

Doctor's medical appraisal checklist

General	
✓	What this checklist is for – background
	Previous appraisal record – submitted
	Scope of work – completed, with reflection, including governance arrangements and conflicts of interest
	Reflection – present throughout submission
	Confidentiality – identifiable information removed/redacted

Supporting information	
	Personal details – completed and up to date
	Overall – supporting information matches my scope of work
	Review of last year's PDP – present
	CPD – listed, compliant with guidance, with reflection
	Quality improvement activities – listed, compliant with guidance, with reflection
	Significant events (also known as an untoward or critical incidents): all unintended or unexpected events, which could have or did lead to harm of one or more patients – listed, with reflection, or confirmed none to include
	Feedback from colleagues – submitted, with reflection, or date last submitted
	Feedback from patients – submitted, with reflection or date last submitted or confirmation not necessary (agreed by responsible officer)
	Complaints and compliments – all complaints listed, with reflection, or confirmed none to include. Compliments listed (optional), with reflection
	Achievements, challenges and aspirations – completed (optional – may be raised verbally at appraisal)
	Probity declaration – completed; suspensions, restrictions or investigations listed if present, with reflection
	Health declaration – completed
	Additional information – listed, or confirmed none expected, or explanation why absent
	Review of GMC 'Good Medical Practice' domains – completed
	New PDP ideas – listed (optional – may be raised verbally at appraisal)

Doctor's medical appraisal checklist

Appendix A: Explanatory notes for the doctor's medical appraisal checklist

What this checklist is for

Medical appraisal has four purposes¹:

1. To allow you to demonstrate your fitness to practise for revalidation
2. To help you enhance the quality of your work by planning your professional development
3. To help you consider your own needs
4. To help you work productively and in line with your organisation.

By submitting your appraisal portfolio two weeks in advance, the first and fourth purposes can largely be completed before the appraisal, creating greater scope to focus on personal and professional developments to improve your practice when you meet your appraiser.

Revalidation has been designed in such a way that, as a professional, you provide the first level of assurance of your fitness to practise in the form of your appraisal submission. You should therefore only finalise your submission to your appraiser when you are confident that it provides this assurance.

The checklist to which these explanatory notes refer aims to help you with this. Founded on GMC guidance², it addresses the essential requirements of a satisfactory appraisal portfolio. It also indicates where College and other professional body guidance are relevant^{3, 4}, as well as where local processes might also define certain expected aspects of your submission.

The information which comprises the appraisal inputs falls into five headings:

1. Personal information
2. Scope and nature of work
3. Supporting information
4. Review of previous personal development plan
5. Achievements, challenges and aspirations

This checklist helps you to consider each category based on existing guidance and current thinking since that guidance was written.

You should find it helpful to review your appraisal submission using this checklist as a final step before submitting it for review by your appraiser.

Where you are uncertain about any of the parameters listed, you can refer to these explanatory notes by using the help symbol to the right of the item on the checklist. If you remain uncertain, you should contact your appraiser for advice before you finalise your submission.

1, 2, 3, 4 [Further information can be found here](#)

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Explanatory notes for the doctor's medical appraisal checklist:

General

Previous appraisal record – submitted

Tick if:

I have provided my last appraisal summary.

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Scope of work – completed, with reflection, including governance arrangements and conflicts of interest

Tick if:

I have listed the organisations and locations where I have undertaken work as a licensed medical practitioner in the interval since my last appraisal, and provided a comprehensive description of the scope and nature of my practice.

(GMC and Academy^{2, 4} guidance states that you should record the scope and nature of all of your professional work. This should include all roles and positions for which a licence to practise is required, and should include work for voluntary organisations, work in private or independent practice and managerial, educational, research and academic roles.

Full and accurate declaration of their full scope of work has become recognised as a vital factor in supporting the rest of the process. This is because assessment of the rest of the doctor's supporting information requires the appraiser to be fully informed about all the work the doctor is doing in order to judge that, in the round, the doctor's supporting information reflects that the doctor is keeping up to date and fit to practise in all of their professional roles.

Types of work may be categorised into:

- Clinical commitments
- Educational roles, including academic and research
- Managerial and leadership roles
- Any other roles.

As well as listing each your roles you should describe the nature of your work in that role, and the governance arrangements within which you work in each role. You should upload any supportive information relating to your governance in a role such as in-post reviews/appraisals and personal objectives, under 'Additional Information' in your appraisal submission. If there is no formal governance in a role, you should make note of this fact, and comment on how you ensure your fitness to practise in that role, for example through activities such as self-review, peer review, self-directed learning and quality improvement.

