Faculty of
**Medical Leadership**
and **Management**

# Supporting information for appraisal and revalidation:

## Specialty guidance for the leadership and management aspects of a doctor's scope of practice

Produced by the Faculty of Medical Leadership and Management, based on the Academy of Medical Royal Colleges' core guidance for all doctors.

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# Contents

# Summary - key points of revalidation and appraisal

**Revalidation** is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise[1]. Licensed doctors are usually required to revalidate every five years and to **have an annual appraisal** based on the General Medical Council's (GMC) *Good medical practice framework for revalidation and appraisal*[2].

This guidance, produced by the Faculty of Medical Leadership and Management (FMLM), sets out that which any doctor who has any leadership and management aspect to their practice can **prepare for and gain value** from their annual appraisal.

Annual appraisal involves the collection of supporting information, from **the full scope of the doctor's practice,** which informs recommendations to the GMC made on revalidation by Responsible Officers (RO). **Quality improvement** information is especially important; doctors and organisations must undertake audit and other QI activity. **Continuous improvement in practice is the main driver** for revalidation.

The greatest value in appraisal is to stimulate professional development. It is for this reason that reflection on the supporting information by the doctor, assisted by the appraiser, is more important than simply its collection, and why the output of appraisal that potentially creates most impact is the personal development plan (PDP). The PDP is key to continued improvement - **from 'good to great'.**

Some doctors have been slow to **act on concerns** over colleagues' practice. Appraisal can support cultural change needed in the interests of better care and safety, and in the interests of the health and effectiveness of other team members.

**Time spent in preparing for appraisal** (by the doctor and their appraiser) will lead to greatest value being derived from the appraisal meeting. In this document generic guidance is provided on appraisal, and on the specifics of bringing together the supporting information relevant to leadership and management roles in your practice.

A **practical guide on the preparation and conduct** of an appraisal on the leadership and management aspects of a doctor's practice is provided at **Annex A,** incorporating suggested behaviours that should be looked for specifically in each of the four GMC *Good medical practice* (GMP) domains of knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and on maintaining trust. Suggested **reflective templates** on CPD, quality improvement and multi-source feedback, based on the 2007 Leicester Statement, are at **Annex B, C and D.**

[1] As described on the GMC website at: http://www.gmc-uk.org/doctors/revalidation/9627.asp

[2] Available from: http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

# General introduction

FMLM has published this guidance to support and add value to appraisal for doctors who have any leadership and management role as part of their scope of practice. This document is developed from the Academy of Medical Royal Colleges (AoMRC) guidance on appraisal, and is published in the common AoMRC format and agreed by the AoMRC revalidation group. FMLM guidance (in contrast to generic AoMRC guidance) is in green text.

As well as GMP[3], this document also draws significantly on the GMC guidance *Leadership and management for all doctors*[4], and at **Annex A**, builds on the GMC guidance to provide a practical framework for the appraisal of doctors with any leadership and management aspect to their practice. This FMLM guidance should in practice be of value to the majority of doctors, whether they are principally in clinical practice with leadership and management responsibilities, as well as for those doctors whose practice is entirely managerial in its scope. The GMC states:

*"In their day-to-day role doctors can provide leadership to their colleagues and vision for the organisations in which they work and for the profession as a whole. However, unless doctors are willing to contribute to improving the quality of services and to speak up when things are wrong, patient care is likely to suffer. This [GMC] guidance sets out the wider management and leadership responsibilities of doctors in the workplace."*

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

To maintain your licence to practise you are usually expected to have an appraisal each year[5] based on GMP, the GMC's core guidance for doctors. Revalidation involves a continuing evaluation of your fitness to practise and is based on local systems of appraisal and clinical governance.

[3] GMC (2013). *Good medical practice.* www.gmc-uk.org/static/documents/content/GMP_2013.pdf_51447599.pdf

[4] GMC (2012). L*eadership and management for all doctors.* Accessed at: http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

[5] There may be exceptions. Paragraph 2.3.5 of the GMC Protocol states: "We would normally expect appraisals to take place at least annually, unless there are good reasons otherwise. It may be that some doctors are unable to participate in an annual whole practice appraisal for every year of their revalidation cycle on reasonable grounds such as long-term sick leave or maternity leave

Licensed doctors need to maintain a portfolio of supporting information drawn from their practice which demonstrates how they are continuing to meet the requirements set out in the GMP framework for appraisal and revalidation. Some of the supporting information needed may come from organisations' clinical governance systems, and the required information should be made available by the employer or designated body. **For those with in managerial roles, this might for example also include board reports, and reports from external inspections.**

The GMC has set out its generic requirements for medical appraisal in three main documents. These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal. **This guidance from FMLM similarly gives the specialty context for the leadership and management aspects of any doctor's practice, regardless of their primary specialty.**

Doctors should therefore ensure they are familiar with the following:

- The GMC's suite of ethical guidance, including *Good medical practice* and *Leadership and management for all doctors*[7]
- Good medical practice framework for appraisal and revalidation
- Supporting information for appraisal and revalidation[8]
- Supporting information for appraisal and revalidation: specialty guidance for the leadership and management aspects of a doctor's scope of practice (this document).

Doctors should also have regard for any local guidance, relevant to appraisal and revalidation that employing or contracting organisation may provide.

In order to revalidate, you must collect supporting information as set out in the GMC's *Supporting information for appraisal and revalidation*[8]. To retain your licence to practise, the GMC requires you to participate in appraisals where you should expect to discuss with your appraiser your practice, professional performance and supporting information, as well as your professional development needs.

[6] GMC (2011). *Good medical practice framework for appraisal and revalidation.* http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf

[7] *Good medical practice* is available for download at http://www.gmc-uk.org/guidance/good_medical_practice.asp. *Leadership and management for all doctors* is available for download at http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

[8] GMC (2011). *Supporting information for appraisal and revalidation.* www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf

[9] All GMC guidance on appraisal being available via the GMC website at: http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

# The purpose of this document

The **purpose of this guidance** is to support doctors who have any leadership or management role within their scope of practice, and to guide their appraisers in considering the supporting information that will add value to the appraisal, and thus **to support development of this aspect of their professional practice.**

This guidance will be **complementary** to guidance from the relevant royal college or faculty for the primary specialty in which a doctor with leadership and management aspects to their role works, and will be the primary guidance on appraisal and revalidation for doctors principally working in management roles.

This guidance may also be helpful for doctors who undertake no work that requires them to have a licence to practise, but who nonetheless have retained their registration with the GMC and wish to review the work they undertake in a healthcare leadership and management or advisory capacity in the context of GMP (for example chief executives or management consultants who are doctors). Taking part in an annual appraisal may also be of value for doctors who have relinquished their licence to practise for a temporary period (for example when working abroad) as evidence supporting reapplication for their licence on their return.

