



**FACULTY OF
PUBLIC HEALTH**

Public Health Specialty Specific guidance on Supporting Information for Appraisal and Revalidation

Based on the Academy of Medical Royal Colleges and Faculties' Core
Guidance for all doctors

FOREWORD

As part of revalidation, doctors will need to collect and bring to their appraisal six types of supporting information to show how they are keeping up to date and fit to practise.

The GMC has outlined requirements for doctors in its guidance Supporting Information for Appraisal and Revalidation. It recommends that doctors in specialist practice should consult the supporting information guidance provided by their college or faculty. This framework amplifies the headings provided by the GMC, by providing additional detail about the GMC requirements and what each college or faculty expects relating to this, based on their specialty expertise. These expectations are laid out in each specialty guidance under 'Requirements'. Further descriptive information is given under the heading 'Guidance'.

The Academy's final core guidance framework has been agreed by all Colleges and Faculties. It has been devised to simplify the appraisal process and the supporting information doctors need in order to revalidate.

Each Medical Royal College and Faculty has developed specialty guidance based on this core guidance framework to ensure commonality in appraisal for revalidation regardless of a doctor's specialty. Medical Royal Colleges and Faculties are responsible for setting the standards of care within their own specialty, and for providing advice and guidance on the supporting information required of doctors to demonstrate that professional standards have been met in line with the GMC requirements.

General Introduction

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

In order to maintain your licence to practise you are expected to have a minimum of one appraisal per year that is based on the General Medical Council's (GMC) core guidance for doctors, *Good Medical Practice*.¹ Revalidation involves a continuing evaluation of your fitness to practise and is based on local systems of appraisal and clinical governance.

Licensed doctors need to maintain a portfolio of supporting information drawn from their practice which demonstrates how they are continuing to meet the requirements set out in the *Good Medical Practice Framework for appraisal and revalidation*.² Some of the supporting information needed may come from organisations' clinical governance systems, and the required information should be made available by the employer or designated body.

The GMC has set out its generic requirements for medical practice and appraisal in three main documents. These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal.

Doctors should therefore ensure they are familiar with the following:

- Good Medical Practice
- Good Medical Practice Framework for appraisal and revalidation
- Supporting information for appraisal and revalidation³

Doctors should also have regard for any guidance, relevant to appraisal and revalidation that the employing or contracting organisation may provide concerning local policies.

In order to revalidate, you must collect supporting information as set out in the GMC's *Supporting Information for appraisal and revalidation*:

¹ GMC (2013). *Good Medical Practice*. http://www.gmc-uk.org/guidance/good_medical_practice.asp

²

GMC (2012) Good Medical Practice framework for appraisal and revalidation.

www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf

³

GMC (2012) Supporting information for appraisal and revalidation.

www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf

- **General information about you and your professional work**
- **Keeping up to date.**
 - **Review of practice**
 - ***Quality improvement activity***
 - ***Significant events***
- **Feedback on professional practice,**
 - ***Colleague feedback***
 - ***Patient and carer feedback***
 - ***Complaints and compliments***

You must participate in appraisals where you should expect to discuss with your appraiser your practice, professional performance and supporting information, as well as your professional career aspirations, challenges and development needs. Among other things, your appraiser will want to be assured that you are making satisfactory progress in obtaining the appropriate supporting information needed for revalidation.

The purpose of this document

Supporting Information

The medical royal colleges and faculties are responsible for setting the standards of care within their specialty, and for providing specialty advice and guidance on the supporting information required of you to demonstrate that professional standards have been met.

This document describes the supporting information required for appraisal and revalidation. It takes the principles of the GMC's guidance and offers guidance relating to your own specialty of the information that you should present to demonstrate that you are keeping up to date and fit to practice. We recommend that you read this document along with the GMC's guidance on supporting information for appraisal and revalidation.

Although the types of supporting information are the same for all doctors, you will find in this document specific additional advice for Public Health at the end of some sections. The supporting information required is the same across the UK, although the process by which appraisal is undertaken will differ between the four nations of the UK. For those practising in England, the process is set out in the Medical Appraisal Guide (MAG); for those in Scotland, in the Scottish *Guide to Medical Appraisal*, and for those in Wales the *All Wales Medical Appraisal Policy*, and for those in Northern Ireland by the Department for Health, Social Services and Public Safety.

