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ROYAL COLLEGE OF PSYCHIATRISTS

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Supporting information for appraisal and revalidation: guidance for psychiatrists

Based on the Academy of Medical Royal Colleges' core guidance for all doctors

COLLEGE REPORT

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Royal College of Psychiatrists

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Contents

Foreword

As part of revalidation, doctors will need to collect and bring to their appraisal six types of supporting information to show how they are keeping up to date and fit to practise.

The General Medical Council (GMC) has outlined requirements for doctors in its guidance *Supporting Information for Appraisal and Revalidation* (General Medical Council, 2012a). It recommends that doctors in specialist practice should consult the supporting information guidance of their College or Faculty. This framework amplifies the headings provided by the GMC with additional detail about the GMC requirements and what each College or Faculty expects relating to this, based on their specialty expertise. These expectations are laid out in each specialty guidance under 'Requirements'. Further descriptive information is given under the heading 'Guidance'.

The Academy of Medical Royal College's (AoMRC's) final core guidance framework has been agreed by all Colleges and Faculties. It has been devised to simplify the appraisal process and the supporting information doctors need in order to revalidate.

Each medical Royal College and Faculty has developed specialty guidance based on this core guidance framework to ensure commonality in appraisal for revalidation regardless of a doctor's specialty. Medical Royal Colleges and Faculties are responsible for setting the standards of care within their own specialty and for providing advice and guidance on the supporting information required of doctors to demonstrate that professional standards have been met in line with the GMC requirements.

General introduction

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.

In order to maintain your licence to practise you are expected to have at least one appraisal per year that is based on the GMC core guidance for doctors, *Good Medical Practice* (General Medical Council, 2013a). Revalidation involves a continuing evaluation of your fitness to practise and is based on local systems of appraisal and clinical governance.

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 Good Medical Practice Framework for Appraisal and Revalidation* (General Medical Council, 2013b). Some of the supporting information needed will come from organisations' clinical governance systems and the required information should be made available by the employer or designated body.

The GMC has set out its generic requirements for medical practice and 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.

Doctors should therefore ensure they are familiar with the following:

- *Good Medical Practice*
- *Good Medical Practice Framework for Appraisal and Revalidation*
- *Supporting Information for Appraisal and Revalidation* (General Medical Council, 2012a)
- *Supporting Information for Appraisal and Revalidation: Guidance for Psychiatrists* (this document).

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

In order to revalidate, you must collect supporting information as set out in the GMC's *Supporting Information for Appraisal and Revalidation*:

- general information about you and your professional work
- keeping up to date

- review of practice
- quality improvement activity
- significant events
- feedback on professional practice
- colleague feedback
- patient and carer feedback
- complaints and compliments.

You must participate in appraisals when you should expect to discuss with your appraiser your practice, professional performance and supporting information, as well as your professional career aspirations, challenges and development needs. Among other things, your appraiser will want to be assured that you are making satisfactory progress in obtaining appropriate supporting information for revalidation.

The purpose of this document

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.

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 psychiatry on the information that you should present to demonstrate that you are keeping up to date and fit to practise. We recommend that you read this document along with the GMC's guidance on supporting information for appraisal and revalidation (General Medical Council, 2012a).

Although the types of supporting information are the same for all doctors, you will find in this document specific additional advice for psychiatry. 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) (NHS Revalidation Support Team, 2013); for those in Scotland, in *A Guide to Appraisal for Medical Revalidation* (National Appraisal Leads Group, 2012); and for those in Wales, in the *All Wales Medical Appraisal Policy* (Revalidation and Appraisal Implementation Group, 2012).

Not all of the supporting information described needs to be collected every year, although some elements are required, or should be reviewed, annually. This is stipulated in this report under 'Requirements'. Doctors should feel free to provide additional information that reflects higher quality or excellent practice for discussion at appraisal if they wish, but failure to do so should not put revalidation at risk provided that the essential requirements are met.