The principal **outputs** of appraisal are the **personal development plan (PDP),** the **summary of the appraisal discussion** and the appraisal output statements that the doctor and the appraiser must agree to. An effective PDP will usually include agreed actions to continue to develop the doctor's leadership and management skills, at whatever level of their experience. For many doctors **coaching and/or mentoring** may be a useful way to build this capability. Engaging in coaching or mentoring may therefore be an output of the appraisal, and through this enhanced and sustained effectiveness in healthcare leadership and management.

This guidance also incorporates the **professional standards for medical leadership and management** published by FMLM in 2015. Those accredited against these standards will be expected to use this document for their appraisals.

The **desired outcome** is improved health of the population through effective healthcare leadership and expert health advice, **within the context of continued improvement in the capability of multi-disciplinary management teams.**

[10] The GMC provide guidance on the legislation surrounding licensing, and the options for doctors who undertake no work (paid or unpaid) which requires a licence at: http://www.gmc-uk.org/doctors/licensing/faq_licence_to_practise.asp

[11] FMLM has both a coaching and mentoring scheme for members, information being available on the FMLM website at: https://www.fmlm.ac.uk/professional-development/coaching-and-mentoring

# Supporting information

The medical royal colleges and faculties are responsible for setting the standards of care within their specialty, and for providing specialty advice and guidance on the supporting information required of you to demonstrate that professional standards have been met.

**FMLM provides guidance in respect to the leadership and management aspects of your practice, complementing the guidance provided by your primary specialty.**

This document describes the supporting information required for appraisal and revalidation. It takes the principles of the GMC's guidance and offers guidance relating to your own specialty of the information that you should present to demonstrate that you are keeping up to date and fit to practice. We recommend that you read this document, along with the GMC's guidance on supporting information for appraisal and revalidation. **This guidance document from FMLM draws and builds on the guidance provided in the GMC publication, *Leadership and management for all doctors*[12].**

Although the types of supporting information are the same for all doctors, additional advice is provided as guidance that might be useful for doctors and appraisers in considering the leadership and management aspects of a doctor's scope of practice. Many doctors have a leadership role, which may be formal (eg as team leaders) or informal (eg by contributing as team members, and by influencing change).

The supporting information required is the same across the UK, although the process by which appraisal is undertaken will differ between the four nations of the UK. For those practising in England, the process is set out in the *Medical Appraisal Guide* (MAG); for those in Scotland in *A Guide to Medical Appraisal;* for those in Wales the *All Wales Medical Appraisal Policy,* and for those in Northern Ireland by the Department for Health, Social Services and Public Safety.

Not all of the supporting information described needs to be collected every year (such as colleague and patient feedback), although some elements, such as continuing professional development (CPD) are required, or should be reviewed, annually. This is stipulated in this document under 'Requirements'. Appraisal should be seen as a formative and developmental process and doctors should feel free to provide additional information that reflects higher quality or excellent practice for discussion at appraisal if they wish.

If you are unable to provide an element of the core supporting information, you should discuss this with your appraiser. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines or as medical educators, or as medical managers with little or no patient contact. Some supporting information will not be appropriate for every doctor (for example patient feedback for doctors who do not have direct patient contact – guidance on other potential sources of feedback can be found below.

[12] GMC (2012). *Leadership and management for all doctors.* Accessed at: http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

Reflection is a common theme running through the supporting information and the appraisal discussion. This should not be a complex or time-consuming process, and essentially involves considering each element of your supporting information, thinking about what you have learned and documenting how this learning will influence current and future practice. [13]

It is the responsibility of the appraiser to make a judgement about the adequacy of the supporting information that you provide. This should be discussed with your appraiser prior to your appraisal, but may also be discussed at any other time throughout the cycle. In addition to advice from your appraiser and responsible officer you should consider seeking advice from your primary college or faculty, or FMLM (via http://www.fmlm.ac.uk). It is important that you collect sufficient information that is relevant and of good quality, across your scope of practice, with adequate reflection on learning and professional development.

A range of forms and templates are available to you with which you can record your supporting information and structure your reflection. **FMLM recommends the use of the reflective templates (based on the 2007 Leicester Statement) for CPD, quality improvement and multi-source feedback attached at Annex B, Annex C and Annex D to this guidance document.** Whichever template is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

Colleges and faculties recommend that you prepare early for your appraisal and for revalidation. Time spent on preparation and reflection will help ensure that your appraisal meeting can focus on your professional development.

***In preparing and presenting your supporting information, you must comply with relevant regulations and codes of practice (including those set by your contracting organisations) in handling patient identifiable information. No patient identifiable information should appear in your appraisal documentation.***

[13] Academy of Medical Royal Colleges, Academy reflective template for revalidation, www.aomrc.org.uk/revalidation/revalidation-publications-and-documents/item/academy-reports-and-resources.html

# General information: providing context about what you do in all aspects of your professional work

*The supporting information in this section should be updated at least annually.*

**Personal details**

**Description**

GMC number and relevant personal information as recorded on the GMC Register. Medical and professional qualifications should also be included.

**Requirements**

A self-declaration of no change, or an update identifying changes, including any newly acquired qualifications, since your last appraisal.

The supporting information in this section should be updated annually.

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**Scope of work**

**Description**

A description of your whole practice covering the period since your last appraisal is necessary to provide the context for your annual appraisal.

**Requirements**

Your **whole practice description** should be updated annually.

Any significant changes in your professional practice should be highlighted as well as any exceptional circumstances (eg absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (eg teaching, leadership and management, medico-legal work, medical research and other academic activities) undertaken as a doctor and include details as to their nature (regular or occasional), organisations and locations for whom you undertake this work and any indemnity arrangements in place.

The description should detail any extended practice or work outside your primary employment, paid or voluntary, undertaken in specialty or sub-specialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organisations. Any work undertaken outside the UK should be identified. An indication of the proportion of time that you spend on each activity should be provided. Finally, potential conflicts of interest should be identified, and how they are managed.

If appropriate, summarise any anticipated changes in the pattern of your professional work, so these can be discussed with your appraiser.

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| **Record of annual appraisals** | **Description**<br>• The outputs (summary of the appraisal discussion, PDP and the mandatory statements) from your previous professional appraisal.<br>• Performance reports (appraisal) from the organisations with whom you work may add value (if these are available and appropriate).<br>**Requirements**<br>Required for every appraisal. 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. |
| **Personal development plans and their review** | **Description**<br>Access to the current personal development plan (PDP) with agreed objectives developed as an outcome of your previous appraisal.<br>**Requirements**<br>The current PDP will be reviewed to ensure the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding objectives still relevant should be carried over to the new PDP.<br>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.<br>**Guidance**<br>The content of your PDP should where relevant, encompass development needs across all aspects of your work as a doctor (paid or unpaid). |
| **Probity** | **Description**<br>The GMC states that all doctors have a duty to act when they believe patients' safety is at risk or that patients' care or dignity is being compromised. The GMC expects all doctors to take appropriate action to raise and act on concerns about patient care, dignity and safety.<br>Your supporting information should include a signed self-declaration confirming the absence of any probity issues and stating:<br>• That you comply with the obligations set out in Good Medical Practice. |

[14] GMC (2012). *Raising and acting on concerns about patient safety.* http://www.gmc-uk.org/static/documents/content/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf

- That no disciplinary, criminal or regulatory sanctions have been applied since your last appraisal or that any sanctions have been reported to the GMC, in compliance with its guidance *Reporting criminal and regulatory proceedings within and outside of the UK* (2008), and to your employing or contracting organisation if required. [15]
- That you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interests in your professional work - see the GMC document *Conflicts of interest: guidance for doctors* (2008) and those relevant to your employing or contracting organisation if required (eg university or company).
- That, 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, you have taken appropriate steps without delay, so that the concerns could be investigated and patients protected where necessary.
- That, if you have been requested to present any specific item(s) of supporting information for discussion at appraisal, you have done so.

