

Quality indicators for appraisal documentation to support revalidation in Wales

BACKGROUND

This document has been produced to aid doctors, appraisers and Responsible Officers in the collection of information under the GMC's supporting information framework. It sets down indicators of quality pertaining to the information presented by an individual. Revalidation is intended to be a five year process and it is unlikely that every section of supporting information will be complete for every appraisal. Where possible the GMC's advice has been reproduced verbatim, interpretation of the advice is used to extrapolate into three proxy measures (Red, Amber, and Green).

This document is guidance only. It should not be used to "mark" every piece of information however it may be used if there are areas of doubt over information being suitable to support a positive revalidation recommendation. Each of the six types of supporting information has been further broken down – this reflects the descriptions of the supporting evidence on the [GMC website](#).

This document should be used in the context of the GMC's [Good Medical Practice for appraisal and revalidation](#). The four domains described here each have 3 attributes. It is these attributes that the individual doctor will need to demonstrate through the supporting information described above. Each of the Medical Royal Colleges has produced [specialty guidance](#) to assist doctors with relevant content.

INTRODUCTION

The GMC in setting out plans for the introduction of Revalidation has identified supporting information that all doctors will be expected to produce over a five year Revalidation cycle. This supporting information has been classified by the GMC into four broad headings:-

- [General information](#) - providing context about all aspects of work
- [Keeping up to date](#) - maintaining and enhancing the quality of professional work
- [Review of practice](#) - evaluating the quality of professional work
- [Feedback on practice](#) - how others perceive the quality of a doctor's professional work

The GMC furthermore describes six types of supporting information as:-

1. [Continuing professional development](#)
2. [Quality improvement activity](#)
3. [Significant events](#)
4. [Feedback from colleagues](#)
5. [Feedback from patients \(where applicable\)](#)
6. [Review of complaints and compliments](#)

The GMC describes the scope of each of the types of supporting information. There is however a need for indicators of quality to be explicit for each of the areas. In order for doctors to know what

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“is enough” a discussion with a trained appraiser will need to take place. The supporting information provided will be examined and three criteria will need to be met:-

- Is it enough?
- Is it timely (within the five year cycle)?
- Is it of sufficient quality to demonstrate the activity?

In order to ensure that the appraisal process remains developmental and supportive, decisions made about the supporting material should be by agreement between the appraiser and the doctor. This agreement should take the form of three outcomes:-

- No information presented (this will be acceptable for many of the categories in some years)
- Making progress/Needs further work (the information is partially complete or needs refining)
- Acceptable (i.e. meets or exceeds revalidation requirements)

If the material submitted is agreed between the doctor and a trained appraiser as meeting the quality indicators AND if the appraisal system (notably this agreement) is subject to rigorous quality assurance processes, then the agreement on satisfactory completion can be “trusted” by the Responsible Officer (RO).

“Revalidation ready” appraisal training will rely on the appraisers being given the information upon which they can confidently make the agreement with the doctor that the information presented meets Revalidation requirements in quality, quantity and timeliness. These proposed quality indicators may be used to inform the doctor (of requirements), the appraiser (of expected composition) and the RO (of completion). Furthermore, they may be used as the basis of quality assurance of the appraisal agreement to assure the RO that agreements within the appraisal system can be trusted.

QUALITY INDICATORS

Each quality indicator is described in a Red, Amber, Green (RAG) hierarchy

- Red:- No information presented (this will be acceptable for many of the categories in some years, it is also the default position)
- Amber:- Making progress/needs further work (the information is partially complete or needs refining)
- Green:- Acceptable (i.e. meets or exceeds revalidation requirements)

The GMC state:- “During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in [Good Medical Practice](#).”

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It is clear therefore that any quality indicators must reflect the values and principles described in Good Medical Practice. The quality indicators described below are suggestions that could be used by doctors, appraisers and ROs to facilitate the individual submission for revalidation.

CONTINUING PROFESSIONAL DEVELOPMENT

The GMC specifically states that doctors do not need to participate in Royal College or faculty CPD schemes, however the consensus on CPD is 50 credits per year (equivalent to 50 hours of activity – Academy of Royal Colleges). The GMC suggests that outcomes are more important than a time served approach and as such there should not be slavish adherence to 50 hours of activity – reflection and implementation of changes may override the time spent. CPD should (at least in part) be needs based and role specific. The CPD activity should reflect the range of roles and responsibilities over the five year period. Appraisal should add value by reflecting this range in planned activity through the PDP.