Not all of the supporting information described needs to be collected every year (such as colleague and patient feedback), although some elements (such as CPD) are required, or should be reviewed, annually. This is stipulated in the document under "Requirements". Appraisal is a formative and developmental process and doctors should feel free to provide additional information that reflects higher quality or excellent practice for discussion at appraisal if they wish.

If you are unable to provide an element of the core supporting information, you should discuss this with your appraiser. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines or as medical educators, or as medical managers with little or no patient contact. Some supporting information will not be appropriate for every doctor (for example patient feedback for doctors who do not have direct patient contact – further guidance on other potential sources of feedback can be found below).

Reflection is a common theme running through the supporting information and the appraisal discussion. This should not be a complex or time-consuming process, and essentially involves considering each element of your supporting information, thinking about what you have learned and documenting how this learning will influence your current and future practice.⁴

⁴ Academy of Medical Royal Colleges, *Academy reflective template for revalidation*, http://www.aomrc.org.uk/doc_download/9556-academy-reflective-template-for-revalidation

It is the responsibility of the appraiser to make a judgement about the adequacy of the supporting information that you provide. This should be discussed with your appraiser prior to your appraisal, but may also be discussed at any other time throughout the cycle. In addition to advice from your appraiser and Responsible Officer you should consider seeking advice from the designated person/source in the relevant medical royal college or faculty. It is important that you collect sufficient information for revalidation and that the information is relevant and of good quality, with adequate reflection on learning and professional development.

A range of forms and templates are available to you with which you can record your supporting information and structure your reflection. Advice on which to use may be obtained from your appraiser, responsible officer, college or faculty. Whichever template is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

Colleges and faculties recommend that you prepare early for your appraisal and for revalidation. Time spent on preparation and reflection will help ensure that your appraisal meeting can focus on your professional development.

In preparing and presenting your supporting information, you must comply with relevant regulations and codes of practice (including those set by your contracting organisations) in handling patient identifiable information. No patient identifiable information should appear in your appraisal documentation.

The Faculty of Public Health has been involved in the development of this guidance. In addition to the main guidance within this document, please refer to the checklist (appendix A) and the Faculty of Public Health further guide to supporting information (appendix B).

It is rare for doctors in public health to treat patients directly. Hence patient-specific material such as complaints and SUIs will often not be applicable.

GENERAL INFORMATION

Providing context about what you do in all aspects of your professional work

The supporting information in this section should be updated at least annually.

Personal Details	<p>Description</p> <p>Your GMC number, demographic and relevant personal information as recorded on the GMC Register. Your medical and professional qualifications should also be included.</p> <p>Requirements</p> <p>A self-declaration of no change, or an update identifying changes, including any newly acquired qualifications, since your last appraisal.</p> <p>The supporting information in this section should be updated annually for your appraisal.</p>
Scope of Work	<p>Description</p> <p>A description of your whole practice covering the period since your last appraisal is necessary to provide the context for your annual appraisal. Some employers may require you to include your current job plan.</p> <p>Requirements</p> <p>Your whole practice description should be updated annually.</p> <p>Any significant changes in your professional practice should be highlighted as well as any exceptional circumstances (e.g. absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (e.g. teaching, management and leadership, medico-legal work, medical research and other academic activities) undertaken as a doctor and include details as to their nature (regular or occasional), organisations and locations for whom you undertake this work and any indemnity arrangements in place.</p> <p>The description should detail any extended practice or work outside the NHS, paid or voluntary, undertaken in specialty or sub-specialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organisations. Any work undertaken outside the UK should be identified. An approximate indication of the proportion of time that you spend on each activity should be provided.</p> <p>If appropriate, summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser.</p>

	<p>Guidance</p> <p>Some specialists will be required to present, in summary form, quantitative and qualitative information representing certain areas of their practice. Maintenance of a logbook may help with this, and may be recommended by your college or faculty. You may wish to include details of the size and roles of the team with which you work in order to clarify your own role.</p>
<p>Public Health doctors will need to include information relating to all areas of their extended practice, including work done outside the specialty (such as GP, Clinical Work). It is unlikely that a Job Description will be sufficient.</p>	
<p>Record of annual appraisals</p>	<p>Description</p> <ul style="list-style-type: none"> • Signed-off “Form 4” or equivalent evidence (e.g. appraisal portfolio record) demonstrating a satisfactory outcome of your previous appraisal. • Evidence of appraisals from other organisations with whom you work. <p>Requirements</p> <p>Required for every annual appraisal. Any concerns identified in the previous appraisal should be documented as having been satisfactorily addressed (or satisfactory progress made), even if you have been revalidated since your last appraisal.</p>
<p>Personal Development Plans and their review</p>	<p>Description</p> <ul style="list-style-type: none"> • Access to the current personal development plan (PDP) with agreed objectives developed as an outcome of your previous appraisal. • Access to previous PDPs. <p>Requirements</p> <p>The current PDP will be reviewed to ensure that the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding PDP objectives that are still relevant should be carried over to the new agreed PDP.</p> <p>If you have made additions to your own PDP during the year, these should be confirmed with your appraiser as being relevant, and should be carried forward into the next PDP if required.</p> <p>Guidance</p> <p>The content of your PDP should where relevant, encompass development needs across any aspect of your work as a doctor.</p>
<p>FPH has not issued any further specialty-specific guidance in relation to this section.</p>	