Required for every annual appraisal.

**Guidance**

The format of the self-declaration should reflect the scope of your work as a doctor. You should consider the relevant GMC ethical guidance documents.

You should also confirm that your professional indemnity organisation covers the full scope of your practice. Some roles are not covered by all medical indemnity organisations, such as that of the RO. You should ensure other indemnity arrangements are in place in this situation.

Doctors are also advised that the medical indemnity organisations will not provide indemnity for doctors without a licence to practise.

Undertaking medical work on an unpaid basis (an element of your scope of practice) requires a licence to practise. This would include for example providing medical cover for school sports matches where the organisation is given the impression that a practising (and so licensed) doctor will attend or where patients or the public may believe you are a licensed doctor. A doctor without a licence could however provide first aid cover, provided it was clear they were a trained first aider, rather than a licensed doctor.

[15] GMC (2008). *Reporting criminal and regulatory proceedings within and outside the UK*. www.gmc-uk.org/static/documents/content/Reporting_criminal.pdf

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| **Health** | **Description**<br><br>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*, including having access to independent and objective medical care.<br><br>**Requirements**<br><br>Required for every annual appraisal. |
| | **Information relevant to the leadership and management aspects of a doctor's scope of practice; preparing for your appraisal.**<br><br>The supporting information provided must **cover the full scope of practice,** including management roles.<br><br>It is emphasised that it is not appropriate to have any sensitive personal information on others included within the portfolio, especially patient identifiable data; supporting information must therefore be anonymised.<br><br>Doctors with management responsibilities also should take care over the information included in respect to management of their direct reports. Human resources as well as health information is protected under the Data Protection Act 1998 as sensitive information.<br><br>Given that good governance is such an important element of management, evidence of probity, for example through the production of Board or similar reports, would be appropriate supporting information for doctors who are members of Boards.<br><br>Good Medical Practice requires doctors to reflect regularly on their standards of medical practice. This should be informed by discussion with others and by specific evidence, such as data from audit, complaints and compliments, significant events, information about service improvements, **feedback from patients** (if these are seen; if not, patient group representatives may be a source of feedback for some doctors) as well as colleagues and others with whom you interact. |

# Keeping up to date: maintaining and enhancing the quality of your professional work

*Good Medical Practice requires doctors to keep their knowledge and skills up to date, and encourages them to take part in educational activities that maintain and further develop their competence and professional performance.*

**Continuing professional development (CPD)**

**Description**

Continuing professional development (CPD) refers to any learning outside of undergraduate education or postgraduate training which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.

CPD may be:

- Clinical – including any specialty, or subspecialty, specific requirements
- Non-clinical – including training for educational supervision, training for management or academic training.

Employer mandatory training and required training for educational supervisors may be included provided that the learning is relevant to your job plan, and is supported by reflection and, where relevant, practice change.

**Requirements**

At each appraisal meeting, a description of CPD undertaken each year should be provided including:

- Its relevance to your individual professional work
- Its relevance to your personal development plan
- Reflection and confirmation of good practice or new learning/practice change where appropriate.

The GMC does not place a figure on the amount of CPD that should be undertaken. This is dependent on each doctor's practice. As a guide, the medical royal colleges and faculties suggest achievement of at least 50 credits per year (250 credits over a five-year revalidation cycle). However **quality, and effective reflection, is much more important than quantity.**

### Guidance

You should take part in CPD as recommended by your college or faculty for your primary specialty that you practise in, and CPD relevant to all aspects of your practice beyond your primary specialty[16]. Your CPD activity should cover all aspects of your professional work and should include activity that covers your agreed PDP objectives.

There is much professional benefit to be gained from a wide variety of CPD including some outside of your immediate area of practice and as such this should be encouraged. You should ensure that a balance of different types of educational activity is maintained.

Documentation of CPD activity should include reflection on the learning gained and the expected effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal; a certificate from your college or faculty if this is available is also of value. **You may find the reflective template at Annex B of use (this being based on the 2007 Leicester Statement).**

### Supporting information (CPD) relevant to leadership and management aspects of a doctor's scope of practice

Doctors with leadership and management roles will usually have a primary specialty. The extent to which CPD relating to this specialty is relevant to a doctor with leadership and management roles within their scope of practice will be determined by the balance of clinical and managerial work in their scope of practice. The use of specialty CPD schemes run by a doctor's primary college for that specialty may not be relevant to a doctor (for example a medical manager) who no longer practices in the specialty. The reflective template at Annex B is generic and may therefore be found more useful by such doctors.

Essentially, CPD activity should reflect the balance of work that a doctor undertakes, and **cover the full scope of the doctor's practice.**

[16] The responsibility for determining whether an individual doctor's CPD is appropriate rests with the doctor and their appraiser. Specific advice on the type of CPD required can be obtained from the college or faculty most relevant to the doctor's area of practice.

# Review of your practice: evaluating and improving the quality of your professional work

*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 evaluation and action and, where possible, demonstrate an outcome or change. The supporting information in this section should be updated annually. If you work in a non-clinical area you should discuss options for quality improvement activity with your appraiser, college or faculty[17].*

*Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.*

## Quality improvement activity

**Clinical audit**

**Description**

The GMC would usually expect that you should participate in at least one complete audit cycle (audit, practice review and re-audit) in every five-year revalidation cycle. If audit is not possible other ways of demonstrating quality improvement activity should be undertaken (suggestions described below).

**Requirements**

*National audits*

Participation in national audits is expected where these are relevant to the specialty in which you practice. However, in some specialties national audits are few in number and alternative ways of demonstrating the quality of your practice will be required. Your participation in national audits may focus on the professional 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 audit results should be reflected on and documented.**

*Personal and local audit*

**Improvement in the quality of your own practice through personal involvement in audit is recommended.**

[17] For example, if you are working in education or management your quality improvement activity could include (a) auditing and monitoring the effectiveness of an educational programme, (b) evaluating the impact and effectiveness of a piece of health policy or management practice.