CPD should be discussed at each annual appraisal.

- Red :- No evidence of CPD within appraisal folder (should normally lead to a postponed appraisal)
- Amber:- Less than 50 CPD credits brought to appraisal (this will not necessarily be an issue in one year, however if repeated may be an indicator of non engagement and highlight a risk that revalidation requirements will not be met within the cycle)
- Green:- 50 credits or more in the previous year (or less than 50 credits with evidence of application and implementation of change as a result of CPD)

Personal learning. CPD should be developed and undertaken as part of personal development. Doctors should identify professional needs and competencies and should take account of the needs of patients and the healthcare system when planning CPD.

- Red:- CPD activity is wholly opportunistic and unplanned, little effort made to complete on PDP agreed at previous appraisal
- Amber:- CPD activity is, in the main, unplanned, some items from the previous year's PDP have been achieved. However some important PDP activities are incomplete or ignored.
- Green:- Most important PDP activities are complete or begun. CPD activity outside the PDP seems to reflect the doctor's role/s

Reflection. Good Medical Practice requires reflection on practice and whether relevant standards are maintained.

- Red:- The doctor presents certificates of attendance but no commentary on the content or application of the learning experience
- Amber:- The content of learning activities is listed with little or no reference to application of (any) learning to practice
- Green:- Learning points are made explicit for many of the activities (even if that is a confirmation of current practice). It is clear that the doctor has actively participated in the learning activity

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Outcomes. CPD should focus on outcomes or outputs rather than on inputs and a time-served approach. Doctors should evaluate what they have learned and understood from CPD activity and how it may impact on and improve performance.

- Red:- 50 credits achieved however there is no evaluation of the learning and no impact on performance
- Amber:- few and minor evaluations of learning, little evidence of impact on performance
- Green:- Some learning opportunities have led to changes and improvement in practice. Many of the learning opportunities are evaluated, relating the content back to current practice (even if it is confirmation of current best practice)

Needs-based. Doctors should identify and participate in CPD based on their day-to-day work and what they perceive will be needed in the future to undertake their roles and responsibilities. CPD should also prepare them to address the unpredictable and changing nature of medical practice. Some CPD should be based on developing and considering new areas of competence, knowledge and skills. Doctors should also participate in CPD that meets the needs of their patients, colleagues and employer where appropriate.

- Red:- CPD activity has little or no relevance to the scope of the doctor's work
- Amber:- Although related to the doctor's work the CPD activity reflects mainly interests rather than needs. There is little or no planning to the learning activity
- Green:- A proportion of the CPD activity is based on identified needs. This is reflected back to the workplace and patient care.

Appraisal and clinical governance. Doctors should ensure that their CPD is influenced by participation in clinical governance processes, individual, organisational and national audit, workplace-based assessments, and other mechanisms that shed light on professional and work practices.

- Red:- There is no information related to governance processes (individual, team, organisational or national) in the material supplied for appraisal
- Amber:- Minimal governance data is presented without reference to self or self/team improvement
- Green:- Governance data is presented (individual, team, organisational or national) and is referenced back to self or self/team improvement

QUALITY IMPROVEMENT ACTIVITY

Quality improvement activity is described by the GMC. The frequency of discussion of quality improvement activity will depend on the activity itself. The minimum will be once every revalidation cycle. The GMC suggests that where the activity involves participation in National audit programs, once in a cycle would be sufficient. For case reviews more frequent representation at appraisal would be required. The GMC suggests that a discussion with the appraiser may help the doctor agree on the frequency of presentation of information.

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The appraiser should remember that quality improvement activity is not required in every year of a revalidation cycle. The completion of the activity (to revalidation requirements) in a revalidation cycle, means that there is no longer the requirement to reach agreement with the doctor in this section. Quality improvement activity may still remain an important topic of discussion at appraisal, but the requirement has been met and the discussion can purely focus on developmental aspects of the activity.

Active participation relevant to work. A doctor will need to demonstrate that they have actively participated in a quality improvement activity or a clinical audit relevant to their work.