If you are unable to provide an element of the core supporting information and you wish to bring alternative or additional information to your appraisal, this will be evaluated by the appraiser and may be accepted with the agreement of your responsible officer. 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, but by definition with substantial vicarious responsibility for the standard of patient

care. Some supporting information will not be appropriate for every doctor (for example, patient feedback for doctors who do not have direct patient contact – further guidance on other potential sources of feedback can be found below).

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 has influenced your current and future practice (Academy of Medical Royal Colleges, 2012a).

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 other times. In addition to advice from your appraiser and responsible officer you should consider seeking advice from the revalidation helpdesk of the Royal College of Psychiatrists (revalidation@rcpsych.ac.uk). It is important not only that you collect sufficient information for revalidation, but that the information is relevant and of good quality, with adequate reflection on learning and professional development.

Using forms and templates can help guide your reflection and organise your supporting information. A range of these are available on the revalidation pages of the College website (www.rcpsych.ac.uk/workinpsychiatry/revalidation.aspx) and in the appendices to this document, and can be used to record your supporting information. Advice on which to use may be obtained from your appraiser, responsible officer or the College. Whichever template is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

The College recommends 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) on handling patient-identifiable information. No such information should appear in your appraisal documentation.

Introduction for psychiatry

The Royal College of Psychiatrists' aims for revalidation are:

1. Revalidation must command the confidence of patients, the public and the profession.
2. Revalidation should facilitate improved practice for all members of the College.
3. The process should identify those whose practice falls below acceptable standards and give advice and monitoring to allow revalidation to be reconsidered. There should be early warning of potential failure so remedial action can be taken.
4. The process should allow those who are working to College standards to revalidate without undue difficulty or stress.
5. There must be equity across the specialty, independent of differing areas of practice, working environments and geographical location.
6. Revalidation should be affordable and flexible, starting simply to allow further development.
7. The process should incorporate as far as possible information already being collected in clinical work and use existing tools and standards where available.

This document replaces the previous version of the College guidance on revalidation (CR172; Royal College of Psychiatrists, 2012) and builds on work undertaken by the AoMRC in response to feedback from doctors on the guidance provided by the College and the Academy.

Support and advice on appraisal and revalidation are available from a number of sources within the College; please visit the College revalidation website or email the revalidation helpdesk.

General information

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 • Your GMC number, demographic and relevant personal information as recorded on the GMC Register. Your 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 for your appraisal.
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. Some employers may require you to include your current job plan. 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 (e.g. absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (e.g. teaching, management and leadership, 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 the National Health Service (NHS), paid or voluntary, undertaken in specialty or subspecialty 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 approximate indication of the proportion of time that you spend on each activity should be provided. • If appropriate, summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser. Guidance • Some specialists will be required to present, in summary form, quantitative and qualitative information representing certain areas of their practice. Maintenance of a logbook may help with this and may be recommended by your College or Faculty. You may wish to include details of the size and roles of the team with which you work in order to clarify your own role.
Record of annual appraisal	Description • Signed-off 'Form 4' or equivalent evidence (e.g. appraisal portfolio record) demonstrating a satisfactory outcome of your previous appraisal. • Evidence of appraisals or other reviews from other organisations with whom you work.

General information: providing context about what you do in all aspects of your professional work	
Record of annual appraisal	Requirements • Required for every annual 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 (PDPs) and their review	Description • Access to the current PDP with agreed objectives developed as an outcome of your previous appraisal. • Access to previous PDPs. Requirements • The current PDP will be reviewed to ensure that the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding PDP objectives that are still relevant should be carried over to the new agreed PDP. • 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. Guidance • The content of your PDP should, where relevant, encompass development needs across any aspect of your work as a doctor.

Probity	Description
	• 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 (General Medical Council, 2012b).
	• Your supporting information should include a signed self-declaration confirming the absence of any probity issues and stating:
	  ◦ that you comply with the obligations placed on you, as set out in *Good Medical Practice*
	  ◦ 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* (General Medical Council, 2008a), and to your employing or contracting organisation if required
	  ◦ that you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interest in your professional work – see the GMC document *Conflicts of Interest* (General Medical Council, 2008b; 2013c) and those relevant to your employing or contracting organisation if required (e.g. 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.
	Requirements
	• Required for every annual appraisal.
	Guidance
	• The format of the self-declaration should reflect the scope of your work as a psychiatrist. You should consider the GMC ethical guidance documents relevant to your professional or specialty practice, e.g. *0–18 Years: Guidance for All Doctors* (General Medical Council, 2007).

