reflections that works for you. You don't need to record your reflections on everything. Remember that your appraisal discussion can generate new reflections that can be captured in your appraisal summary. Again, use the skills of your appraiser to help you.

Make the most of your appraisal

Your appraisal offers your protected time, each year, to discuss your practice with a trained peer. Use your appraisal to discuss the achievements and challenges of the year you've had and plan for the year to come. One important purpose of appraisals is to support doctors to flourish. Your appraiser can also signpost you to other support if you're struggling and can help to stimulate ideas and plans for your future career. It's up to you to get the most out of the appraisal process.

What if you don't want to go straight from CCT to clinical practice

Many GPs use the opportunity of having finished their training to do things that they have always wanted to do, to broaden their experience before settling down, and to try out some of the exciting opportunities available once fully qualified. There are interesting academic, educational and leadership development opportunities in all sorts of aspects of general practice, including Fellowships to make clinical improvements, participate in service redesign, undertake innovative projects, and learn more about education and leadership.

Whatever you choose, if you are undertaking a role in the UK which requires a licence to practise, you need to ensure that you receive an annual appraisal and you have a connection to a responsible officer. If these can't be arranged through the organisation in which you work, you should contact the GMC for advice.

There is support if you need to take a break from practice

Many GPs take a break from UK practice and there are options in place to support you while you're away, and when you return. Going abroad for a time has traditionally been a good way to gain experience and bring back new ideas.

Your responsible officer may agree an approved missed appraisal or bring forward or postpone your appraisals to fit around your time away from practice. If you're working abroad in a similar setting, you may be able to use supporting information collected while you're away as part of your appraisal portfolio, if your responsible officer agrees.

The important thing to remember, if you're planning a break from UK practice, is to talk to your responsible officer or designated body in advance about the options available to you. You should ensure you're clear on what you need to do before you go, while you are away, and when you come back. You cannot be accused of failing to engage if you keep in touch!

Keeping up-to-date as a part-time GP

If your clinical work is part-time, you still need to demonstrate that you are up-to-date and fit to practise and should cover the whole GP curriculum in your supporting information over the revalidation cycle. We recommend that you do the same amount of CPD each year as a full-time GP, as you may have less experiential learning to draw on from your practice.

You need to be confident you can demonstrate that you practise safely in each role, no matter how little time you spend doing it. If you work fewer than forty clinical sessions, you are advised to complete a Low Volume of Clinical Work Structured Reflective Template (LVCW SRT) as a QIA for discussion during your appraisal. This is designed to help you to reflect on the factors that ensure that you remain safe and fit to practise even for low volumes of clinical work.

Where to go for help

There are dozens of useful resources and tools to help you through the appraisal process.

Here is a short list of some resources you may find helpful as you navigate through your first revalidation cycle. If there is anything you think we've missed, please let us know:

- » The GMC has a tool to help you find your designated body for revalidation.
- » The GMC's Guidance on supporting information for appraisal and revalidation.
- » The RCGP's Guide to supporting information for appraisal and revalidation.
- » Our Mythbusters guidance addresses common myths about appraisal.
- » The RCGP audio guides cover a range of appraisal topics.
- » The RCGP's structured reflective template is designed for those undertaking a low volume of clinical work. If you work for NHS England they have one specifically for NHS clinical work in England.
- » If you plan on being away from UK practice for more than two years, you'll need to take part in an Induction and Refresher or Returner Scheme in either England, Wales, Scotland, or Northern Ireland.
- » Visit our website for more resources and support.





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