### Quality improvement activity in the context of the leadership and management aspects of your scope of practice

The GMC recommends that in the case of those doctors in managerial roles, quality improvement should be demonstrated through evaluation of the impact and effectiveness of a piece of health policy or management practice. In gathering information to support appraisal, examples might therefore include:

- Evidence of evaluation of the impact and effectiveness of a piece of health policy or management practice
- Review of clinical outcomes – where robust, attributable and validated data are available. This could include morbidity and mortality statistics
- Any external reviews.

At least one audit, or equivalent activity, encompassing the full audit cycle, is usually required within the 'enhanced appraisal' once in each revalidation cycle, together with reflection on the process and outcome.

**Review of clinical outcomes**

**Description**

Clinical outcomes that are used for revalidation should be robust, attributable and validated. Even where this is not the case you may still wish to bring appropriate outcome measures to demonstrate the quality of your practice.

**Requirements**

Nationally agreed standards and protocols may also include outcomes, and you should bring these to appraisal where recommended by the specialty. Data should relate, as far as possible, to your own contribution. Comparison with national data should be made wherever possible.

**Guidance**

There are some specialities, mainly interventionist but including those academic activities in which clinical trials play a major part, which have recognised outcome measures. Where clinical outcomes are used instead of, or alongside, clinical audit or case reviews, there should be evidence of reflection and commentary on personal input and any change in practice.

**Information on clinical outcomes relevant to leadership and management aspects of a doctor's scope of practice**

Improved health outcomes is the primary purpose of healthcare leadership and management. Evidence of improved health outcomes, and the appraised doctor's contribution, should inform the appraisal.

## Case review or discussion

### Description

The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit/registries are unavailable.

### Requirements

If you are unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. You should then provide at least two case reviews per year, covering the range of your professional practice over a five-year revalidation cycle. You should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. Identified action points should be incorporated into your personal development plan.

### Guidance

Evidence of relevant working party or committee work (internal or external) may be included together with your personal input and reflection, including implementation of changes in practice, where appropriate. Some specialties or subspecialties may recommend case reviews routinely, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings or morbidity and mortality meetings. In some specific circumstances case reviews may form the main supporting information in support of quality improvement.

**Information relevant to leadership and management aspects of a doctor's scope of practice**

Anonymised case reviews, in the context of challenging management issues dealt with by the health professional in a managerial role, would be appropriate to bring to the appraisal discussion. This would include acting on concerns, especially in the case where the appraised doctor is in a management role (particularly doctors who are themselves ROs).

## Significant events

**Clinical incidents, significant untoward incidents (SUIs) or other similar events**

### Description

A significant event (also known as an untoward, critical or patient safety incident) 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. [18]

It is not the appraiser's role to conduct investigations into serious events.

### Requirements

If you have been directly involved in any significant incidents (SUIs) since your last appraisal you must provide details based on data logged by you, or on local (eg your NHS employer where such data should be routinely collected) or national incident reporting systems (eg NRLS). If you have been directly involved in any clinical incidents these should also be summarised, together with the learning and action taken, in order to show that you are using these events to improve your practice.

If you are self-employed or work outside the NHS, or in an environment where reporting systems are not in place it is your responsibility to keep a personal record of any incidents in which you have been involved. This could include a brief description, any potential or actual adverse outcomes, and your reflection.

A summary reviewing the data and a short anonymised description (with reflection, learning points and action taken) of up to two clinical incidents and all SUIs or root cause analyses in which you have played a part (including as an investigator) should be presented for discussion at your annual appraisal.

If there has been no direct involvement in such incidents since your last appraisal, a self-declaration should be presented at your annual appraisal.

### Guidance

Incidents and other adverse events which are particularly relevant or related to certain areas of specialist practice are identified in the colleges' and faculties' specialty guidance, together with tools and recommendations when documenting your involvement. **You should take care not to include any patient identifiable information in your appraisal documentation.**

### Information relevant to leadership and management aspects of a doctor's scope of practice

Those with healthcare management responsibility may have to deal with significant events affecting patient safety, or other significant events that risk service output. These need to be recorded for the appraisal, with reflection on action taken and the learning points.

[18] GMC (2011). *Supporting information for appraisal and revalidation*. www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf

# Feedback on your practice: how others perceive the quality of your professional work

*Feedback from colleagues and patients (if you have direct contact with patients) must be collected at least once in every five-year revalidation cycle and presented to your appraiser.*

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| **Colleague feedback** | **Description**<br>The result of feedback from professional colleagues representing the range of your professional activities, using a validated multi-source feedback (MSF) tool. The tool should meet the criteria set by the GMC.[19] The results should be reflected upon, and any further development needs should be addressed.<br>**Requirements**<br>At least one colleague MSF exercise should be undertaken in the revalidation cycle. You may want to consider undertaking your MSF early in the revalidation cycle in case the exercise has to be repeated.<br>**Guidance**<br>The selection of raters/assessors should represent the whole spectrum of people with whom you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty. |
| **Feedback from patients and/or carers** | **Description**<br>The result of feedback from patients and carers, using a validated tool. The tool should meet the criteria set by the GMC. The results should be reflected upon, and any further development needs addressed.<br>**Requirements**<br>At least one patient feedback exercise should be undertaken in the revalidation cycle. You may want to consider gathering your patient feedback early in the revalidation cycle in case the exercise has to be repeated. Patient feedback should be anonymised and independently administered. |

[19] GMC (2011). *Guidance on colleague and patient questionnaires*. www.gmc-uk.org/static/documents/content/Colleague_and_patient_questionnaires.pdf_44702599.pdf

### Guidance

Some colleges and faculties have identified patient feedback tools, instruments and processes which are suitable for doctors with particular areas of specialty practice. For some doctors, only some areas of their whole practice will be amenable to patient and/or carer feedback. Where practicable, a complete spectrum of the patients that you see should be included when seeking this type of feedback, and particular attention should be given to the inclusion of patients with communication difficulties, where relevant.

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[20]. Depending on your practice, you might want to collect feedback from a number of other sources, such as families and carers, students, suppliers or customers. Patient or public groups may be an appropriate source.

If you believe that you cannot collect feedback from patients, you should discuss this (as well as proposed alternatives) with your appraiser.

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### Information relevant to leadership and management aspects of a doctor's scope of practice

MSF is especially useful in the leadership context, noting that most doctors demonstrate leadership through the influence they exercise, whether they have a formal management role or not.

To be meaningful for personal development towards enhancing leadership and management skills, FMLM recommends that **determining whose feedback is needed might usefully be derived from an analysis of the stakeholders**[21] that the health professional interacts with and who are affected by, or who can affect, their practice (including clinical, managerial and support staff, and customers).

Patients are by this definition stakeholders for those doctors who see patients, but patients may be affected by the work of those health professionals who do not see patients themselves, in that they may be affected by the health professional's actions as a healthcare manager.

Direct feedback from patients may not be practical for the purposes of MSF, but especially for those doctors who do not see patients but whose practice affects healthcare outcomes, feedback from patient representatives should be sought[22]. Public bodies (eg *Healthwatch*[23] in England) may provide feedback for doctors who do not see patients but are affecting populations locally, and also for those seeing patients.