General information: providing context about what you do in all aspects of your professional work	
Health	**Description** ● 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. **Requirements** ● Required for every annual appraisal. **Guidance** ● The scope of the self-declaration should reflect the nature of your work and any specialty-specific requirements.
	Information relevant to psychiatry ● Examples of self-declarations relating to probity and health are provided in appendices 2 and 3.

Keeping up to date

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

- 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 (General Medical Council, 2012c).
- CPD may be:
  - clinical – including any specialty- or subspecialty-specific requirements
  - non-clinical – including training for educational supervision, training for management or academic training.
- Colleges and Faculties have different ways of categorising CPD activities, see relevant guidance for information.
- 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 (not all of the CPD undertaken should relate to an element of the PDP, but a sufficient amount should do so to demonstrate that you have met the requirements of your PDP)
  - reflection and confirmation of good practice or new learning/practice change where appropriate
  - normally, achievement of at least 50 credits per year of the revalidation cycle is expected and at least 250 credits over a 5-year revalidation cycle; where circumstances make this impossible, please refer to specialty guidance.

Guidance

- You should take part in CPD as recommended by your College or Faculty. The ultimate responsibility for determining an individual doctor's CPD rests with the doctor and their appraiser. Many will require specific advice on the type of CPD required (e.g. if the appraiser is from a different specialty); such guidance can be obtained from the College or Faculty most relevant to the doctor's area of practice. Many Colleges and Faculties also run CPD approval schemes, which doctors may benefit from joining.
- The Royal College of Psychiatrists' guidance on CPD is available on the College website (www.rcpsych.ac.uk/workinpsychiatry/cpd.aspx). Your CPD activity should cover all aspects of your professional work and should include activity that covers your agreed PDP objectives. It is important to recognise that 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 a reflection on the learning gained and the likely effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal, together with a certificate from your College or Faculty if this is available. For revalidation a cumulative 5-year record of your CPD activity should be provided.

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

Information relevant to psychiatry

- CPD for psychiatrists may be:
  - Clinical: all educational activities that relate to the development of individual clinical and diagnostic skills or specialist knowledge update should be recorded in this category. Case-based discussions, lectures and seminars are all examples of clinical CPD.
  - Academic: academic activities may include postgraduate teaching, educational supervision, examining and publishing. You do not need to work in an academic post to claim credits in this section. Clinical audit, teaching and research are all forms of academic CPD.
  - Professional: professional activities are those that promote organisational, managerial, legal, administrative and other non-clinical skills. Peer group meetings, management training and information technology training all fall into this category.
- The content of the CPD will reflect the job of the psychiatrist and include an appropriate mixture of clinical, academic and professional activities. CPD should equip the doctor to meet the changing nature of their practice.
- The meeting of the CPD requirements for psychiatrists will be validated by a peer group chosen by the psychiatrist concerned. Further guidance on peer groups can be found on the College website (www.rcpsych.ac.uk/workinpsychiatry/cpd/pdp-practice.aspx#peer). If validation of CPD activity by a peer group is not possible, this will be carried out by the appraiser at appraisal.
- The College recommends that psychiatrists are in good standing with the College for CPD or have done equivalent CPD.

