

Supporting Information

This section will help you to understand the requirements for the evidence required for your appraisal and, subsequently, your revalidation.

This FAQ section should be cross-referenced with those for Appraisees - [Engagement with Appraisal](#) and [Filling in the Paperwork](#).

Where can I find the guidance on what is considered as CPD? For example, are meetings considered an accepted form and do they count for learning hours?

Refer to the [GMC site](#) and to the [RCGP Guide to supporting information for appraisal and revalidation 2018](#) for supporting information. As an example, meetings can be learning activities if you learn something and you are able to demonstrate or have considered where it could make a difference to your practice. It is possible to learn from meetings you have not actually attended, which could be captured and claimed with a reflective note.

Am I allowed to include any third party-identifiable information in my appraisal documentation?

The Information Governance training that you should have undertaken states that personal sensitive information should never be shared in such a way that it could be used to identify or contact an individual who had not explicitly given permission for their information to be used in that way.

You should avoid including, and remove or redact any supporting information used in the portfolio, that contains third party-identifiable information. The [guidance](#) given from the RCGP is to use a reflective note in the portfolio and bring any non-anonymised supporting information in a paper portfolio that can be cited by the appraiser but is not shared electronically. This applies particularly to significant events, complaints, and compliments.

Documents that have email addresses for others included (unless those are in the public domain) are unacceptable and should therefore be presented as paper copies and instead cited by the appraiser if relevant. It is good practice to refer to the person's role and not their name, eg "one of my partners", "a practice nurse", etc.

Appraisal is not about the quantity of supporting information, it is about quality. The reflective note is of more value than the source material in the portfolio.

For more information, please read this useful [BMJ article](#).

I have seen conflicting information on whether a particular number of Significant Event Analysis (SEA) is required in any one year – what is the official guidance?

Primary Care Significant Event Analysis (SEA) is a very good type of Quality Improvement Activity (QIA), but it is not the only type and there is no GMC requirement (or RCGP recommendation) to include any particular number of SEA in any year, or even in the revalidation cycle.

The GMC define a Significant Event as a serious untoward or critical incident in which serious harm could have, or did, come to a patient. Any of these incidents, no matter how many, need to be subject to formal root cause analysis, multidisciplinary discussion, and a review to ensure that lessons learned are implemented. Declaring that there have not been any GMC-level Significant Events would be reasonable.

I'm unclear on how I should present my supporting information - does it all need to be electronic?

For this year's appraisal (2020-2021), there is no requirement for you to submit any written reflections on supporting information - verbal reflection during your appraisal discussion is acceptable. However, you can choose to submit reflections if you wish. As far as possible, they should be attached electronically, ensuring that they are appropriately anonymised (including reflections) so that no third party-identifiable data is used. Raw data, non-anonymised cards, etc, should not be scanned or attached and can be presented in paper form. If you prefer, you may bring hard (paper) copies of documentation to your appraisal for discussion with your appraiser but you need to be fully responsible for the security of these documents and adhere to good Information Governance guidelines. You also need to be aware that you will need to keep these paper documents for a period of five years after appraisal should the Responsible Officer need to see them in respect of your revalidation.

Is Level 3 Safeguarding an annual mandatory update?

Level 3 Safeguarding is a National Performers' List recommendation, not a Revalidation requirement. With this in mind however, an annual requirement can be dependent on the RO for the area. The RO for Wessex has agreed completing every three years is sufficient.

In the interim, it is important that you ensure you are confident in dealing with current safeguarding concerns.

If you feel a reminder is what you need, there are many online Level 3 updates to choose from outside of the mandatory update. The RO for Wessex also suggests reflecting on Safeguarding every year or an in-house update with the Safeguarding Lead.

I think I might struggle to get patient and/or colleague feedback - what can I do?

The coronavirus pandemic has meant that many doctors have been working in different ways, for example via telephone or video link remotely from home, which might make obtaining feedback more difficult than before. Collecting patient and/or colleague feedback can also be challenging for doctors working in a variety of different settings, for example, if you are working as a locum GP across various different surgeries, or if you don't have patients who are able to offer feedback.

The GMC has compiled some very helpful information on the subject of collecting feedback [HERE](#). They suggest ways in which doctors working across a variety of sites can obtain feedback, and cover other scenarios for doctors with patients who can't give feedback or who have limited patient contact. New feedback forms are being developed/have been developed which recognise the new ways of working, and seek feedback appropriately.

Is it appropriate for appraisal preparation and discussion to be included in a doctor's Continuing Professional Development?

Preparing for one's own appraisal (and the reflection that this requires), along with participating in the discussion itself, are both learning activities in their own right, as is the reflection after the appraisal on what the doctor has taken away from the discussion. Therefore, it is entirely acceptable to include this as CPD if the doctor so wishes, but is in no way a requirement.

I carry out a low volume of clinical work. Are there any special considerations I need to be making, in preparation for my appraisal?

There are a few resources available to help you to think about various issues relating to your working practice. [The Factors for Consideration Structured Reflective Template](#) (FFC SRT) has been developed by the AoMRC and RCGP for use as a framework to reassure us that we have the right protections in place for our patients and ourselves. Using this prompts our thoughts about different aspects of keeping up to date for what we actually do. It can be completed in writing or the questions used as prompts for verbal reflection - use it in whatever way is most helpful to you.

Alternatively, the BMA has produced this useful [guide](#) which includes a structured reflective template.