- Red:- There is no quality improvement activity represented within the appraisal folder
- Amber:- Quality improvement activity is represented in this appraisal information set. It is, however, either incomplete (e.g. an audit with a complete first cycle and a plan to complete in the following year/s), or an activity (e.g. case reviews) that will be repeated subsequently
- Green:- The quality improvement activity is complete (e.g. full audit project with changes, second data collection and reflection on outcome or a few years of appraisal at which case reviews have been discussed). The quality improvement activity reflects the doctor's practise and is relevant to their day to day work

Evaluate and reflect on results

- Red:- There is no evidence of commentary on outcomes of quality improvement activity. No team meetings have been held to consider the results and implications.
- Amber:- The doctor has superficial reflections recorded, however they are at a level of "doing OK" or "meets standards". It is unlikely that the results will be used to further promote good care
- Green:- There is reflection on performance. This would normally be discussed with the team or compared to national published standards. There is evidence that the results will be used to maintain good standards or improve care

Take action

- Red:- There are no action points, results not shared with team
- Amber:- There are actions to be taken, however there are no plans to take them forward
- Green:- There may be a coherent action plan or evidence of sharing the information with the team to promote good practice

Closing the loop

- Red:- simple data collection with no re audit, case reviews with no outcomes in terms of change
- Amber:- Plans for change in subsequent cycles
- Green:- Initial issue examined (be it audit, project, case review etc) changes proposed and revisited. Normally would have been discussed as a team

SIGNIFICANT EVENTS

The GMC states:- A doctor should discuss significant events involving themselves at appraisal with a particular emphasis on those that have led to a specific change in practice or demonstrate learning.

An individual (or the employing/responsible organisation) may not have logged any events regarding the individual or their team in a given appraisal period. The numbers of significant events may vary

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across different specialities and it is the content and what was learned, rather than the number that should be the focus in appraisal.

Some of the Royal Colleges have suggested minimum numbers. However at appraisal, the focus should be on a system for significant events being in place and active engagement of the individual in the process with a team improvement emphasis.

Doctors who work outside teams (e.g. GP locums without a regular commitment) may have difficulty presenting information in this area of supporting information. The Royal Colleges have recognised this difficulty and may have issued specialty specific guidance in this situation.

The GMC advises individuals that:- If you are self-employed, you should make note of any such events or incidents and undertake a review.

Participation/lessons learned/taking action

- Red:- No significant events are presented in the appraisal material AND there is not a system in place to capture and log such events
- Amber:- Significant events are represented in the appraisal material. There is some evidence that these have been addressed, however lessons have not been learned and there is little or no action taken as a result
- Green:- Significant event system in place for the systematic capture and discussion of lessons arising. Action plans have been implemented as a result (where appropriate) of the significant events represented in the appraisal material. OR a lack of a significant event during the appraisal year but evidence of such a system in place. This should normally be a team activity or in the case of doctors working outside a team, discussed with professional colleagues.

FEEDBACK ON PRACTICE

The GMC advise doctors that:- *You should seek feedback from colleagues and patients (where applicable) and review and act upon that feedback where appropriate.*

Feedback from colleagues and patients will usually be collected using standard questionnaires that comply with GMC guidance. The purpose of the exercise is to provide you with information about your work through the eyes of those you work with and treat, and is intended to help inform further development.

The GMC offers the following advice regarding the choice of patients or colleagues:- *The exercise should reflect the whole scope of your practice. The range of patients providing feedback should reflect the range of patients that you see. The selection of colleagues will depend on the nature of your practice. We recommend that you ask as wide a range of colleagues as possible and this might include colleagues from other specialties, junior doctors, nurses, allied healthcare professionals, and management and clerical staff.*

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The GMC require a feedback exercise once in a revalidation cycle, normally every five years.

Respond to the feedback

- Red:- No information presented in this revalidation cycle (acceptable for most years) OR survey presented with no evidence of consideration of results
- Amber:- Survey presented but issues highlighted only partially, or not addressed (this could be the situation in the appraisal after the survey, where actions could be discussed with the appraiser and actioned through the PDP)
- Green:- Survey presented, relevant issues identified and addressed

Covers whole practice

- Red:- Patients and/or colleagues surveyed are from a narrow aspect of the doctor's whole practice
- Amber:- Patients and/or colleagues surveyed from one role but a significant "other role" has been omitted
- Green:- Survey covers doctor's "whole practice"

REVIEW OF COMPLAINTS AND COMPLIMENTS

The GMC advises doctors that:- *Feedback is often provided by patients and others by way of complaints and compliments which should also be reviewed as part of the appraisal process.*

A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility.