You should reflect on your overall scope of work, and in particular make reference to whether any conflicts exists within it which would require action on your part.

^{2, 4} [Further information can be found here](#)

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Reflection – present throughout submission

Tick if:

I have reflected adequately on all the sections of my preparation.

(The GMC requires you to reflect on your supporting information and this is supported by Academy guidance⁴ (Figure 1).

Put simply you are expected to explain the relevance of the presented information to your practice and describe the actions you have taken or plan to take as a result.

In greater depth it may include a description of how you have shared, or plan to share, the learning with colleagues or changed, or plan to change, relevant systems).

Figure 1: Academy guidance on reflection

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

⁴ [Further information can be found here](#)

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Confidentiality – identifiable information removed/redacted

Tick if:

I have removed or redacted all patient and staff personal identifiable information or there is no such information to remove or redact⁵.

(You must take care to ensure that your whole appraisal submission is free from patient and staff personal identifiable information. In particular, due to data protection issues, the attaching of original material from significant events, complaints and compliments to your appraisal submission is not encouraged. It is recommended that you refer to them and provide your reflection on them in your appraisal submission but provide any supporting documentation separately to your appraiser.)

⁵ [Further information can be found here](#)

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Explanatory notes for the doctor's medical appraisal checklist:
Supporting information
Personal details – completed and up to date

Tick if you have, as a minimum, provided:

- your name
- your GMC number
- your medical and professional qualifications
- your contact details. In practice this means:
 - a working postal address
 - a working e-mail address
 - a working telephone number, whether land line or mobile.

In this context 'working' means one from which you will respond in a timely

manner to correspondence or calls received.

Your personal details must be updated as they change, and reviewed no less frequently than at each appraisal.

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Overall – supporting information matches my scope of work

Tick if:

I am confident that there is a good breadth to my supporting information and this allows me to assure my fitness to practise in all areas in which I am professionally active. Where there may be gaps I have highlighted these in my submission for discussion at my appraisal.

(Whilst you may not always present a full suite of supporting information for every role that you do at every appraisal (Figure 2), you should be able to make the case that your supporting information gives sufficient broad assurance of your fitness to practise, over a revalidation cycle.

This may require some consideration and professional judgement. For example if you are active in front line clinical service, you would be expected to include a significant amount of clinical CPD in your appraisal submission every year, but if your scope of work includes being a referee for a medical journal, you may undertake a lesser volume of CPD in that role over a longer than annual cycle. For some roles it may be legitimate to provide more supporting information in some years and less in another, and you might refer to this in your commentary on that role.

It is good practice to refer to this issue in each appraisal, and to review your supporting information across your full scope of work with your appraiser as your revalidation cycle progresses. This will help ensure that you do not suddenly find that you need to provide a large amount of supporting information across several roles in the year prior to your revalidation.

If this is your last appraisal prior to your revalidation date and you are in any doubt that your supporting information gives broad assurance of this nature it is advisable that you discuss this with your appraiser prior to finalising your submission.)

⁴ [Further information can be found here](#)

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Figure 2: Academy of Medical Royal Colleges on matching supporting information to scope of work

‘Although the supporting information brought to appraisal for revalidation should cover the whole scope of a doctor’s practice, this coverage does not have to take place every year of the five year cycle. It is permissible for a doctor to concentrate on specific areas of practice each year, and then to discuss with their appraiser how and when the remaining areas will be covered during the five-year cycle.’⁴

Review of last year’s PDP - present

Tick if:

I have provided my PDP from my last appraisal and commented on my progress with each item.

(You do not have to have achieved all your planned items, but if you have not completed one or more it is important that you describe why this has occurred. It will be helpful to indicate if you wish to carry forward to next year's PDP any items you have not completed.)

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CPD – listed, compliant with guidance, with reflection

Tick if:

My listed Continuing Professional Development (CPD) meets the GMC requirements, it takes into account College and other relevant guidance and it covers my whole scope of work (see advice under 'Overall – supporting information matches my scope of work', above). I have reflected on my CPD.

(Your CPD must meet the GMC requirements, take into account College and other relevant guidance and cover the doctor's whole scope of work.

It is important to reflect on individual activities of CPD as you do each one, and most CPD recording vehicles include this as standard. It is also important that, in preparation for your appraisal, you review your CPD 'in the round', and comment on how effective it has been in helping you remain up to date and fit to practise in all your professional roles.

