**PREPARING FOR APPRAISAL FOR REVALIDATION PURPOSES**

*Updated Guidance for Doctors Undergoing Appraisal*

Produced by a Short Life Working Group of the Revalidation Delivery Board for Scotland (RDBS)

November 2022

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**1. KEY RECOMMENDATIONS ARISING FROM THE FINDINGS OF THE SLWG**

**1.1 Recommendations in relation to Supporting Information**

1. The key consideration in choosing supporting information should be the quality of that information, rather than the volume. The information should however enable adequate reflection, and be sufficient for the Responsible Officer (RO) to make a confident recommendation regarding revalidation, to the GMC.
2. GMC recommends that employers should have systems in place to support doctors in providing relevant information such as for complaints and significant incidents. Where information is collected and made available to you by an employer, you should use it.
3. Your supporting information must reflect your entire clinical and professional practice.
4. If you are in doubt as to whether the supporting information you have collected is sufficient for revalidation purposes, you should discuss and agree this with your appraiser, as early as possible in the 5-year revalidation cycle. Some doctors may find it helpful to agree with the appraiser the scope and volume of the supporting information they will bring over the 5-year cycle, with the proviso that there must be flexibility to amend this, as circumstances change.

**1.2 Recommendations in relation to SOAR**

1. It is strongly recommended that all doctors in Scotland use the SOAR platform for the submission of appraisal documents and for arranging appraisal meetings.
2. Any doctor who is unable to use SOAR should have the agreement of their RO.

**1.3 Recommendations in relation to Wellbeing**

1. Appraisers are required to take a broad wellbeing approach to the appraisal discussion; conducting the appraisal in a supportive manner and recognising any specific circumstances that might pertain to an individual appraisee.
2. Appraisers are expected to understand and be able to advise or signpost appraisees to where they can obtain appropriate help and support.
3. The extent to which any individual appraisee will wish to discuss their wellbeing will vary, and this should be respected and supported by the appraiser.

**1.4 Recommendations in relation to Patient Feedback**

1. It is recommended that feedback is obtained from a minimum of 25 patients at least once in every 5-year revalidation cycle. (*This is the extant guidance)*
2. The doctor must not be involved in or influence the selection of the patients who are invited to provide feedback in order to ensure anonymity and integrity of the process.(1)
3. The doctor must not be involved in the collection of the completed feedback forms to ensure anonymity and integrity of the process.
4. The doctor should avoid being involved in the administrative process of patient feedback wherever possible. This is a matter for the designated body. (1)
5. Where organisations already have IT systems in place specifically for the purpose of obtaining independent patient feedback regarding a doctor, it would be appropriate to use this information for revalidation purposes.

***Footnote***

*(1)  This may prove challenging for GP’s employed on a locum and sessional basis.  In these circumstances doctors should make every reasonable effort to* *comply with guidance.*

**2.** **PURPOSE**

2.1 This guidance has been issued to aid doctors in their preparation for appraisal. It should be read in conjunction with previous guidance, *Medical Appraisal Guidance Scotland, Dec 2021*. [MAGS.pdf (scot.nhs.uk)](https://www.sehd.scot.nhs.uk/cmo/MAGS.pdf) which will provide further detail and references.

**3. BACKGROUND**

3.1 Revalidation was introduced in the UK in December 2012 with the stated purpose of reassuring patients and employers that doctors are “up to date and fit to practice”.

3.2 Under current legislation, every 5 years, the RO is responsible for making a recommendation to the GMC regarding a doctor’s suitability for licence renewal. This is based on the satisfactory completion of annual appraisals undertaken in the workplace and any other governance information available to the RO.

3.3 The RO is also responsible for ensuring that a robust appraisal system is in place within the organisation and that the appraisers who conduct appraisals for revalidation purposes have been adequately trained. A key element of appraisal is that it should enable doctors to reflect on how they can improve their practice and how they interact with patients and colleagues.

**4*.* WHY IS THIS SUPPLEMENTARY GUIDANCE BEING ISSUED?**

4.1 It is almost 10 years since the legislation for revalidation was implemented and the process for appraisal in Scotland was developed. It is timely therefore to review the structure and content of appraisal to ensure that it remains fit for purpose, particularly since it informs revalidation recommendations.

4.2 In 2020, in response to the Covid-19 pandemic, the GMC paused revalidation to reduce any administration burden that appraisal may place on doctors. When the process recommenced in August 2021, it was agreed that there should be increased flexibility regarding the type and volume of supporting information that doctors were required to submit for appraisal.

4.3. Given these changes, and in response to the requests for clarity from stakeholders, the Revalidation Delivery Board Scotland (RDBS) convened a Short Life Working Group (SLWG) that was tasked as follows:

* To undertake a review of the supporting information that doctors are required to collect and provide for appraisal during each 5-year period.
* To consider how the process may be modified to ensure that the administrative burden for the appraiser and the appraisee is proportionate.
* To ensure that the appraisal process is consistent for all doctors giving due consideration to the wide variation in clinical practice.
* To recognise that under the current legislation the judgement as to whether the supporting information provided by the doctor is sufficient for revalidation purposes lies with the RO.