Review of your 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. 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; or (b) evaluating the impact and effectiveness of a piece of health policy or management practice. Audit and other quality improvement activity should reflect the breadth of your professional work over each 5-year revalidation period.	
Quality improvement activity	
Clinical audit (quality improvement)	**Description** • You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every 5-year revalidation cycle. If audit is not possible, other ways of demonstrating quality improvement activity should be undertaken (see below). **Requirements** • National audits: participation in national audits is expected where these are relevant to the specialty or subspecialty in which you practise. 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 the audit results should be reflected upon and documented. • Personal and local audit: improvement in the quality of your own practice through personal involvement in audit is recommended. A simple audit of medical record-keeping against agreed standards may be considered, but should be carried out in addition to, and not as a substitute for, other clinical audit activity. **Guidance** • Where required by the relevant College or Faculty, your specialty departments should ensure that formal programmes of audit are in place, reflecting key areas of specialty and/or subspecialty practice. Where this is the case, you should provide evidence demonstrating active engagement in local audit throughout a full audit cycle.
	Information relevant to psychiatry • In the Royal College of Psychiatrists, relevant national audits are coordinated by the College Centre for Quality Improvement (CCQI) or the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) . • It will often be the case that the psychiatrist will work with others to undertake the audit. The participation of the psychiatrist will most importantly occur in the setting of standards and the drawing up and implementation of appropriate action. Participation in national audits (where individual or team results can be determined, e.g. the Prescribing Observatory for Mental Health) can be used as evidence of clinical audit as long as there is evidence of action plans, change implementation and re-audit. A template for recording a summary of your audit activity is available in Appendix 4.

Review of your practice: evaluating and improving the quality of your professional work	
Review of clinical outcomes	**Description** • Clinical outcomes that are used for revalidation should be robust, attributable and well validated. Even where this is not the case you may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of your practice. **Requirements** • Where national registries or databases are in place relevant to your practice you may be expected to participate in the collection and contribution to national, standardised data. Evidence of this participation should be made available for your appraisal. • 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 specialties, mainly interventionist or surgical 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, where needed, change in practice.
	Information relevant to psychiatry • The College is not recommending specific outcome measures to be used for revalidation at this stage. It is the College's view, however, that psychiatrists should be considering, with medical colleagues, the use of appropriate outcome measures as a way of working with patients to determine the benefit or otherwise of interventions chosen. • The College has published a report on the use of clinical outcome measures to assist in the choice of relevant measures (Royal College of Psychiatrists, 2011). Using structured outcome measures to look at not only clinical progress but also outcomes relevant to patients is an example of good practice and a significant quality improvement activity. • Psychiatrists in managed-care organisations should work with managers to ensure that organisation-collected outcomes are made available for use in revalidation.
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 5-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.

Review of your practice: evaluating and improving the quality of your professional work	
	Information relevant to psychiatry • The College recommends that a minimum of ten case-based discussions be undertaken over a 5-year period (two per year). It will be the responsibility of each psychiatrist to ensure that an appropriate sample of their patient roster are included in case-based discussion. In order to achieve this, about two-thirds of case-based discussions should be chosen at random and a third should be chosen by the psychiatrist being appraised. The purpose of random selection is to provide reassurance that care is satisfactory for cases that the psychiatrist has not explicitly selected. The purpose of allowing a proportion of cases to be selected is to ensure that cases discussed over a 5-year cycle broadly reflect the diagnostic case-mix of the psychiatrist's workload. Selection also allows the psychiatrist to discuss the management of complex cases that they consider would be of value for their own personal development. • Guidance as to how to conduct a case-based discussion is given in Appendix 5, with a template for recording the discussion in Appendix 6. Case-based discussion may take a one-to-one format but could involve more than one colleague and occur, for example, in the context of a peer group or supervision. If more than one colleague is involved in the process, one person will be responsible for completing the case discussion summary sheet with the ratings and action plans. • Case-based discussion is not the only workplace-based assessment (WPBA) that might be of value in revalidation. If psychiatrists wish to use other techniques, for example direct observation of practice by a colleague, this information can be included in the evidence set out at appraisal and would be a reasonable alternative to a case-based discussion.
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 (General Medical Council, 2012a). • You should ensure that you are familiar with your organisation's local processes and agreed thresholds for recording incidents. • It is not the appraiser's role to conduct investigations into serious events. **Requirements** • If you have been directly involved in any SUIs since your last appraisal, you must provide details based on data logged by you or on local (e.g. your NHS employer where such data should be routinely collected) or national (e.g. National Reporting and Learning System) incident reporting systems. If you have been directly involved in any clinical incidents, these should also be summarised, together with the learning and action taken 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 of the event, any potential or actual adverse outcomes and evidence of 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 to that effect should be presented at your annual appraisal.