<p>Probity</p>	<p>Description</p> <p>The GMC states that all doctors have a duty to act when they believe patients' safety is at risk or that patients' care or dignity is being compromised. The GMC expects all doctors to take appropriate action to raise and act on concerns about patient care, dignity and safety.⁵</p> <p>Your supporting information should include a signed self-declaration confirming the absence of any probity issues and stating:</p> <ul style="list-style-type: none"> • That you comply with the obligations placed on you, as set out in <i>Good Medical Practice</i>. • That no disciplinary, criminal or regulatory sanctions have been applied since your last appraisal or that any sanctions have been reported to the GMC, in compliance with its guidance <i>Reporting Criminal and Regulatory Proceedings Within and Outside of the UK</i> (2008), and to your employing or contracting organisation if required.⁶ • That you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interests in your professional work - see the GMC document <i>Conflicts of Interest: Guidance for Doctors</i> (2008) and those relevant to your employing or contracting organisation if required (e.g. university or company). • That, 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, you have taken appropriate steps without delay, so that the concerns could be investigated and patients protected where necessary. • That, if you have been requested to present any specific item(s) of supporting information for discussion at appraisal, you have done so. <p>Requirements</p> <p>Required for every annual appraisal.</p> <p>Guidance</p> <p>The format of the self-declaration should reflect the scope of your work as a doctor. You should consider the GMC ethical guidance documents relevant to</p>
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⁵ GMC (2012). *Raising and acting on concerns about patient safety*.

http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

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GMC (2013) *Reporting Criminal and Regulatory Proceedings Within and Outside the UK*.

http://www.gmc-uk.org/guidance/ethical_guidance/21184.asp

	your professional or specialty practice, e.g. <i>0-18 years: Guidance for all Doctors</i> (2007). ⁷
FPH has not issued any further specialty-specific guidance in relation to this section.	
Health	<p>Description</p> <p>A signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that you comply with the health and safety obligations for doctors as set out in <i>Good Medical Practice</i>, including having access to independent and objective medical care.</p> <p>Requirements</p> <p>Required for every annual appraisal.</p> <p>Guidance</p> <p>The scope of the self-declaration should reflect the nature of your work and any specialty-specific requirements.</p>
FPH has not issued any further specialty specific guidance in relation to this section.	

⁷ GMC (2013) Financial and commercial arrangements and conflicts of interest..

http://www.gmc-uk.org/guidance/ethical_guidance/21161.asp

KEEPING UP TO DATE

Maintaining and enhancing the quality of your professional work

Good Medical Practice *requires doctors to keep their knowledge and skills up to date, and encourages them to take part in educational activities that maintain and further develop their competence and professional performance.*

Continuing Professional Development (CPD)

Description

Continuing Professional Development (CPD) refers to any learning outside of undergraduate education or postgraduate training which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.⁸

CPD may be:

- Clinical – including any specialty, or subspecialty, specific requirements
- Non-clinical – including training for educational supervision, training for management or academic training⁹.

Employer mandatory training and required training for educational supervisors may be included provided that the learning is relevant to your job plan, and is supported by reflection and, where relevant, practice change.

Requirements

At each appraisal meeting, a description of CPD undertaken each year should be provided including:

- Its relevance to your individual professional work;
- Its relevance to your personal development plan¹⁰;

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GMC (2007) 0-18 years: Guidance for all doctors.
http://www.gmc-uk.org/static/documents/content/0-18_0510.pdf

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GMC (2012) Continuing professional Development: Guidance for all doctors
http://www.aomrc.org.uk/doc_download/9555-cpd-guidance-framework-for-appraisers-and-appraisees

FPH guidelines for information.