**5. SLWG (SHORT LIFE WORKING GROUP)**

5.1 The SLWG (hereafter referred to as the *Group*) was chaired by a Scottish Government Senior Medical Professional Adviser and consisted of representatives from key stakeholder groups. (*See Annex*)

5.2 Members of the *Group* were invited to raise on behalf of their stakeholder constituents, issues related to the current appraisal process. These were discussed and a consensus view was agreed regarding the recommendations outlined below. The discussion focused on four broad areas: supporting information for appraisal, the SOAR IT system, the wellbeing component of appraisal and obtaining patient feedback.

**6. SUPPORTING INFORMATION**

6.1 It is a requirement for revalidation purposes that doctors collect items of supporting information to show that they are “up to date and fit to practice” and that they reflect on this information at their annual appraisal. The 6 broad categories under which this information should be collected are outlined in the GMC guidance [Supporting information for appraisal and revalidation - GMC (gmc-uk.org)](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-revalidation)

* Continuing professional development - **Annual**
* Quality improvement activity – **Once in every 5-year cycle**
* Significant events or serious incidents – **Annual**
* Feedback from patients or those you provide medical services to – **Once in every 5-year cycle**
* Feedback from colleagues – **Once in every 5-year cycle**
* Compliments and complaints - **Annual**

**These are the only 6 components of supporting information that are essential for GMC to make a revalidation decision****.**

6.2 The *Group* recognised that despite this guidance there is considerable variation in the volume of supporting information provided by doctors at appraisal. This occurs both within and between clinical disciplines. The *Group* sought to understand why this variation occurred and concluded that the causes were multifactorial given the variation in clinical practice and professional roles undertaken by doctors, both within and between disciplines.

6.3 The *Group* identified that an important cause of variation arises from the advice provided about appraisal and revalidation by the Academy of Medical Royal Colleges, individual colleges and specialty specific organisations for doctors working in different specialties. This advice is designed to translate the GMC high level requirements into a specialty specific context. These bodies have developed extensive lists of options for this purpose. Individual doctors in turn, must choose the most appropriate items to present at appraisal from these lists. Colleges also vary regarding their recommendations for CPD.

6.4 The *Group* concluded that these lists of options were necessary to offer flexibility and to reflect variation in clinical practice, professional roles and the specific circumstances of an individual doctor.

6.5 It is inevitably a judgement, and the solution lies in supporting the doctor to make choices that allow appropriate reflection at appraisal. The emphasis should be on quality and not quantity of supporting information.

6.6 Doctors must also provide supporting evidence from all their clinical practice and any other relevant professional work that they undertake. This is known as "whole practice appraisal".

6.7 Doctors do not need to submit every available piece of evidence for each type of supporting information. They should choose clear examples that help them reflect and identify areas for improvement.

**Recommendations in relation to Supporting Information**

1. The key consideration in choosing supporting information should be the quality of that information, rather than the volume. The information should however enable adequate reflection, and be sufficient for the Responsible Officer (RO) to make a confident recommendation regarding revalidation, to the GMC.
2. GMC recommends that employers should have systems in place to support doctors in providing relevant information such as for complaints and significant incidents. Where information is collected and made available to you by an employer, you should use it.
3. Your supporting information must reflect your entire clinical and professional practice.
4. If you are in doubt as to whether the supporting information you have collected is sufficient for revalidation purposes, you should discuss and agree this with your appraiser, as early as possible in the 5-year revalidation cycle. Some doctors may find it helpful to agree with the appraiser the scope and volume of the supporting information they will bring over the 5-year cycle, with the proviso that there must be flexibility to amend this, as circumstances change.

**7. SOAR (SCOTTISH ONLINE APPRAISAL RESOURCE)**

7.1 SOAR is an excellent resource, fulfilling several functions:

* It enables appraisal interviews to be arranged and tracked.
* It enables doctors to keep important documents in one secure place.
* It allows appraisers access to electronic information before appraisals and for appraisers to have continuity of information over the revalidation cycle.
* Compared to paper-based systems it is secure.

7.2 SOAR last underwent significant redevelopment in 2015. The *Group* were told that there are areas of the SOAR system that could be improved/modernised. These include aspects of security, ease of use and aspects of the layout that follows good medical practice.

7.3 A review has been instructed to establish how well SOAR supports medical appraisal and what options there are for improvement/development. This is due to report towards the end of 2022.

7.4 It should be noted that for governance, security and administrative reasons ROs may require that NHS employees use SOAR.

**Recommendations in relation to SOAR**

1. It is strongly recommended that all doctors in Scotland use the SOAR platform for the submission of appraisal documents and for arranging appraisal meetings.
2. Any doctor who is unable to use SOAR should have the agreement of their RO.