[20] The GMC advises on p.10 of the supporting information guidance that: "For instance, you might want to collect views from people who are not conventional patients but have a similar role, like families and carers, students, or even suppliers or customers."

[21] Stakeholders may be defined as those who may affect, or may be affected by, the actions of an organisation, or an individual.

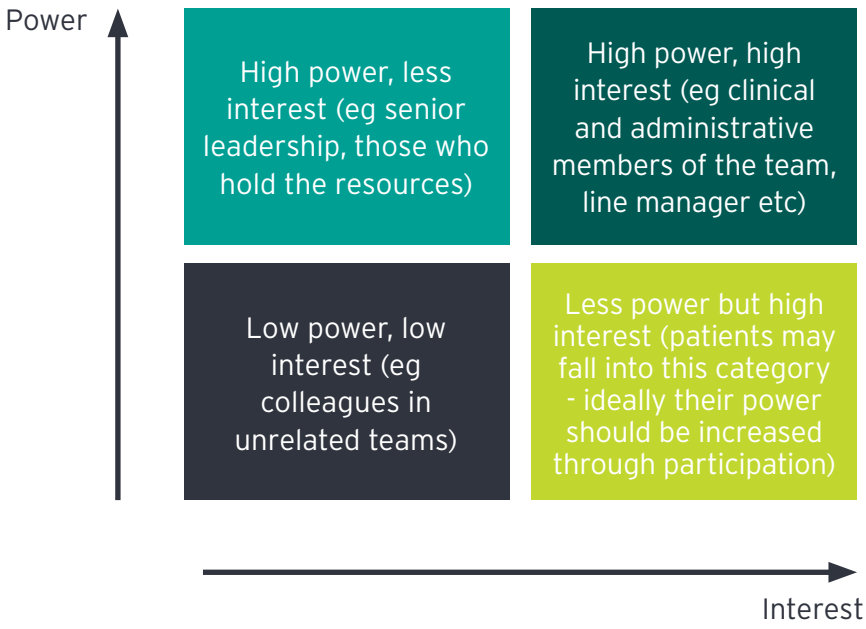
[22] Useful guidance and links can be found at: http://www.patient.co.uk/doctor/monitoring-the-nhs

[23] Each local Healthwatch is part of the local community; website is at: http://www.healthwatch.co.uk.

The importance of this is reinforced by NHS (England) Revalidation Support Team research on the early findings following implementation of revalidation, which identified the need for stronger and more effective patient and public involvement in supporting revalidation[24].

In order to identify those from whom feedback on personal professional practice would be appropriate in the context of MSF, **FMLM therefore recommends undertaking an analysis of the health professional's stakeholders.** The following grid may be useful[25]:

## Stakeholder analysis – power and interest




[24] NHS Revalidation Support Team (2014). *Early Benefits and Impact of Medical Revalidation: Report on research findings in Year One.* Available at: http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/earl-ben-impact-mr-report.pdf

[25] After the work of Winstanley; examples can be found at: http://www.policy-powertools.org/Tools/Understanding/docs/stakeholder_power_tool_english.pdf

Those in the 'low power, low interest' box, would include colleagues that the appraisee knows but does not work closely with. The emphasis for MSF should be on those in the 'high power, high interest' box, and a sample from the 'high power, low interest' and 'low power, high interest' group, especially patients or their representatives. There should be a representative sample from across the scope of practice.

The GMC have set out their requirements for MSF, which includes that the process must be independent of the appraised health professional (third-party administered)[26]. It is especially important that a third party (which may be the appraiser) provides feedback on the MSF to the appraised individual, as some responses will be challenging, and may be uncomfortable. Having undertaken the stakeholder analysis, the choice of stakeholders should usually be agreed with this third party.

**Feedback from clinical supervision, teaching and training**

**Description**

If you undertake clinical supervision and/or training of others, the results from student/trainee feedback or peer review of teaching skills should be provided for appraisal and revalidation purposes.

**Requirements**

Evidence of your professional performance as a clinical supervisor and/or trainer is required at least once in a five-year revalidation cycle. Feedback from formal teaching should be included annually for appraisal.

**Guidance**

Appropriate supporting information may include direct feedback from those taught in a range of settings. Clinical supervisors and educational supervisors are required to provide evidence that have met the minimum training requirements set by the GMC for these roles.

**Information relevant to leadership and management aspects of a doctor's scope of practice**

Clinical supervision, teaching and training by those with leadership and management aspects of their scope of practice is just as relevant as in other specialties.

In addition to formal teaching sessions, coaching and mentoring activity, and reflection on outcomes, should feature here.

[26] The GMC advises that as well as providing information about patient and colleague feedback in our guidance on supporting information for revalidation, we developed guidance to help those involved in commissioning, developing and administering questionnaires for revalidation.

This guidance is to help employers and Responsible Officers feel confident about choosing questionnaires and have confidence in the questionnaires that they do choose. The GMC is not prescribing or approving questionnaires for use in revalidation. Further guidance is available via the GMC website at: http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp

**Formal complaints**

**Description**

Details of all formal complaints (expressions of dissatisfaction or grievance) received since your last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection for discussion during the annual appraisal. A formal complaint is one that is normally made in writing and activates a defined complaints process.

**Requirements**

Details of formal complaints should be included annually. For your appraisal you are only required to submit details of formal complaints received from patients, carers, colleagues or staff relating to any of your professional activities or those team members for whom you have direct responsibility. If you have not received any formal complaints since your last appraisal, a self-declaration to that effect should be provided.

**Guidance**

A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases an appropriate personal reflection should be provided covering how formal complaints have been managed (with reference, if necessary, to local or national procedures or codes of practice), actions taken, learning gained, and if necessary, potential items for the personal development plan. Rather than the nature of the complaints themselves, your reflection will be the focus for discussion during the appraisal. Some colleges and faculties have developed tools and forms to help to document and structure this reflection.

**Information relevant to leadership and management aspects of a doctor's scope of practice**

The GMC recommends "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"[27].

Medical managers might well be involved in the complaints process and indeed be responsible for investigating and adjudicating both complaints related to medical treatment or in their line manager responsibilities. Inclusion of a synopsis (anonymised) of these complaints or enquiries helps to demonstrate this element of fitness to practice.

In addition, demonstration of lessons learned from these complaints with evidence of a change in subsequent practice, whether at an individual or corporate level, meets the type of evidence that the Regulator would seek to have to demonstrate support for quality improvement.

Where complaints have been made against the health professional themselves, action taken and reflection on lessons learned is essential.

[27] GMC Reference supporting information for appraisal and revalidation (March 2012) p.12

## Compliments

### Description

A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of your professional work or of your team.

### Requirements

Your summary should be updated annually. Not all compliments that you receive need to be included in your summary and you may opt not to present details of any compliments at all during any of your annual appraisals. This option will not hinder your progress towards revalidation.