Review of your practice: evaluating and improving the quality of your professional work	
Clinical incidents, significant untoward incidents (SUIs) or other similar events	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 psychiatry ● A structured format for documenting reflection on significant events in provided in Appendix 7.

Feedback on your practice

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 5-year revalidation cycle and presented to your appraiser.	
Colleague feedback	**Description** • 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 (2011). The results should be reflected upon and any further development needs should be addressed. **Requirements** • 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. **Guidance** • The selection of raters/assessors should represent the whole spectrum of people with whom you work. The results should be benchmarked, where data are available or accessible, against other doctors within the same specialty.
Feedback from patients and/or carers	**Description** • 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 on and any further development needs addressed. **Requirements** • At least one patient feedback exercise should be undertaken in each revalidation cycle. You may want to consider gathering your patient feedback early in the revalidation cycle in case the exercise has to be repeated. **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. 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. • If you believe that you cannot collect feedback from patients, you should discuss this (as well as proposed alternatives) with your appraiser.

Feedback on your practice: how others perceive the quality of your professional work	
	Information relevant to psychiatry • The College recommends the use of the ACP 360 MSF system, which has been designed specifically for psychiatrists (www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/acp360.aspx). Using this tool enables psychiatrists to be compared with their colleagues and provides a useful benchmark against which to draw up appropriate actions. • For patient and/or carer feedback, a complete spectrum of the patients that you see should be included when seeking this type of feedback, where practicable. Particular attention should be given to the inclusion of patients with communication difficulties (where relevant). The College recognises the important role that carers play and recommends that, where possible, psychiatrists obtain feedback from carers. • A summary of the colleague and patient feedback findings to be included in appraisal documentation is provided in the appendices (8 and 9).
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 5-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 they have met the minimum training requirements set by the GMC for these roles.
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 response 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 – employed either within your clinical area or any other arena in which you work (e.g. university) – 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.
Compliments	**Description** • A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team.

Feedback on your practice: how others perceive the quality of your professional work	
Compliments	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, relationships with others, learning and development. Some Colleges and Faculties have developed tools and forms to help document and structure this reflection.
	Information relevant to psychiatry ● A structured format for documenting reflection on complaints is provided in Appendix 10.

Other revalidation issues

The principles of revalidation are the same whether a doctor works for a small organisation, a large organisation, a locum agency or is self-employed. However, although standards for staff and associate specialist (SAS) doctors, consultants and other grades of doctor are the same, the supporting information may need to be adapted to reflect different practice environments.

Private and independent practice

Psychiatrists working outside of the NHS may find that the College's Private and Independent Practice Special Interest Group (PIPSIG) is able to offer advice tailored to their situation. Psychiatrists working wholly for the mental health review tribunal service are able to revalidate using an adapted revalidation system. More information on this can be found on the College revalidation pages.

Routes to designated bodies

For psychiatrists in non-standard employment, the most significant challenge can be the identification of a designated body. The most comprehensive source of advice on this issue is the GMC website (www.gmc-uk.org/doctors/revalidation/12387.asp), which includes an algorithm to help doctors find their designated bodies.

Retirement

Please consult the GMC's booklet for advice and guidance for doctors thinking about retirement (General Medical Council, 2014).

Remediation and returning to work

The AoMRC will coordinate the development of a strategy for remediation for struggling doctors. Up-to-date information on remediation can be found on the AoMRC website (www.aomrc.org.uk/revalidation/revalidation.html).

AoMRC has also published a comprehensive guide aimed at doctors planning to return to practice after a break from work (Academy of Medical Royal Colleges, 2012b).

Management

Psychiatrists with management roles may want to link with the revalidation advice provided by the Faculty of Medical Management and Leadership (www.fmlm.ac.uk/professional-development/revalidation-and-appraisal).