¹⁰ Colleges and Faculties have different ways of categorising CPD activities – see relevant college or faculty Guidelines for information

	<ul style="list-style-type: none"> • Reflection and confirmation of good practice or new learning/practice change where appropriate. <p>Normally achievement of at least 50 credits per year of the revalidation cycle is expected and at least 250 credits over a 5 year revalidation cycle. Where circumstances make this impossible, please refer to specialty guidance.</p> <p>Guidance</p> <p>You should take part in CPD as recommended by your college or faculty¹¹. http://www.fph.org.uk/uploads/New%20CPD%20policy%20from%201%20April%202012.pdf</p> <p>Your CPD activity should cover all aspects of your professional work and should include activity that covers your agreed PDP objectives. It is important to recognise that there is much professional benefit to be gained from a wide variety of CPD including some outside of your immediate area of practice and as such this should be encouraged. You should ensure that a balance of different types of educational activity is maintained.</p> <p>Documentation of CPD activity should include a reflection on the learning gained and the likely effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal, together with a certificate from your college or faculty if this is available. For revalidation a cumulative 5 year record of your CPD activity should be provided.</p>
<p>FPH has not issued any further specialty-specific guidance in relation to this section.</p>	

¹¹ Not all of the CPD undertaken should relate to an element of the PDP, but a sufficient amount should do so to demonstrate that you have met the requirements of your PDP

REVIEW OF YOUR PRACTICE

Evaluating and improving the quality of your professional work

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. The nature and balance of these activities will vary according to your specialty and the work that you do. These activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action and, where possible, demonstrate an outcome or change. The supporting information in this section should be updated annually. If you work in a non-clinical area you should discuss options for quality improvement activity with your appraiser, college or faculty¹².

Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.

Quality Improvement Activity

Clinical audit

Description

You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every 5 year revalidation cycle. If audit is not possible other ways of demonstrating quality improvement activity should be undertaken (see below).

Requirements

National Audits

Participation in national audits is expected where these are relevant to the specialty or subspecialty in which you practice. However, in some specialties national audits are few in number and alternative ways of demonstrating the quality of your practice will be required. Your participation in national audits may focus on the professional performance of the team, but there will be elements that reflect your personal practice or the results of your management of, or contribution to, the team or service of which you are part. Your own role, input, learning and response to the audit results should be reflected upon and documented.

Personal and Local Audit

Improvement in the quality of your own practice through personal involvement in audit is recommended. A simple audit of medical record keeping against agreed standards may be considered, but should be carried out in addition to,

¹² The ultimate responsibility for determining an individual doctor's CPD rests with the doctor and their appraiser. Many will require specific advice on the type of CPD required (such as in those circumstances where the appraiser is from a different specialty); such guidance can be obtained from the college or faculty most relevant to the doctor's area of practice. Many colleges and faculties also run CPD approval schemes, which doctors may benefit from joining.

	<p>and not as a substitute for, other clinical audit activity.</p> <p>Guidance</p> <p>Where required by the relevant college or faculty, your specialty departments should ensure that formal programmes of audit are in place, reflecting key areas of specialty and/or subspecialty practice. Where this is the case, you should provide evidence demonstrating active engagement in local audit throughout a full audit cycle.</p>
Review of Clinical Outcomes	<p>Description</p> <p>Clinical outcomes that are used for revalidation should be robust, attributable and well-validated. Even where this is not the case you may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of your practice.</p> <p>Requirements</p> <p>Where national registries or databases are in place relevant to your practice you may be expected to participate in the collection and contribution to national, standardised data. Evidence of this participation should be made available for your appraisal.</p> <p>Nationally agreed standards and protocols may also include outcomes, and you should bring these to appraisal where recommended by the specialty. Data should relate, as far as possible, to your own contribution. Comparison with national data should be made wherever possible.</p> <p>Guidance</p> <p>There are some specialities, mainly interventionist or surgical but including those academic activities in which clinical trials play a major part, which have recognised outcome measures. Where clinical outcomes are used instead of, or alongside, clinical audit or case reviews, there should be evidence of reflection and commentary on personal input and, where needed, change in practice.</p>
Case review or discussion	<p>Description</p> <p>The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit/registries are unavailable.</p> <p>Requirements</p>

