[**GMC Guidance on supporting information for appraisal and revalidation**](https://www.gmc-uk.org/-/media/documents/rt---supporting-information-for-appraisal-and-revalidation---dc5485_pdf-55024594.pdf?la=en&hash=1CA018A10A29AEEA7CDE433E0B901B97DFE96402) (code GMC/GSIAR/1120) - updated November 2020.

The below is a summary of changes to the GMC’s updated guidance. There are no fundamental changes to the supporting information you must provide for your annual appraisals. There is however a change of emphasis for all doctors and there is a change in the requirements for doctors who have direct patient (and for FPM, also volunteer) contact. For all doctors, the GMC are putting greater emphasis on quality of reflection and learnings applied to practise rather than quantity of documentation uploaded.

Key points:

* There are no changes to the six types of evidence that must be provided by doctors to support their revalidation recommendation.
* The new version provides some additional points of clarity.
* It contains specific new requirements for patient feedback.
* There are a number of changes of emphasis which should be noted in preparing portfolios.

The most relevant changes are listed below.

**Meeting our revalidation requirements: overarching principles**

The following subsections have changed:

 - Whole of scope of practice (para 13)- this has been expanded by additional non-clinical examples of roles carried out as a doctor since last appraisal. In addition to 'academic' they now include 'educational, research, managerial and leadership'.

*-* Quality not quantity - now advises '*against collecting multiple examples that demonstrate reflection and learning of the same skills'* (para 15)

- Reflection - expanded guidance on the importance and value of reflection: '*reflecting on both positive and critical experiences and being supported to reflect, is important for your well-being  and development'* and '*your reflective notes do not need to capture the full details of an experience, they should focus on the learning and any planned actions arising from your reflections. The* [*'reflective practitioner*'](https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practioner-guidance-20210112_pdf-78479611.pdf) *includes guidance on approaches to reflection and demonstrating reflection....'*(para 17 and 18).

**Essential Information to help you meet our revalidation requirements.**

This section continues to reference college and faculty guidance (para 39). It continues to be referenced in the QIA section (para 57) but not in the CPD section. See Faculty guidance for [QIA](https://www.fpm.org.uk/quality-improvement-activity-qia/), and [clinical reviews](https://www.fpm.org.uk/revalidation/fpm-designated-body-policies-and-documents/).

**Additional information required for your practice**

This section has moved from the end of the document and now comes before the individual details of the supporting information requirements. This indicates the importance of the declaration of scope of work including details of organisations, location, roles etc: the health and probity declarations. It thus sets the scene for an informed appraisal discussion.

 - Probity has been expanded to include the fact that the appraisal is an opportunity to review and reflect on any probity matters (para 43).

**Continuing professional development**

New guidance which says '*when deciding what activities to reflect and discuss at appraisal, focus on those you found most valuable and meaningful'.* (para 54)

**Quality improvement activity**

New examples are given. Whilst there is increased emphasis on clinical audit with new examples (*review or audit of prescribing activity, local audit*) there are also some additional examples which may be of relevance to your practice such as*'audit of outcomes from [...] innovations recently introduced, training received and any changes to practice'.*

**Significant events and serious incidents**

'Serious incidents' has been added to each reference to Significant events throughout the section.

**Updated patient feedback section from GMC Supporting Information guidance**

The title to this section has not changed from *'Feedback from patients or those to whom you provide medical services'* but the short introduction starts with a doctor's duty to '*listen to patients, take account of their views and respond honestly to their questions*'. (GMP para 31). This sets the tone for this section, reminding us that patients have a unique perspective, and their feedback can help develop greater insight, self-awareness and challenge assumptions.

The GMC requirements now include, in addition to a formal feedback exercise at least once in each cycle, that at each appraisal doctors should reflect on other sources of patient feedback that they can access (such as unsolicited feedback). For the purposes of revalidation, volunteers in clinical studies will continue to equate to patients in terms of feedback requirements. Feedback from others to whom doctors provide medical services are now expected to be included within colleague feedback.

The main part of this section is now laid out very differently, with a main heading of ***'Principles for reflecting on patient feedback'*** This reflects the move to a patient centred principles based approach. The wording of much of the section has changed too, recognising the very important role that patients can play in helping doctors meet patients’ needs and improve their practice. It is patient centred, emphasising that it is the doctor's responsibility to ensure patient feedback is collected or tailored to meet the needs of patients. It includes aspects such as understanding your patients' experience of the care they receive and demonstrating you are taking account of your patients' views.

*Principle 1* reminds doctors that their reflections and the appraisal discussion are to help:

*1. understand your patients' experience of the care they receive and your work as a doctor*

*2. demonstrate that you are taking account of your patients' views in developing your practice*

*3. identify areas of strength to build on or maintain and any changes you can make to improve your practice*

*4. review whether any changes you have made in response to earlier feedback have had a positive impact.*

 That doctors should reflect annually on any unsolicited (unplanned and given at any time) feedback that they receive links to the advice that reflecting on feedback close to the time it is given is more likely to be of value. Consequently it is anticipated that doctors may have informal feedback to use for their appraisals each year. The value of such feedback both positive and negative should not be underestimated as opportunities to adapt practice to improve the patient experience.

All doctors undertaking clinical work whether with patients or volunteers should read [this rewritten section](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/your-supporting-information---feedback-from-patients-or-those-to-whom-you-provide-medical-services) in order to appreciate the importance of continuously listening, reflecting and acting on feedback from their patients and include it at each annual appraisal for discussion.

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