Role of the appraiser

The appraiser needs to ensure that medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. Appraisers must be selected, trained, supported and evaluated in line with guidance (NHS Revalidation Support Team, 2014). Further information is available from the GMC (General Medical Council, 2013a).

Electronic revalidation portfolios

England

At present, there is no single system for psychiatrists and other doctors in England to use to collate and record their supporting information for the purposes of appraisal and revalidation. Where local systems have been implemented by trusts, agencies and other employing bodies, the expectation would be that psychiatrists use those systems as they provide crucial organisation-wide data for medical leaders.

Where psychiatrists are working outside of managed structures or do not otherwise have access to appraisal or revalidation portfolios, there are two main options:

1 The College provides to members, free of charge, an online revalidation portfolio for compiling, storing and managing the supporting information they will need for revalidation. The revalidation portfolio was launched in 2013 and has embedded within it specialty-specific guidance notes to help psychiatrists manage and reflect upon their supporting information. Further information is available from the College website.

2 NHS England provides an interactive PDF (Medical Appraisal Guide (MAG) Model Appraisal Form) that allows doctors and appraisers to enter information and attach documents before and after an appraisal meeting (www.england.nhs.uk/revalidation/appraisers/mag-mod/).

Scotland

A standardised portfolio based on the Scottish Online Appraisal Resource (SOAR) can be found at the Medical Appraisal Scotland website (www.scottishappraisal.scot.nhs.uk).

Wales

A standardised portfolio based on GP appraisal documentation can be found at the Medical Appraisal and Revalidation System (www.marswales.org).

Northern Ireland

Appraisal documentation for psychiatrists working in Northern Ireland can be found on the Northern Ireland Department of Health, Social Services and Public Safety website (www.dhsspsni.gov.uk/pay_and_employment-appraisal_doctors_dentists).

Appendix 1. Summary of supporting information required for revalidation

Summary of supporting information required for revalidation					
Revalidation cycle	Year 1	Year 2	Year 3	Year 4	Year 5
General information					
Personal details	•	•	•	•	•
Scope of work	•	•	•	•	•
Annual appraisals	•	•	•	•	•
PDPs	•	•	•	•	•
Statement of health	•	•	•	•	•
Statement of probity	•	•	•	•	•
Keeping up to date					
CPD annual statement	•	•	•	•	•
Review of your practice					
Clinical audit cycle	One complete audit cycle in each 5-year revalidation cycle				
Review of clinical outcomes	Annual use of appropriate measures where available				
Case-based discussion (two per year)	•	•	•	•	•
Significant events (summary)	•	•	•	•	•
Feedback on your practice					
Colleague feedback	One colleague MSF exercise each 5-year revalidation cycle				
Patient/carer feedback	One patient feedback exercise each 5-year revalidation cycle				
Educational feedback	One feedback exercise each 5-year revalidation cycle (if relevant)				
Formal complaints	•	•	•	•	•
Compliments	•	•	•	•	•

CPD, continuing professional development; MSF, multi-source feedback; PDP, personal development plan.

Appendix 2. Example probity self-declaration

Probity is at the heart of medical professionalism. It means being honest and trustworthy and acting with integrity. It is covered in paragraphs 53–80 of *Good Medical Practice* (General Medical Council, 2013a).

A statement of probity is a declaration that you accept the professional obligations placed on you in *Good Medical Practice* in relation to probity. It also includes the requirement to inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.

If you are suspended from a medical post or have restrictions placed on your practice, you must, without delay, inform any other organisations for which you undertake medical work and any patients you see independently.

Good Medical Practice provides guidance on issues of probity as follows:

- being honest and trustworthy
- providing and publishing information about your services
- writing reports and CVs, giving evidence and signing evidence and signing documents
- research
- financial and commercial dealings
- conflicts of interest.

Probity declaration

I accept the professional obligations placed upon me in paragraphs 53–80 of *Good Medical Practice*: **Yes/No**

Convictions, findings against you and disciplinary action

Since my last appraisal/revalidation I have not, in the UK or abroad:

- been convicted of a criminal offence nor do I have proceedings pending against me: **Yes/No**
- had any cases considered by the GMC, or any other professional regulatory body, or licensing body nor do I have any such cases pending against me: **Yes/No**
- had any disciplinary actions taken against me by an employer or contractor nor have I had any contract terminated or suspended on grounds relating to my fitness to practise: **Yes/No**

If you do not accept the probity self-declaration or have not been able to answer 'yes' for any of the statements above, please provide details:

.....