### Guidance

It is useful to reflect on successes as well as on problems. If compliments are to be useful in revalidation they should be accompanied by relevant reflection highlighting, for example, the value you attach to these compliments in terms of how they have affected your professional practice, relationship with others, learning and development. Some colleges and faculties have developed tools and forms to help document and structure this reflection.

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### Information relevant to leadership and management aspects of a doctor's scope of practice

FMLM recommends uploading compliments relating to the management aspects of a health professional's practice onto their appraisal portfolio (anonymised if patient details are included), and to reflect on why the compliment was received, and to identify the opportunity for further improvement and learning for the health professional and the organisation.

Annex A to Supporting information for appraisal and revalidation: specialty guidance for the leadership and management aspects of a doctor's scope of practice

# Guidance on the conduct of an appraisal with an emphasis on the leadership and management aspects of a doctor's scope of practice

## Preparation

Effective preparation is necessary if the appraisal is to have value. The main text of this appraisal guidance summarises the supporting information that the GMC requires; it is however the reflection on your practice, and how this has changed in light of your reflection over the period since the last appraisal, that is most useful.

Doctors who are having difficulties with preparing for their appraisal should contact the revalidation and appraisal manager within their designated body for assistance.

In order that the appraiser has adequate time to prepare for the meeting, the timelines for providing the portfolio to the appraiser as specified in the NHS England, Northern Ireland, Scotland and Wales appraisal policies need to be kept to.

## The appraisal meeting

Attention should be paid to selection of rooms, which should ideally be on 'neutral ground'. The appraiser must confirm that the appraisee is registered with their Regulator (GMC) on line at the beginning of or before the meeting. The meeting would ordinarily commence with introductions, and confirmation of identity and understanding of the English language (as required by the GMC for practice in UK).

The first part will include a review of the supporting information, and in the context of leadership and management, the information described above. It is recommended that this be conducted as a discussion, rather than being a 'checkbox' process. Effective preparation beforehand will have allowed both the doctor and the appraiser to have identified areas that particularly merit discussion at the meeting.

Of particular note, discussion at appraisal should include any systematic learning from errors and events such as investigations and analysis, and the development of solutions and implementation of improvements. Areas for further learning and development should be reflected in the personal development plan and CPD.

Participation in annual appraisal is a requirement for revalidation, and the RO will need to have at least one appraisal with all supporting information to make a positive recommendation to the GMC. Any concerns that emerge over a doctor's practice as a leader and manager must be discussed with the RO, as for other areas of practice.

However, the appraisal discussion should primarily be a formative process, and have the nature of mentoring and support for the appraisee's development, rather than its purpose being seen as a 'pass or fail' assessment of fitness to practice.

## The professional development plan

The PDP is a highly important output of the appraisal, and potentially that which adds the most value. The PDP should be completed by the end of the meeting.

Learning and development needs will be agreed by the appraisee and the appraiser. In order to make these useful and actionable, these might be expressed as 'Double SMART' objectives, as recommended by NHS England (South) as follows:

## Double Smart Objectives

| | | |
|---|---|---|
| S | Specific | Significant<br>- to the organisation and the people in it? |
| M | Measurable | Meaningful<br>- does it fit with the values of the indivdual and the team? |
| A | Agreed | Attainable<br>- with the resources available, in the current market climate? |
| R | Realistic | Reward driven<br>- what gets rewarded gets done! |
| T | Time-bound | Team oriented<br>- does it link to the team goals and will they all back it up? |

In determining how best to meet the learning needs identified, the appraiser and the doctor may agree that coaching for specific leadership and management skills, and/or mentoring, to support the leadership and management developmental journey, may be appropriate. Guidance on coaching and appraisal may be found via the FMLM website at: https://www.fmlm.ac.uk/professional-development/coaching-and-mentoring, with details on the coaching and mentoring schemes via the links.

## Summary of the appraisal discussion

The summary of the appraisal discussion will be produced jointly between the appraiser and appraisee to bring together the information required to demonstrate compliance with *Good Medical Practice (GMP)*[28].

Informed by the GMC guidance on Leadership and management for all doctors[29], the following behaviours would be appropriate to reflect on and include when summarising the discussion, set out in the GMP domains as follows. These behaviours would be **generic** to all those providing leadership and management in healthcare (general managers, nurses, doctors and others).

Within each of the domains, the guidance is in three parts. Firstly, the subheadings as described in GMP are listed, being generic GMC requirements for all appraisals. Secondly, behaviours that form the basis of the **professional standards of medical leadership and management** as published by FMLM are listed. Thirdly, behaviours that include those in the GMC guidance *Leadership and management for all doctors*, are listed as suggested areas that might be discussed.

It is critically important to retain the purpose of appraisal as formative, supporting continued improvement in the appraisee's practice. **That which follows should therefore be seen as a guide to inform discussion,** and to record the reflection on these behaviours, but that this must **not be a checklist or series of 'check boxes'.**

In gaining an overall picture of continued effectiveness in the leadership and management aspects of the doctor's practice, and where continued improvement is being made or might be made, the doctor and their appraiser might look for **clarity of vision and sense of direction, shared ownership and belief** in this direction among those the doctor works with, and that he or she is **trusted**. There should be evidence of **a commitment to promoting a culture of safe, evidence-based innovative care and personal respect,** where **diversity** is embraced, and to developing **people as well as services.** Effective **team working** is essential.

[28] http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

[29] http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

## Domain 1. Knowledge, skills and performance

To reflect GMP[30] the summary should reflect the following:

1.1 Develop and maintain your professional performance

1.2 Apply knowledge and experience to practice

1.3 Record your work clearly, accurately and legibly

FMLM suggests that the appraisee and appraiser **consider** the following **examples** of behaviours relevant to leadership and management within this domain:

- Commits time to professional development and keeps own skills and knowledge up to date, across the full scope of own practice
- Works to a high standard and is respected by colleagues for their professionalism
- Delivers to a high standard even when faced with ambiguity or uncertainty
- Sustains personal levels of energy and remains enthusiastic and optimistic in the face of setbacks
- Manages own emotions and adapts leadership style to have maximum positive impact on others
- Looks outside of own immediate team and professional area for new ideas, perspectives and experiences
- Engages the wider community in the teaching, training and support of own work and that of colleagues
- Engenders a culture of learning by setting aside time for reflection and feedback, and role modeling transparency and openness.

The following characteristics and actions might also be considered in the appraisal:

- Develops with others, communicates and sustains a clear and shared vision
- Acts with humility; as a team leader gives credit to the team for success, and takes personal responsibility for setbacks or failures
- Willing to take on a mentoring role for health professionals and other colleagues
- Committed to others wellbeing, development, and succession planning
- Enables the opportunities for learning and development brought through diversity
- Keeps accurate and clear records, following the advice in GMP, and the requirements for confidentiality, and makes sure that non-clinical records, including financial records, are clear, accurate and up to date.