**8. DISCUSSING WELLBEING DURING AN APPRAISAL**

8.1 Appraisal is a forum for facilitated self-reflection and an opportunity to plan professional development. The importance of this was highlighted during the pandemic when many doctors reported that their appraisal was the only time that any supportive discussion about wellbeing took place.

8.2 Appraisers have therefore been encouraged to continue to start an appraisal with a generic question regarding the well-being of an appraisee. Whilst many doctors will find this helpful and supportive, some may not wish to engage in such a discussion.

8.3 Doctors are not required to engage in a well-being discussion if they do not wish to do so. It should be noted however, that there remains a requirement within the GMC guidance for the appraiser to confidentially explore any matters that might adversely affect patient safety, such as a significant health issue.

8.4 New and refresher appraiser training courses provided by NHS Education for Scotland (NES) include instruction in taking a wellbeing approach to the appraisal conversation. There are however limitations to the role of the appraiser in relation to the wellbeing discussion, as outlined below:

* Appraisers facilitate the reflection of a doctor on their work situation and what that means for the care they provide to patients and for their personal and professional development. The safety of both the doctor and the patients are paramount.
* An appraiser should not provide any therapeutic intervention or counselling in relation to health, or any other serious matter identified during an appraisal even if they have the appropriate skills.
* The guidance remains that appraisers are required to escalate any serious matter that emerges during an appraisal to an appraisal lead or responsible officer.

 **Recommendations in relation to Wellbeing**

1. Appraisers are required to take a broad wellbeing approach to the appraisal discussion; conducting the appraisal in a supportive manner and recognising any specific circumstances that might pertain to an individual appraisee.
2. Appraisers are expected to understand and be able to advise or signpost appraisees to where they can obtain appropriate help and support.
3. The extent to which any individual appraisee will wish to discuss their wellbeing will vary, and this should be respected and supported by the appraiser.

**9. PATIENT FEEDBACK**

9.1 It is an important core requirement for revalidation purposes that doctors obtain and reflect upon feedback from patients.  The GMC are clear that patient feedback remains a key element of revalidation that enables the doctor to better reflect on their practice.  Further detail is available at [GMC Guidance on Developing & Implementing Formal Patient Feedback Tools for Revalidation.pdf](https://urldefense.com/v3/__https%3A/scotsconnect-my.sharepoint.com/%3Ab%3A/r/personal/sally_white_gov_scot/Documents/Short%2A20Life%2A20Working%2A20Group%2A20-%2A20Appraisal/GMC%2A20Guidance%2A20on%2A20Developing%2A20%2A26%2A20Implementing%2A20Formal%2A20Patient%2A20Feedback%2A20Tools%2A20for%2A20Revalidation.pdf?csf=1&web=1&e=OKOmkU__;JSUlJSUlJSUlJSUlJSUlJSU!!IeEvfY6EA4c!xJAYs_z3zrvWhcrV35nFiWjzRVVy5VgHOfmXdnBn-rezSP0EZ_pxtDFG1SR3SQICpKFAtd1dmpHDkWXobnFlZgtrb1M$)

9.2 There will be a group of doctors for whom patient feedback is not applicable, because they do not have direct clinical contact with patients. This should be discussed and agreed with the appraiser.

9.3 There is broad agreement that in due course robust patient feedback processes will necessitate the development and implementation of appropriate IT systems. These are currently being explored and developed across the UK, but will not be in place for some time. As clinical services return to normal (or near normal) working, the *Group* recommend that as a minimum, doctors revert to the processes and systems that were available to them before the pandemic.

**Recommendations in relation to Patient Feedback**

1. It is recommended that feedback is obtained from a minimum of 25 patients at least once in every 5-year revalidation cycle. (*This is the extant guidance)*
2. The doctor must not be involved in or influence the selection of the patients who are invited to provide feedback in order to ensure anonymity and integrity of the process.(1)
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***Footnote***

*(1)  This may prove challenging for GP’s employed on a locum and sessional basis.  In these circumstances doctors should make every reasonable effort to comply with guidance.*

**ANNEX**

**SLWG Members**

**Chair, Senior Medical Adviser, Scottish Government**

* Professor Ian G Finlay CBE

**BMA (British Medical Association**

* Dr Lewis Morrison
* Dr Patricia Moultrie

**NES (NHS Education for Scotland)**

* Professor Amjad Khan
* Dr Christiane Shrimpton
* Mr William Liu

**Scottish Academy of Medial Royal Colleges**

* Dr Miles Mack
* Professor Andy Elder

**GMC**

* Mr Blake Dobson
* Mr Willie Paxton

**RO Network in Scotland**

* Dr Frank O’Kelly
* Dr Chris McKenna

**SAMD (Scottish Association of Medical Directors)**

* Dr Caroline Whitworth

**Independent Hospitals**

* Ms Alison Smith

**Chair of Working Group who produced *Medical Appraisal Guide for Scotland, Dec ‘21***

* Dr Alison Graham