



Supporting information for appraisal and revalidation

Based on the Academy of Medical Royal Colleges framework document

August 2018

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You should consider what evidence demonstrates your strengths as well as areas of your

3. Supporting information



Continuous quality improvement involves evaluating whether a change is an improvement. Changes made should be shared and strengthened where they are an improvement or reversed where they are not.

QIA may take many forms, including, but not restricted to, taking action as a result of:

- cases – such as reflective clinical case reviews;
- data – such as large scale national audit, formal audit, review of personal outcome data, small scale data searches, information collection and analysis ('search and do' activities), plan/do/study/act (PDSA) cycles;
- events – such as learning event analysis (LEA) and significant event (SE) review (see the definition of SE)

You can also find examples of RCPCH-produced, affirmed or endorsed guidelines, against which you may audit your practice, at

<https://www.rcpch.ac.uk/resources/clinical-guidelines-standards>

E-learning resources designed to support quality improvement is accessible via the following link <https://www.rcpch.ac.uk/resources/quality-improvement-how-make-services-work-better-you-your-patients-elearning>

Additional clinical audit resources, documents and tools are available via the HQIP website. Alternatively, you may wish to contact the RCPCH Clinical Standards and Quality Improvement team.

3.3 Significant events

For the purposes of the GMC's guidance a significant event 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.

The purpose of collecting and reflecting on significant events

To allow you to review and improve the quality of your professional work.
To identify any patterns in the types of significant events recorded about your practice and consider what further learning and development actions you have implemented, or plan to implement to prevent such events happening again.

The GMC's requirements

You must declare and reflect on every significant event you were involved in since your last appraisal.
Your discussion at appraisal should focus on those significant events that led to a change in your practice or demonstrate your insight and learning. You must be able to explain to your appraiser, if asked, why you have chosen these events.
Your reflection and discussion should focus on the insight and learning from the event, rather than the facts or the number you have recorded.

The Academy's recommendations

You must be aware of the GMC definition of significant events as patient safety incidents.
Like all doctors, you must declare and reflect on all significant events in which you have been personally named or involved, and your reflections and actions agreed as a result must be provided in this section of supporting information and discussed during your annual appraisal.
Not all significant events need to be discussed in detail – you should choose those that have led to important learning and changes that have an impact on your practice.
All significant events should be reviewed to look at how actions and conditions interacted in contributing to the outcome. Where possible, any changes that can be made to protect patients should be considered and implemented and later reviewed to ensure that they are having the desired effect and no unintended consequences. Where appropriate, you should also reflect on this at your appraisal.
Significant events should be discussed with colleagues to maximise and share learning according to GMC requirements.
If you have not been personally named, or involved, in a significant event during the year, you should sign the statement to confirm there were none and include a reflective note about the systems that are in place to ensure that such events would be recognised and reported.
It is best practice to demonstrate that you are aware of how significant events are captured in all the organisations within which you work, across the whole of your scope of practice. You should know how to report any significant events that you become aware of and how to ensure, as far as possible, if you have been named, or involved, in any.

The RCPCH's recommendations

The RCPCH has developed a parent and carer feedback tool – PaedCCF – to support you. The PaedCCF tool has been developed and piloted extensively and is available as an outpatient and inpatient/intensive care version. Further information

guidance. You are expected to seek and act on feedback about all parts of your scope of practice over the five-year cycle, so you should choose an appropriate way to get meaningful feedback and discuss it with your appraiser. If there is an element of your practice for which you don't think you can collect colleague feedback you should discuss and agree this with your appraiser in advance.

3.6 Review of compliments and complaints

The purpose of gathering and reflecting on compliments and complaints

To identify areas of good practice, strengths and what you do well.

To identify areas for improvement, lessons learned and any changes to be made as a result.

To demonstrate you value patients' and others' concerns and comments about your work by making changes as a result of the feedback you have received.

The GMC's requirements

You must declare and reflect on all formal complaints made about you at your appraisal for revalidation. You should also reflect upon any complaints you receive outside of formal complaints procedures, where these provide useful learning. You do not have to discuss every complaint at your appraisal. You should select those that evidence your insight and learning into your practice, and those that have caused you to make a change to your practice. You must be able to explain to your appraiser, if asked, why you have chosen these complaints over others as part of your appraisal discussion.

At your appraisal, you should discuss your insight and learning from the complaints and demonstrate how you have reflected on your practice and what changes you have made or intend to make.

All organisations where doctors work should have appropriate complaints procedures, which should include all doctors who work in that organisation, including locums.

You should be aware of the complaints procedures for all the organisations in which you work and be kept fully informed of all formal complaints in which you are named.

You should include your reflection on all formal complaints in which you have been named, or involved, in your supporting information for your appraisal every year, although if the complaint is not yet resolved your reflection may be incomplete. Your reflections should consider how the complaint arose, your response and any further actions taken, or to be taken (and the results of those changes once available).

You do not have to discuss your reflection on every complaint at your appraisal if it has been fully discussed elsewhere but you should always declare all complaints and provide your personal reflection in the supporting information.

You may not have been personally named, or involved, in any complaints during the year, in which case you should declare that.

If a complaint in which you have been named remains unresolved over several years, you do not need to reflect on it in detail at every appraisal if no significant progress has been made, but you should acknowledge that there is an ongoing complaint every year in your annual declaration and include reflection about it at least once in every revalidation cycle.

All

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The Academy's recommendations

You should confirm that:

You have adequate and appropriate indemnity cover across the full scope of your work.

You have declared and discussed conflicts of interest and potential bias arising from your scope of work.

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 (for example undermining, bullying or harassment), that you have taken appropriate steps without delay, so that the concerns could be investigated, and patients protected where necessary.