[30] GMC (2013) *Good Medical Practice*, available on line via the GMC website at: http://www.gmc-uk.org/guidance/good_medical_practice/knowledge_skills_performance.asp

## Domain 2. Safety and quality

To reflect GMP[31] the summary should reflect the following:

2.1 Contribute to and comply with systems to protect patients

2.2 Respond to risks to safety

2.3 Protect patients and colleagues from any risk posed by your health

FMLM suggests that the appraisee and appraiser **consider** the following **examples** of behaviours relevant to leadership and management within this domain:

- Seeks out and shares best practice, incorporating this to enhance quality and delivery of services
- Identifies opportunities for improvement and contributes to initiatives that drive innovation in health and healthcare
- Embraces effective and up to date approaches in order to bring about change and quality improvement
- Participates in wider organisational initiatives that enable and promote excellence in health and healthcare
- Motivates and inspires others to achieve high standards and improve services
- Sets clear objectives, holds people to account for the delivery of results, and actively manages any poor performance
- Considers, assesses and manages potential risks when making decisions that impact patients, colleagues and their organisation.

The following characteristics and actions might also be considered in the appraisal:

- Works with others to collect and share information on patient experience and outcomes, and to take action to bring about continuous improvement.
- Makes sure that records are made, stored, transferred and disposed of in line with the Data Protection Act 1998 and other relevant legislation
- Makes sure that team members are appropriately supported and developed and are clear about their objectives, and that these are set and agreed jointly.
- Reviews and acts on significant events, and acts appropriately on concerns
- Reviews and acts on complaints about the organisation or its processes
- Complaints policy regularly reviewed for effectiveness in improving quality
- Maintains regular review of the effectiveness of all relevant policies
- Promotes healthy working and lifestyle for the team, including themselves
- Health declaration reviewed by the appraisee and the appraiser.

[31] GMC (2013) *Good Medical Practice* available via GMC website at: http://www.gmc-uk.org/guidance/good_medical_practice/safety_quality.asp

## Domain 3. Communication, partnership and teamwork

To reflect GMP[32] the summary should reflect the following:

3.1 Communicate effectively

3.2 Work collaboratively with colleagues to maintain or improve patient care

3.3 Teaching, training, supporting and assessing

3.4 Continuity and coordination of care

3.5 Establish and maintain partnerships with patients

FMLM suggests that the appraisee and appraiser **consider** the following:

- Develops trust and respect for colleagues and is seen as a role model for effective team working
- Seeks and acts upon feedback from patients (as applicable), colleagues and others regarding own effectiveness and possible development areas
- Asks others for their opinions and their ideas, actively listens and takes their views on board
- Demonstrates a clear people and patient-centred approach, considering the impact of their style, decisions and actions on all those affected
- Attracts and develops talented people with diverse experience, background and style into the team. Coaches to develop them to their full potential
- Is available and approachable. Responds quickly and positively when asked
- Empowers and motivates others by delegating effectively, providing the necessary resources and celebrating success
- Fully participates in multi-disciplinary teams in order to achieve the best possible outcomes for all those who use and deliver services
- Identifies opportunities for collaboration and partnership, connecting people with diverse perspectives and interests
- Openly shares own network with colleagues and partners to improve information, influencing and connect people for mutual benefit
- Finds ways to manage and work effectively within environments where there may be professional and political tensions.

The following characteristics might also be considered in the appraisal:

- Leads by example, promoting and encouraging a culture that empowers others to contribute and give constructive feedback on individual and team performance.
- Accessible and encourages team members to cooperate and communicate effectively with each other and other teams, colleagues and networks with whom they work.
- If problems arise from poor communication or unclear responsibilities within or between teams, takes action to deal with them.

[32] GMC (2013) *Good Medical Practice*, available via GMC website at: http://www.gmc-uk.org/guidance/good_medical_practice/communication_partnership_teamwork.asp

## Domain 4. Maintaining trust

To reflect GMP[33] the summary should reflect the following:

4.1 Show respect for patients

4.2 Treat patients and colleagues fairly and without discrimination

4.3 Act with honesty and integrity

FMLM suggests that the appraisee and appraiser **consider** the following:

- Balances competing demands for resources and ensures appropriate allocation
- Makes clear, evidence based decisions that are supported with the relevant data
- Contributes to the development of plans and strategy appropriate to their role
- Establishes and maintains strong professional and support networks
- Acknowledges own limitations and prepared to seek support from others in order to achieve the best outcomes
- Takes full accountability for actions and decisions, noting that doctors are accountable to the GMC for their own conduct and medical advice given
- Remains calm and objective in situations of pressure or conflict
- Speaks up and challenges others when there is an opportunity for improvement
- Manages own time effectively and is trusted to deliver against commitments
- Ensures that the appropriate corporate and clinical governance processes are maintained and adhered to.

The following characteristics and actions might also be considered in the appraisal:

- Demonstrates **integrity**, moral courage and the ability to make **decisions** even in a context of ambiguity and uncertainty
- Engenders a climate of trust and mutual respect; **open to ideas and advice**
- Promotes a working environment free from unfair discrimination, bullying and harassment, noting that colleagues and patients come from diverse backgrounds
- Has made sure that the organisation's policies on employment and equality and diversity, are up to date and reflect the law, specifically the Equality Act 2010
- If concerned that a decision would put patients or the health of the wider community at risk of serious harm, raises the matter promptly and if necessary takes further action in raising and acting on concerns about patient safety
- Acts to remove individuals from teams when necessary, following fair process
- Has a broad understanding of financial measures of performance
- Shows effective, efficient, equitable and ethical management of resources
- Probity declaration reviewed by the appraisee and the appraiser.

[33] GMC (2013) at: http://www.gmc-uk.org/guidance/good_medical_practice/maintaining_trust.asp

## Summary, which will include:

A statement as to where the appraisal meeting took place and that the discussion covered the full scope of the doctor's practice.

The appraiser's confirmation that the doctor's registration has been checked (which should be checked on line in the days immediately preceding the meeting).

For a doctor who is not a graduate of a UK university, the appraiser should notify the RO if the doctor has difficulty communicating effectively in English[34].

The appraiser must act (for example by informing the RO) on any concerns that arise in the course of the appraisal process, and should confirm in the summary that there were no new concerns that arose over the course of the appraisal.

The appraiser should confirm that the doctor is keeping their skills and knowledge up to date in all areas of their work, whether in a clinical or non-clinical setting, and whether this work is paid or voluntary work.

The appraiser should also confirm that the doctor is committed to continuous improvement in the quality of their practice through reflection on the results of audit, feedback and other mechanisms so that they continue to be fit to practise.

## Output statements and sign off

The final part of the appraisal is the output statements and sign-off by the appraisee and appraiser. Many appraisers prefer to complete the appraisal on agreement to the outputs of appraisal and these statements at the end of the appraisal meeting; others prefer to complete the summary of the appraisal discussion subsequently. The appraisal must however be agreed by the appraiser and appraisee, finalised and sent securely by email to the RO's office within 28 days of the appraisal meeting.

