## Appendix C:

## Assessing supporting information in context of volume of work

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| **Function of this appendix** |
| This appendix sets out advice about the considerations a doctor, their appraiser and their responsible officer\* may make in respect of assessing a doctor’s supporting information in the context of the volume of the doctor’s work.There is a generally recognised perspective that for many roles, the greater volume of work a doctor does in the role the easier it is for them to gather sufficient supporting information to demonstrate fitness to practise, and conversely the lower their volume of work the more challenging this is.It is therefore appropriate to make some degree of assessment in respect of a doctor’s volume of work in a role and whether as a result their supporting information is sufficient to permit a revalidation recommendation by the responsible officer.It is not possible to define a generic minimum volume of work applicable to all roles. These matters must be considered on the basis of a spectrum of safety, and so clearly delineated universal categories are neither definable nor appropriate. For many roles an apparently low volume of work is compatible with fitness to practise in that role and will still permit the gathering of an acceptable portfolio of supporting information. Conversely in other roles an apparently greater volume of work may not be compatible with fitness to practise in that role and the gathering of sufficient information to demonstrate this.The professional judgements of the doctor, their appraiser and the responsible officer are key components in each individual circumstance.In the interests of clarity, this appendix provides advice to a doctor, their appraiser and their responsible officer primarily on assessing whether the doctor’s volume of work permits them to gather sufficient supporting information, not whether their volume of work indicates fitness to practice or otherwise. |
| **In all situations:*** A full suite of supporting information covering the doctor’s full scope of work is expected, including all six types of information as defined by the GMC (Box 1).
* It should not be assumed that a high volume of work in a role automatically implies that the supporting information will be sufficient.
* Some crossover of supporting information between areas of scope of work might be appropriate, e.g. a patient and colleague feedback exercise in one area might be sufficient to cover another area.
* The local checklist of agreed expected information should be applied if there is one.
* The doctor must assess their supporting information as being sufficient to demonstrate fitness to practice in line with GMC requirements, College guidelines and any local requirements prior to submitting their documentation to the appraiser.
* It is good practice for the doctor to consider their fitness to practice in the context of the volume of their work in each of their roles, and note this for discussion with their appraiser if appropriate.
* If the doctor is unable to state with confidence that their supporting information is sufficient they should seek advice from the person with clinical governance responsibility in that area of work, and/or their appraiser, prior to submitting their documentation for appraisal.
* The appraiser must make an assessment that the doctor’s supporting information appears to be sufficient before the appraisal meeting takes place, taking into account GMC requirements, College guidance and any local requirements.
* The appraiser may communicate with the doctor and if necessary with the responsible officer prior to appraisal if unable to state with confidence that the supporting information is sufficient.
* The appraisal may need to be postponed until a sufficient portfolio of supporting information is presented by the doctor.
* Factors to consider include:
	+ The likelihood of risk to patient safety, direct or indirect
	+ The quality of the information presented by the doctor and the quality of their reflection on it
	+ The potential relevance of supporting information presented in relation to other areas of work
	+ The degree to which the doctor has successfully compensated for a low volume of work, for example by increasing their level of CPD activity
	+ Whether the doctor’s volume of work in the area in question is in keeping with that of other doctors working in the same area
	+ Whether, if relevant guidance on the matter exists, for example from a College, the doctor has shown that they are acting in compliance with this or explained why it is not relevant
	+ The level of proactivity exhibited by the doctor in terms of seeking out help and advice on how to demonstrate their fitness to practise
	+ Whether previous discussions at appraisal and elsewhere have addressed the issue, and whether the doctor has acted in accordance with the agreed approach.

**Communication to the responsible officer:*** It may be appropriate to include a comment on the impact of the doctor’s volume of work in one or more areas of their scope of work in the appraisal outputs.
* The appraiser may on occasion find it helpful to discuss the matter with the responsible officer, prior to and/or after the appraisal meeting, before signing off the appraisal outputs.
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| **When a doctor’s volume of work is low**  |
| **Suggested approach:*** In many professional roles a doctor whose volume of work is low will still find it straightforward to gather a portfolio of supporting information, which the appraiser can confirm is sufficient to demonstrate fitness to practise in line with GMC requirements.
* However, as the volume of work diminishes a doctor and their appraiser should to start to bear the potential implications of this in mind. As the doctor’s volume of work continues to drop they may find it increasingly challenging to gather sufficient supporting evidence, perhaps particularly in respect of quality improvement activities and feedback from patients and colleagues. Increasing care will be required to ensure that their supporting information is sufficient to demonstrate fitness to practice. This may include the presentation of sufficient CPD activities to counterbalance reduced professional exposure in that area.
* The doctor should be increasingly prepared to refer to the implications of their volume of work in their appraisal submission using the factors above to frame the discussion.
* The appraiser should be increasingly ready to raise the matter on review of the doctor’s portfolio prior to the appraisal or at the appraisal meeting, whether or not the doctor has referred to it in the submission.
* Both doctor and appraiser should be increasingly proactive about discussing the matter at appraisal.
* It will become progressively more important to refer to the possible implications of the doctor’s volume of work in the appraisal outputs, especially when the volume of work diminishes to very low levels.

**Communication to the responsible officer:*** Communication via the appraisal outputs will be sufficient in many cases.
* The appraiser will find it increasingly appropriate to discuss the matter with the responsible officer, prior to and/or after the appraisal meeting, before signing off the appraisal outputs, especially when the volume of work diminishes to very low levels.
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\*The term ‘responsible officer’ includes the responsible officer or other person with delegated responsibility (this may include a revalidation or appraisal lead, or a senior appraiser), or GMC-approved ‘suitable person’ or other appropriate GMC personnel (where the doctor’s revalidation is directly managed by the GMC).

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

*This form has been extracted from, and should be used in accordance with, the NHS England Improving the Inputs to Medical Appraisal document, April 2016, Annex C: Assessing supporting information in context of volume of work, available here:* [*https://www.england.nhs.uk/revalidation/appraisers/improving-the-inputs-to-medical-appraisal/*](https://www.england.nhs.uk/revalidation/appraisers/improving-the-inputs-to-medical-appraisal/)

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