	<p>If you are unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. You should then provide at least two case reviews per year, covering the range of your professional practice over a 5 year revalidation cycle. You should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. Identified action points should be incorporated into your personal development plan.</p> <p>Guidance</p> <p>Evidence of relevant working party or committee work (internal or external) may be included together with your personal input and reflection, including implementation of changes in practice, where appropriate. Some specialties or subspecialties may recommend case reviews routinely, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings or morbidity and mortality meetings. In some specific circumstances case reviews may form the main supporting information in support of quality improvement.</p>
<p>It is accepted that traditional clinical audit is not appropriate a common occurrence for many public health specialists, and nationally led audits in public health are a rarity. However, public health specialists will be expected to present evidence from an audit at least once per cycle and two case reviews per year in the other four years. As noted above, the case reviews must show reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. A 'case' may be a project, plan, report or meeting. Further guidance is available on the FPH website.</p>	
<p>Significant Events</p>	
<p>Clinical incidents, Significant Untoward Incidents (SUIs) or other similar events.</p>	<p>Description</p> <p>A significant event (also known as an untoward, critical or patient safety incident) 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.¹³</p> <p>You should ensure that you are familiar with your organisation's local processes and agreed thresholds for recording incidents.</p>

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For example, if you are working in education or management your Quality Improvement Activity could include (a) auditing and monitoring the effectiveness of an educational programme, (b) evaluating the impact and effectiveness of a piece of health policy or management practice.

	<p>It is not the appraiser's role to conduct investigations into serious events.</p> <p>Requirements</p> <p>If you have been directly involved in any significant incidents (SUIs) since your last appraisal you must provide details based on data logged by you, or on local (e.g. your NHS employer where such data should be routinely collected) or national incident reporting systems (e.g. NRLS). If you have been directly involved in any clinical incidents these should also be summarised, together with the learning and action taken, in order to show that you are using these events to improve your practice.</p> <p>If you are self-employed or work outside the NHS, or in an environment where reporting systems are not in place it is your responsibility to keep a personal record of any incidents in which you have been involved. This could include a brief description of the event, any potential or actual adverse outcomes, and evidence of reflection.</p> <p>A summary reviewing the data and a short anonymised description (with reflection, learning points and action taken) of up to two clinical incidents and all SUIs or root cause analyses in which you have played a part (including as an investigator) should be presented for discussion at your annual appraisal.</p> <p>If there has been no direct involvement in such incidents since your last appraisal, a self-declaration to that effect should be presented at your annual appraisal.</p> <p>Guidance</p> <p>Incidents and other adverse events which are particularly relevant or related to certain areas of specialist practice may be identified in the colleges' and faculties' specialty guidance, together with tools and recommendations when documenting your involvement. You should take care not to include any patient identifiable information in your appraisal documentation.</p>
<p>FPH has not issued any further specialty-specific guidance in relation to this section.</p>	

FEEDBACK ON YOUR PRACTICE

How others perceive the quality of your professional work

Feedback from colleagues and patients (if you have direct contact with patients) must be collected at least once in every five year revalidation cycle and presented to your appraiser.

Colleague feedback	<p>Description</p> <p>The result of feedback from professional colleagues representing the range of your professional activities, using a validated multi-source feedback (MSF) tool. The tool should meet the criteria set by the GMC.¹⁴ The results should be reflected upon, and any further development needs should be addressed</p> <p>Requirements</p> <p>At least one colleague MSF exercise should be undertaken in the revalidation cycle. You may want to consider undertaking your MSF early in the revalidation cycle in case the exercise has to be repeated.</p> <p>Guidance</p> <p>The selection of raters/assessors should represent the <u>whole spectrum</u> of people with whom you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty.</p>
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FPH has not issued any further specialty-specific guidance in relation to this section.

Feedback from patients and/or carers	<p>Description</p> <p>The result of feedback from patients and carers, using a validated tool. The tool should meet the criteria set by the GMC. The results should be reflected upon, and any further development needs addressed.</p> <p>Requirements</p> <p>At least one patient feedback exercise should be undertaken in the revalidation cycle. You may want to consider gathering your patient feedback early in the revalidation cycle in case the exercise has to be repeated.</p>
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GMC (2012) Supporting information for appraisal and revalidation.
http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf

15. GMC (2012) Guidance on colleague and patient questionnaires.
www.gmc-uk.org/Colleague_and_patient_questionnaires.pdf_44702599.pdf