[34] If there are concerns the appraiser should raise these with the RO, who may refer the doctor into GMC Fit to Practise under the head of language impairment. Revalidation and language dovetail where ROs, through revalidation recommendations, confirm that there are no unaddressed concerns about the doctor's fitness to practise. This includes concerns about language. Responsible Officers in England have a duty in law under Regulation 16(2)(aa) of The Medical Profession (Responsible Officers) regulations 2010 (as amended) to ensure that 'medical practitioners have sufficient knowledge of the English language necessary for the work to be performed in a safe and competent manner'. Reference on GMC powers on English language at: http://www.gmc-uk.org/news/25016.asp

## Training for appraisal and quality assurance of appraisal

Those undertaking appraisal for those with leadership and management aspects of their practice will usually be appraisers with generic training for this role. It may be of value for such appraisers to have specific training, utilising the guidance contained in this document. The key requirement however is the generic appraisal training.

The GMC does not require that appraisers are doctors, nor that doctors should be appraised by doctors in the same specialty; the only stipulation is that they are trained and competent for the role, and that appraisals are quality assured.

All appraisals should be reviewed by the RO or appraisal lead, and suggestions for improvement in the appraisal should be routinely fed back to appraisers.

[35] The GMC has different requirements for those doctors without a prescribed connection as stated on the GMC website page http://www.gmc-uk.org/doctors/revalidation/23575.asp

These are that you must be appraised for revalidation by someone who meets all the following criteria. They must:

- be registered and licensed with the GMC and able to provide evidence that they meet all criteria
- have a prescribed connection to a designated body (or have identified a suitable person approved by the GMC) and be participating in revalidation themselves
- have up to date training in the knowledge and skills required to carry out medical appraisals for revalidation in the UK
- understand the context, scope and nature of work you undertake
- have recent experience of UK practice, or of appraising medical practice in the UK
- understand the professional obligations placed on doctors by our core guidance, *Good medical practice*
- have procedures for referring doctors to us if they have concerns about the doctor's fitness to practise.

# Continuing professional development diary and reflection

(Based on the 2007 Leicester Statement)

| | | | |
|---|---|---|---|
| Name | | | |
| GMC Registration No | | | |
| Period covered | | Date completed | |

| | | | | |
|---|---|---|---|---|
| Learning need identified in PDP: | | | | |
| Date | Provider and place | Activity | 'External' CPD hrs | 'Internal' CPD hrs |
| | | | | |
| | | | | |
| Total CPD hours undertaken for development need | | | | |
| Reflection | | | | |

| | | | | |
|---|---|---|---|---|
| Learning need identified in PDP: | | | | |
| Date | Provider and place | Activity | 'External' CPD hrs | 'Internal' CPD hrs |
| | | | | |
| | | | | |
| Total CPD hours undertaken for development need | | | | |
| Reflection | | | | |

| Learning need identified in PDP: | | | | |
|---|---|---|---|---|
| Date | Provider and place | Activity | 'External' CPD hrs | 'Internal' CPD hrs |
| | | | | |
| | | | | |
| Total CPD hours undertaken for development need | | | | |
| Reflection | | | | |

| Learning need identified in PDP: | | | | |
|---|---|---|---|---|
| Date | Provider and place | Activity | 'External' CPD hrs | 'Internal' CPD hrs |
| | | | | |
| | | | | |
| Total CPD hours undertaken for development need | | | | |
| Reflection | | | | |

| How will this experience change my practice? |
|---|
| |
| What further learning needs have I identified, that I might include in my PDP for next year? |
| |

# Quality improvement activity and reflection

(Based on the 2007 Leicester Statement)

| | | | |
|---|---|---|---|
| Name | | | |
| GMC Registration No | | | |
| Period covered | | Date completed | |

| | | | |
|---|---|---|---|
| Area of practice: | | | |
| Date | Place | Activity | Outcome |
| | | | |
| | | | |
| Reflection | | | |

| | | | |
|---|---|---|---|
| Area of practice: | | | |
| Date | Place | Activity | Outcome |
| | | | |
| | | | |
| Reflection | | | |

| |
|---|
| How will this experience change my practice? |
| |
| What development needs have I identified for my PDP? |
| |

# Structured reflective learning template - multi-source feedback (MSF)

(Based on the 2007 Leicester Statement)

| | | | |
|---|---|---|---|
| Name | | | |
| GMC Registration No | | Date of report | |
| Type of MSF | | Number of respondents | |

| Subject | Learning outcome |
|---|---|
| MSF process | |
| Overall comment | |
| Knowledge, skills and performance | |
| Safety and quality | |
| Communication, partnership and teamwork | |
| Maintaining trust | |
| Summary | |

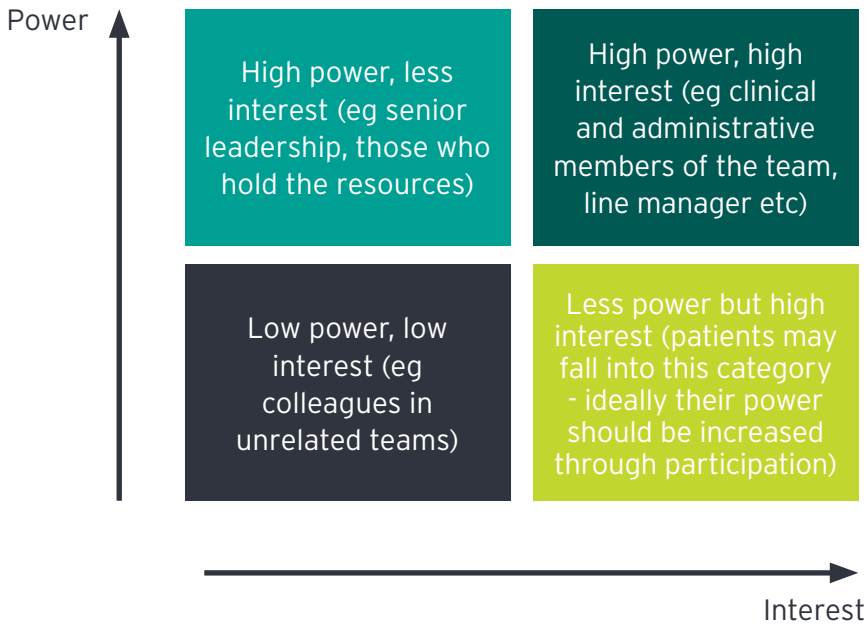
| How will this experience change my practice? |
|---|
| |
| What further learning needs have I identified, that I might include in my PDP for next year? |
| |

Stakeholder analysis

From this analysis, the stakeholders asked to contribute to multi-source feedback should be listed (usually by appointment, role or relationship)

| | Low interest | High interest |
|---|---|---|
| High power | | |
| Low power | | |

## Stakeholder analysis – power and interest



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