Name: .....

GMC number: .....

Date accepted: .....

Appendix 3. Example health self-declaration

A statement of health is a declaration that you accept the professional obligations placed on you in *Good Medical Practice* (General Medical Council, 2013a) about your personal health. *Good Medical Practice* provides the following guidance.

Registration with a GP

You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.

Immunisation

You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.

A serious condition that could pose a risk to patients

If you know that you have, or think you might have, a serious condition that you could pass on to patients, of if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

Health declaration

I accept the professional obligations placed upon me in paragraphs 28–30 of *Good Medical Practice*: **Yes/No**

If 'no' please provide details:

.....

Name: .....

GMC number: .....

Date accepted: .....

Appendix 4. Audit form

Requirement: one per 5-year cycle

Audit form
Measurement/audit title:
Date of data collection/audit:
Reason for choice of measurement/audit:
Standards set:
Audit findings:
Learning outcome and changes made:
New audit target:
Final outcome after discussion at appraisal (complete at appraisal, considering how your outcome will improve patient care):

Appendix 5. Case-based discussion guidance notes

- The psychiatrist being assessed should either identify a case for case-based discussion or provide the assessor with a list of anonymised case records, for instance case numbers from which the assessor can select two. The psychiatrist being assessed should then choose one of these two for the case-based discussion. The purpose of this is to have both a random component to the selection of cases and also the opportunity for the psychiatrist being assessed to ensure the cases chosen reflect the broad mix of their case-load.
- The assessor should have the opportunity to review the case notes in advance to pull out the key issues that he/she wishes to discuss in the assessment.
- A non-interrupted hour should be set aside for the case-based discussion.
- Case-based discussion need not be solely a one-to-one meeting but can occur in a group setting. If this is the case, one psychiatrist should lead the assessment.
- The assessor should lead the discussion through the key areas of clinical practice being assessed. It is not expected that each of the areas will be assessed in the same level of detail. The areas to focus on depend on the clinical case and the psychiatrist's involvement.
- Following the discussion, each of the eight standards being assessed should be rated on a 0–4 scale. It is expected that the most usual rating will be 2 (consistent with independent practice). Areas in which there are suggestions for development should be rated 1. Areas of good practice should be rated 3 or 4.
- The main purpose of case-based discussion is developmental. It is important that colleagues give constructive feedback to each other to facilitate a developmental process. It is not expected that psychiatrists would be exceeding or excelling in all areas of each case that is discussed.
- Each psychiatrist is required to undertake ten case-based discussions over a 5-year cycle and no more than three should be done with one individual to have a minimum of four assessors commenting on cases over a 5-year cycle.

Appendix 6. Case-based discussion template for psychiatrists

Doctor's name:	Date of discussion:
Assesor's name:	Assessor's registration number:
Diagnosis:	
Focus of this CbD:	

Good Psychiatric Practice (GPP) standards					
Standards assessed	GPP standard not assessed	Inconsistency in meeting standards	Meets GPP standards and consistent with independent practice	Exceeds at standards of GPP	Excels at standards of GPP
	0	1	2	3	4
1. Assessment					
2. Diagnosis					
3. Risk assessment					
4. Treatment plan and delivery					
5. Knowledge of treatment options					
6. Record-keeping					
7. Communication with professionals					
8. Communication with patients and carers					

Good practice:	Suggestions for development:
Agreed action:	
Assessor's signature	

CbD, case-based discussion.