	<p>Guidance</p> <p>Some colleges and faculties have identified patient feedback tools, instruments and processes which are suitable for doctors with particular areas of specialty practice. For some doctors, only some areas of their whole practice will be amenable to patient and/or carer feedback. Where practicable, a complete spectrum of the patients that you see should be included when seeking this type of feedback, and particular attention should be given to the inclusion of patients with communication difficulties, where relevant.</p> <p>If you do not see patients as part of your medical practice, you are not required to collect feedback from patients. However, the GMC recommends that you think broadly about what constitutes a “patient” in your practice. Depending on your practice, you might want to collect feedback from a number of other sources, such as families and carers, students, suppliers or customers.</p> <p>If you believe that you cannot collect feedback from patients, you should discuss this (as well as proposed alternatives) with your appraiser.</p>
<p>This is a requirement if there is direct contact with patients (which should be evidenced from the scope of work).</p> <p>The expectation is that all doctors should be able to provide something which can serve a similar purpose to patient feedback, this being some kind of feedback about the doctor's interpersonal skills which the doctor can reflect on at appraisal. Where there are no patients a doctor should consider who else might be able to provide such feedback eg. students or other stakeholders. The doctor will then be able to discuss with their appraiser and/or RO whether the alternative arrangements are feasible.</p> <p>For some doctors there just will not be anybody and as long as that is clearly agreed, that is fine. However the principle is that doctors should think creatively and actively about who can provide the same kind of useful feedback that they would get from patients if they had them. The aim is to obtain useful developmental feedback which can aid reflection on skills and practice.</p>	
<p>Feedback from clinical supervision, teaching and training</p>	<p>Description</p> <p>If you undertake clinical supervision and/or training of others, the results from student/trainee feedback or peer review of teaching skills should be provided for appraisal and revalidation purposes.</p> <p>Requirements</p> <p>Evidence of your professional performance as a clinical supervisor and/or trainer is required at least once in a 5 year revalidation cycle. Feedback from formal teaching should be included annually for appraisal.</p> <p>Guidance</p> <p>Appropriate supporting information may include direct feedback from those</p>

	<p>taught in a range of settings. Clinical supervisors and educational supervisors are required to provide evidence that have met the minimum training requirements set by the GMC for these roles.</p>
<p>FPH has not issued any further specialty-specific guidance in relation to this section.</p>	
<p>Formal complaints</p>	<p>Description</p> <p>Details of all formal complaints (expressions of dissatisfaction or grievance) received since your last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection for discussion during the annual appraisal. A formal complaint is one that is normally made in writing and activates a defined complaints response process.</p> <p>Requirements</p> <p>Details of formal complaints should be included annually. For your appraisal you are only required to submit details of formal complaints received from patients, carers, colleagues or staff – either employed within your clinical area or any other arena in which you work (e.g. University) – relating to any of your professional activities or those team members for whom you have direct responsibility. If you have not received any formal complaints since your last appraisal, a self-declaration to that effect should be provided.</p> <p>Guidance</p> <p>A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases an appropriate personal reflection should be provided covering how formal complaints have been managed (with reference, if necessary, to local or national procedures or codes of practice), actions taken, learning gained, and if necessary, potential items for the personal development plan. Rather than the nature of the complaints themselves, your reflection will be the focus for discussion during the appraisal. Some colleges and faculties have developed tools and forms to help to document and structure this reflection.</p>
<p>FPH has not issued any further specialty-specific guidance in relation to this section.</p>	
	<p>Information relevant to Public Health</p>
<p>Compliments</p>	<p>Description</p> <p>A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team.</p>

	<p>Requirements</p> <p>Your summary should be updated annually. Not all compliments that you receive need to be included in your summary and you may opt not to present details of any compliments at all during any of your annual appraisals. This option will not hinder your progress towards revalidation.</p> <p>Guidance</p> <p>It is useful to reflect on successes as well as on problems. If compliments are to be useful in revalidation they should be accompanied by relevant reflection highlighting, for example, the value you attach to these compliments in terms of how they have affected your professional practice, relationship with others, learning and development. Some colleges and faculties have developed tools and forms to help document and structure this reflection.</p>
<p>FPH has not issued any further specialty-specific guidance in relation to this section.</p>	

Appendix A: Supporting information for revalidation checklist

This checklist must be used in conjunction with the full guidance document. All items listed here reflect the full guidance. If you are unable to present one or more items listed please discuss this with your appraiser; alternative items of supporting information may be agreed as appropriate.