Complaints should be seen as another type of feedback, allowing doctors and organisations to review and further develop their practice and to make patient-centred improvements.

You might also choose to bring any compliments you have received to appraisal.

Complaints and compliments should be discussed at each appraisal. An individual may not have received any complaints during the appraisal period, however it is well recognised that the numbers of complaints will vary between specialties. The issue for the appraisal discussion, is the process of handling the complaint and that the complaints process leads to an outcome with any lessons learned acted upon.

Awareness

Red:- The doctor is unaware of the complaints procedure within their organisation

Amber:- The doctor is aware of the route by which patients may complain but is divorced from the process

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Green:- The doctor is aware of the complaints process from initiation of complaint, investigation and resolution.

Participation in the investigation and response

Red:- The doctor is unaware of the process and/or is unwilling to participate in complaints that involve him/her

Amber:- The doctor regards the complaints process as low value or tiresome. However they participate in a superficial fashion

Green:- The doctor demonstrates a willingness to participate in a complaints process

Actions/professional development

Red:- The doctor is simply happy for complaints to “go away” and shows no evidence of learning where appropriate

Amber:- There is some evidence of personal learning/change as a result of a complaint where appropriate

Green:- Where appropriate changes have been shared with the team or the wider medical community as “lessons learned”

APPRAISAL AS A WHOLE

Whilst each of the quality indicators suggested above is not a RAG decision on the progression to revalidation, an overall RAG on the appraisal information for that year should be made.

- Red:- The appraisal is more than 15 months after the previous one (without good reason) and/or insufficient material submitted to enable the appraisal to be meaningful and/or non engagement in the appraisal discussion
- Amber:- Progression in information presentation, may mean that the doctor will have an incomplete set of information for the revalidation period and/or there is more than one significant area that receives a “red” rating and/or one or more area of supporting information is poorly or not represented (given that many do not need annual representation)
- Green:- the doctor is making progress in the information set that appears to be “on course” for the revalidation period

REQUIRED CONTENT

The material submitted for appraisal should contain a minimum data set of personal and professional information and the doctor should describe all their professional roles

- Red:- Personal and/or professional details are missing

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- Amber:- Only partial representation of professional roles is evident in the appraisal material, however personal and professional details are complete
- Green:- all personal and professional details are complete. All professional roles are represented and described (an appraisal in another role should be appended to the submitted material)

DISCUSSION

The adoption of a set of quality indicators for Wales (for all doctors) will enable the stakeholders (doctors, appraisers, ROs, WG and patients) to have a set of “values” related directly back to GMP to be applied to appraisal in the context of revalidation. Robust QA of the outputs of appraisal, will allow the ROs to base revalidation recommendation on solid evidence. There will be doctors who fall outside of the indicators, either because of their specific circumstances or for reasons of non engagement and/or failure to sufficiently demonstrate their right to revalidate. The quality indicators are designed to identify these doctors allowing the RO to make a closer inspection of the individual’s practice and development.

Without a set of quality indicators, it will be impossible to calibrate appraisal across Wales and across medical specialties, leading to the possibility of inconsistent revalidation recommendations by the ROs to the GMC.

Most doctors will not achieve “green” ratings in every aspect for every appraisal. Overall the important judgement (by agreement between the doctor and appraiser) will be that the individual is making adequate progress (green) toward a positive revalidation recommendation by the RO in the relevant revalidation period. The corollary of introducing this RAG on appraisal as a whole is the movement from appraisal as a supportive, developmental process to one that is pass/fail. To avoid this scenario the “needs further work” or amber decision should be seen as a spur for action. Support should be immediately available and rather than a negative outcome a positive action plan should be made. A “red” outcome would be reported and examined (as now) by the RO.

Applying the RAG formula to the appraisal as a whole will allow early identification of “strugglers and stragglers”. Targeted support can be given and hopefully will allow doctors in difficulty to be identified to the RO, where a decision on working practices and supervision can be made.

The skill of the appraiser and the QA process of the outputs of appraisal should very quickly lead to the situation where an appraiser and a doctor will know (and hopefully agree) as to what “is enough”