Appendix 7. Significant event audit structured reflective template

Requirement: one for each significant event

Significant event audit structured reflective template
Date of significant event:
Description of events:
What went well?
What could have been done better?
What changes have been agreed? **Personally:** **For the team:**
Final outcome after discussion at appraisal (complete at appraisal, considering how your outcome will improve patient care):

Appendix 8. MSF (colleagues) structured reflective template

Multi-source feedback (colleagues) structured reflective template
Date of feedback:
Number of colleagues giving feedback:
Feedback scheme used:
Name and designation of person who collated and gave feedback:
Main outcomes of feedback (look at positive outcomes as well as learning needs):
What learning might I undertake? (It may help to separate learning from changing your behaviour. So, rather than 'I will show more respect to nursing colleagues', it might be more productive to undertake learning that develops your understanding of the benefits of the diversity of teams. Your ideas in this section can be discussed further with your appraiser)
Final outcome after discussion at appraisal (complete at appraisal, considering how outcome will improve patient care):

Appendix 9. MSF feedback (patient/carer) structured reflective template

Multi-source feedback (patient/carer) structured reflective template
Date of feedback:
Number of patients/carers giving feedback:
Feedback scheme used:
Name and designation of person who collated and gave feedback:
Main outcomes of feedback (look at positive outcomes as well as learning needs):
What learning might I undertake? (e.g. 'to think about feedback from patients/carers from marginalised groups', 'to consider involvement with a local patient or carer group')
Final outcome after discussion at appraisal (complete at appraisal, considering how outcome will improve patient care):

Appendix 10. Complaint report structured reflective template

One form per complaint

Complaint report structured reflective template
Date of complaint:
Key issues of complaint:
Involvement of other bodies (responsible organisations/NCAS/GMC/other):
If resolved, what were the findings?
What did I learn from this complaint?
How will my practice change?
Final outcome after discussion at appraisal (complete at appraisal, considering how your outcome will improve patient care):

GMC, General Medical Council; NCAA, National Clinical Assessment Service.

References

Academy of Medical Royal Colleges (2012a) *Academy Reflective Template for Revalidation*. AoMRC.

Academy of Medical Royal Colleges (2012b) *Return to Practice Guidance*. AoMRC.

General Medical Council (2007) *0–18 Years: Guidance for All Doctors*. GMC.

General Medical Council (2008a) *Reporting Criminal and Regulatory Proceedings Within and Outside the UK*. GMC.

General Medical Council (2008b) *Conflicts of Interest: Supplementary Guidance*. GMC (http://www.gmc-uk.org/static/documents/content/Conflicts_of_interest.pdf).

General Medical Council (2011) *Ready for Revalidation: Guidance on Colleague and Patient Questionnaires*. GMC.

General Medical Council (2012a) *Supporting Information for Appraisal and Revalidation*. GMC.

General Medical Council (2012b) *Raising and Acting on Concerns about Safety*. GMC.

General Medical Council (2012c) *Continuing Professional Development: Guidance for All Doctors*. GMC.

General Medical Council (2013a) *Good Medical Practice*. GMC.

General Medical Council (2013b) *The Good Medical Practice Framework for Appraisal and Revalidation*. GMC.

General Medical Council (2013c) *Financial and Commercial Arrangements and Conflicts of Interest*. GMC.

General Medical Council (2014) *GMC Revalidation: FAQs for Retired Doctors and Those Preparing to Retire*. GMC.

National Appraisal Leads Group (2012) *A Guide to Appraisal for Medical Revalidation* (updated March 2014). NHS Scotland.

NHS Revalidation Support Team (2013) *Medical Appraisal Guide: A Guide to Medical Appraisal for Revalidation in England* (Version 4). NHS Revalidation Support Team.

NHS Revalidation Support Team (2014) *Quality Assurance of Medical Appraisers: Engagement, Training and Assurance of Medical Appraisers in England* (Version 5). NHS Revalidation Support Team.

Royal College of Psychiatrists (2011) *Outcome Measures Recommended for Use in Adult Psychiatry* (OP78). Royal College of Psychiatrists.

Royal College of Psychiatrists (2012) *Revalidation Guidance for Psychiatrists* (CR172). Royal College of Psychiatrists.

Revalidation and Appraisal Implementation Group (2012) *'Designated Body': Medical Appraisal Policy v0.6*. RAIG.