GENERAL INFORMATION		
Personal details	<ul style="list-style-type: none"> ✓ GMC number ✓ demographic and relevant personal information and qualifications ✓ self-declaration of no change, or an update identifying changes 	Annual
Scope of work	<ul style="list-style-type: none"> ✓ description of your whole practice covering the period since your last appraisal ✓ current job plan (if required for reference) ✓ any significant changes in your professional practice ✓ extended clinical and non-clinical activities ✓ any other relevant information for your field of practice 	Annual
Record of annual appraisals	<ul style="list-style-type: none"> ✓ signed-off appraisal portfolio record and satisfactory outcomes of previous appraisal ✓ evidence of appraisals (if undertaken) from other organisations ✓ confirmation that previous actions/concerns have been addressed 	Annual
PDPs	<ul style="list-style-type: none"> ✓ current personal development plan (PDP) with agreed objectives from previous appraisal ✓ details of any new objectives added since last appraisal or to be added ✓ access to previous PDPs 	Annual
Probity	<ul style="list-style-type: none"> ✓ signed probity self-declaration 	Annual
Health	<ul style="list-style-type: none"> ✓ signed health self-declaration 	Annual
KEEPING UP TO DATE		
CPD	<ul style="list-style-type: none"> ✓ description of CPD undertaken each year as set out in requirements 	Annual
REVIEW OF YOUR PRACTICE		
Quality improvement activity – at least one of the following activities as appropriate for your specialty, see full guidance		
Clinical audit	<ul style="list-style-type: none"> ✓ evidence of demonstrating active engagement in complete audit cycle 	Minimum 1 in 5 years
Review of clinical outcomes	<ul style="list-style-type: none"> ✓ documented review of clinical outcomes as where defined by your specialty 	If available
Case review or discussion	<ul style="list-style-type: none"> ✓ documented case reviews 	See specialty guidance

Significant Events		
Clinical incidents, Significant Untoward Incidents (SUIs) or other similar events	<ul style="list-style-type: none"> ✓ Summary of all SUIs or root cause analyses that you have been involved in ✓ Summary of at least 2 clinical incidents per year OR ✓ self-declaration that you have not been involved in any events. 	Annual
FEEDBACK ON YOUR PRACTICE		
Colleague feedback	✓ MSF colleague feedback exercise (normally by the end of year 2).	Minimum 1 in 5 years
Feedback from patients and/or carers	✓ patient feedback survey or equivalent exercise, normally by the end of year 2.	Minimum 1 in 5 years
Feedback from clinical supervision, teaching and training	<ul style="list-style-type: none"> ✓ Evidence of your performance as a clinical supervisor and/or trainer (a) ✓ Feedback from formal teaching included annually (b) 	(a) Minimum 1 in 5 years (b) annual
Formal complaints	<ul style="list-style-type: none"> ✓ Documented formal complaints received OR ✓ self-declaration that you have not received any since your last appraisal 	Annual
Compliments	✓ A summary of unsolicited compliments received	Annual

Appendix B: FPH further guide to supporting information for revalidation

Introduction

As part of appraisal, appraisees are required to submit a portfolio of supporting information to their appraiser as examples of their fitness to practise. These should be submitted alongside the PDP, reflective comments and CPD credits. The gathering of this portfolio will also enable doctors to enhance the quality of their work through consideration and planning of their development needs.

The supporting information is produced on an annual basis but will build into a more comprehensive portfolio over time.

Purpose of supporting information

The supporting information allows the consultant to demonstrate their practice in the four domains of the *Good Medical Practice Framework for Appraisal and Revalidation* and to reflect on their practice.

These should be submitted alongside the PDP, reflective comments and CPD credits. The gathering of this portfolio will also enable doctors to enhance the quality of their work through consideration and planning of their development needs.

It is important for the individual being appraised to use their judgement when applying the domains of *Good Medical Practice* to their role and supporting information.

General Information

Consultants are expected to provide core general information in addition to supporting information. Below is an outline of the general information to be provided:

- GMC registration number/GDC registration number/UKPHR registration number
- Evidence of a licence to practise (if applicable)
- Medical qualifications (if applicable)
- Description of scope of practice
- Title
- Role
- Job Summary including responsibilities and activities
- Job plan for each year
- Description of voluntary roles undertaken in capacity as a PH specialist
- Previous year's appraisal (if took place)
- Description of indemnity (if applicable)
- Personal Development Plan (PDP)
- Any statement of concern and its resolution
- Statement of Probity including interests and gifts
- Statement of health to confirm ability to undertake practice
- Registration with a GP

Types of supporting information

The supporting information, of which there are six types, should relate to the doctor's complete scope and nature of work. Examples of each will be expected to be provided and discussed at appraisal at least once in each five-year cycle. The six types are:

1. Continuing professional development
2. Quality improvement activity
3. Significant events

4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints and compliments.

