

## Revalidation Support Team

www.revalidationsupport.nhs.uk  
general-enquiries@rst.nhs.uk

### Revalidation training for current appraisers:

---

### Supporting information scenarios: discussion points

Scenario	Discussion point
<b>No documentation received by mutually agreed date</b>	No matter how inexperienced doctors are in appraisal, they are professionals and should value the appraisal process sufficiently to provide the appraiser with documentation in adequate time to prepare. It is reasonable for the appraiser to ask to postpone the appraisal in these circumstances, although rarely the appraiser may judge that it is more appropriate to accept the documentation with only a very short time to prepare or to go ahead with no documentation at all, particularly if it is a first appraisal, in order to understand the issues better. The local appraisal policy may have strict guidelines or the appraiser may have some discretion depending on circumstances.
<b>Handwritten documentation (illegible)</b>	If the documentation provided is illegible, the appraiser is in the same position as if no documentation had been provided at all (see above)
<b>Handwritten documentation (legible)</b>	<p>Most designated bodies are strict and demand that the professional documents for appraisal should be typed so that they are legible. Appraisers need to know what the local appraisal policy is / what leeway they have to flex the policy. Patient feedback may take the form of a handwritten card or letter and this is usually acceptable as long as it is legible.</p> <p>If the appraisal policy does not specify typed documents and the appraiser is able to prepare, then, in year one, it may be reasonable to go ahead with the appraisal with entirely handwritten documentation (as long as it is legible).</p>

<p><b>Typed documentation, no summary, PDP or mandatory information included, <u>no previous appraisal</u></b></p>	<p>The appraisal documentation specifically asks for the previous years' summary and PDP(s) because without these there is no handover from one appraisal to the next. In the first year, there will not be a previous summary or PDP to include, if a doctor has not been part of an appraisal system previously. The appraisal should go ahead and the appraiser should highlight to the doctor the importance of these documents for future years</p>
<p><b>Typed documentation, no summary or personal development plan (PDP) included, <u>has had previous appraisal(s)</u></b></p>	<p>A doctor who has been involved in appraisal in previous years should be able to provide the summary and PDP from the previous year even in the first year of revalidation, and be aware of their importance in providing the handover from one appraisal to the next.</p> <p>The appraisal discussion should be postponed unless there is exceptionally good reason. However, the appraiser must have discretion to go ahead if the documents are not forthcoming after all reasonable attempts to retrieve them have been made. The doctor should know that failure to provide the previous PDP will mean that the statement about the progress with the previous PDP cannot be signed off and so the issue will be highlighted to the responsible officer. Although it may be possible to sign off the PDP statement, without the summary, the handover from one year to the next has been compromised and this omission (plus explanation) should be flagged to the responsible officer if a decision is made for the appraisal to go ahead.</p>
<p><b>Previous PDP and summary included but organisational mandatory information not included</b></p>	<p>Some organisations and specialities have mandatory training requirements that the doctor should demonstrate in the portfolio of supporting information according to local policy. While this is not a GMC requirement, the policy may be very clear that the appraisal should not go ahead without such documentation, in which case, postpone. Alternatively, the appraiser may have discretion to go ahead and explore the context for failure to achieve the mandatory requirement and it may be an appropriate PDP objective for the coming year. Appraisers need to know what their local policy says</p>

<p><b>GMC guidance on supporting information met but college or faculty recommendations not fully met</b></p>	<p>If supporting information does not meet college or faculty guidance, the appraiser needs to judge whether the doctor is working in exceptional circumstances and whether it does meet GMC guidance. Normally, the appraisal can go ahead but it will be important to explore context and include appropriate items on PDP and / or flag up issues to the responsible officer for support if necessary.</p>
<p><b>Supporting information does not appear balanced across the whole scope of work (e.g. light on the clinical role CPD)</b></p>	<p>The GMC guidance is clear that the doctor must provide supporting information in the six categories (over the five years) for all medically related roles. In year one of revalidation, many doctors will not fully appreciate the new requirement to provide supporting information across the whole of the scope of work. The appraisal discussion provides the forum to explore this and to develop suitable strategies for collecting the information needed for the subsequent years.</p> <p>The context and the detail of what is undertaken in each role will determine what constitutes sufficient CPD to remain up to date and fit to practise. The appraiser may feel that the CPD for the clinical role has been neglected in favour of other roles. This is a five year process and the balance can be redressed in subsequent years if the issue is made explicit and understood by the doctor. The appropriate level of CPD for each role will depend on the level of complexity of the work undertaken and how supervised the work is. Speciality guidance will need to be taken into account. Suitable PDP objectives can drive improvements in balance across the scope of work.</p>
<p><b>Supporting information is present but does not include reflection on impact, outcomes or changes in behaviour</b></p>	<p>Reflection on impact and outcomes and changes in behaviour are what drive quality improvements in care. The appraiser has a vital role in facilitating this reflection and promoting development. The appraisal discussion provides the protected time to support the doctor in improving these areas in the portfolio of supporting information. Suitable PDP objectives may need to be created to provide the focus on quality improvement.</p>