The supporting evidence can be drawn from a range of sources, but could include (this list is not exhaustive):

1. Continuing professional development (CPD)

Please refer to the FPH CPD policy for further information.

<http://www.fph.org.uk/uploads/New%20CPD%20policy%20from%201%20April%202012.pdf>

2. Quality Improvement Activity

Core items of supporting information

- Clinical/public health audit
- Case note/letters audit

Further guidance and examples of quality improvement activity in public health, including a reflective template can be found in the FPH Quality Improvement Activity Examples 2013.

3. Significant events

As part of the documentation of appraisal, appraisees are required to provide evidence of any significant event reports. Learning from significant events has become an established part of public health practice. Any reports produced locally should be included, and should contain information relating to:

- What happened?
- Why did it happen?
- What has been learned?
- What has been changed?
- Was the risk of complacency and collusion between both parties minimised?

4. Colleague Feedback

Core items of supporting information:

- Validated MSF forms
- Teaching evaluations and feedback
- Quality of multidisciplinary team working, evaluated through validated MSF
- Peer reviews assessments
- Leadership in management assessed by MSF with appropriate ratings

Optional items of supporting information where applicable

- Evidence of involvement in other assessments of individual or team practice undertaken by specialty
- Evidence of activity as an education/clinical supervisor
- References and letters

5. Patient Feedback (if relevant)

Core items of supporting information:

- GMC validated patient questionnaires (if work with patients)
- Complaints/ compliments and reflection and learning from these
- Patient/public education examples

Optional items of supporting information where applicable

- Evidence of quality advice given to patients/public

- Portfolio notes, case based discussion or case note review with documentation of explanations given to patients/public and any educational information given to patients/public
- Documentation of engagement with patient and carer support groups (if relevant)
- Evidence of patient/public involvement in development of services (if relevant)

6. Complaints and Compliments

Core items of supporting information:

- Complaints and compliments
- Incidents reports, including contributions to NPSA and confidential enquiries (if relevant)
- Registries
- Publications/Reports
- Work based or skills assessments

Reflective notes

As of 2007, FPH has adopted the view that the use of reflective notes written by the public health professional about their learning and development needs is the most discriminating form of evidence of effective practice. This view has been supported by the Academy of Medical Royal Colleges. It is even more important to take time systematically to reflect on learning and development needs as this is more likely to embed itself in subsequent practice.

This should be evidenced during the process of appraisal in various ways:

- Reflective Notes on CPD activities
- Evidence that the appraisal discussion encourages reflection
- Supporting information for appraisal has reflective comments attached. Not every item of supporting information requires reflection; it may be more appropriate to record reflection as a summary or category of the information.

It is expected that the appraisee will add reflective comments to the evidence gathered to show understanding and consideration of their practice and manner in which to develop their professional manner and/or work.

We suggest that it would greatly help the process if both the appraiser and the appraisee thought through the following questions before the interview:

- How good a public health physician/public health specialist am I?
- How well do I perform?
- How up to date am I?
- How well do I work in a team?
- What resources and support do I need?
- How well am I meeting my service objectives?
- What are my development needs?

Further guidance can be found at:

<http://www.fph.org.uk/uploads/FPH%20Tips%20on%20Writing%20Effective%20Reflective%20Notes.pdf>

Governance

Core items of supporting information

- Documentation of compliance with local Clinical/Corporate governance policies and protocols

- Quality Assurance reports
- Outbreak reports
- On call rota documentation
- Locum and trainee induction documentation
- Risk and workplace assessments and reports
- Contribution to NPSA and confidential enquiries
- Doctors with a prescribed connection to FPH are required to submit a declaration that there are no outstanding governance concerns or complaintsⁱ about them

Optional items of supporting information

- Evidence of training in ethics, assessment of mental capacity, relevant to area of professional practice
- Examples of research papers, posters, presentation

Additional reading

In addition to this guide, FPH recommends the [Medical Appraisal Guide 2013](#)

ⁱ This is a requirement because, as FPH does not employ the doctors with whom it has a prescribed connection, clinical governance information is not available.