Doctors should approach their training requirements proactively. Initiatives to facilitate this are welcome and the sharing of good practice in this area is to be encouraged. While prime responsibility for your personal learning rests with you, bearing in mind the shared responsibilities described in Section 4, the organisation also has a role in supporting your learning. Such activities might include, but are not restricted to:

- providing relevant structured training for new doctors
- providing vehicles such as e-learning
- facilitating team protected training
- supporting learning based on case discussions, complaints and significant events
- developing benchmarking data/audits etc. to prompt individual and team peer review
- nurturing champions for appropriate clinical areas
- analysing learning needs identified via appraisal and other means, and providing suitable training as a result.

It should therefore be clear that a broad and imaginative approach to CPD is to be encouraged. Volume, content, format (be it externally provided or self-directed) or indeed timing of CPD is not specified in the GMC guidance. Specialty guidance offers a degree of detail additional to GMC guidance and if you are a doctor practising within the remit of a College or other appropriate professional body you should take note of this. In practise the volume, content, type of delivery and timing of CPD activity must be individually tailored to your specific needs and interests in the context of your scope of

work. As noted in the GMC's guidance, CPD should focus on outcomes or outputs rather than on inputs and a 'time-served' approach.

In addition to the above, how you meet your learning needs will depend on your preferred ways of learning, the objectives of the learning and the opportunities available.

If you are planning to undertake 'non-traditional' learning activities you may find it helpful to discuss this with the person with clinical governance responsibility in your place of work, your appraiser or your responsible officer, to ensure that the planned activity is legitimate and as effective for you as possible.

[Mandatory training](#)

An organisation may specify training activities for its employees. These are commonly referred to as 'mandatory training' and may include, while not being limited to: equality and diversity training, information governance, fire training and manual handling. Such activities are commonly contractually specified. While they may or may not relate directly to your professional duties, the activities usually fall under the umbrella of CPD, and completion can be seen broadly in the context of the GMC domains of 'Good Medical Practice'.

You should therefore undertake any mandatory training to which you are contractually committed, unless you obtain exemption from the organisation. Whilst items of mandatory training may therefore be part of the agreed expected information for appraisal it should be recognised that the purpose of including them is primarily to prompt your reflection. The function of confirming that the activities have been completed rests with the governance processes of the organisation.)

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Quality improvement activities – listed, compliant with guidance, with reflection

Tick if:

[My listed quality improvement activities meet the GMC requirements, take into account College and other relevant guidance and cover my whole scope of work \(see advice under 'Overall – supporting information matches my scope of work', above\). I have reflected on my quality improvement activities.](#)

(The quality improvement activities listed by a doctor must meet these GMC requirements (Figure 3). A doctor should also take into account College and other relevant guidance and consider the quality improvement activities they are presenting in the context of their whole scope of work (as described above). The doctor must reflect on their quality improvement activities.

It is important that, in preparation for their appraisal, the doctor reviews their quality improvement activities 'in the round', and comments on how effective they have been in helping the doctor remain up to date and fit to practise in all their professional roles.

For the purpose of illustration, examples of activities which are acceptable

within this category include but are not limited to:

- Case reviews
- Clinical data collection exercises
- Reviews of clinical outcomes
- A quality improvement data exercise or audit (group or personal)

Whilst there is clear benefit to undertaking personal activities in this area, the GMC does not require quality improvement activities to be individually driven by the doctor. Activities undertaken within a team, practice, department, organisation or nationally may all qualify for reflection in this category. In all examples, the consistent requirements are that the doctor is able to analyse the data presented, identify its relevance to their practice and indicate actions which they have taken or plan to take as a result.)

Figure 3: GMC requirements on quality improvement activities

‘You will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. Quality improvement 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.’

Quality improvement activities could take many forms depending on the role you undertake and the work that you do. If you work in a non-clinical environment, you should participate in quality improvement activities relevant to your work.’²

² [Further information can be found here](#)

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Significant events (also known as untoward or critical incidents): all unintended or unexpected events, which could have or did lead to harm of one or more patients – listed, with reflection or confirmed none to include

Tick if:

I have included all such events in which I have been involved since my last appraisal submission.

(You must present all events meeting the GMC definition (Figure 4), with reflection, or confirm that there are none to include, as part of your appraisal submission.

In many well led services there are processes for capturing events of this nature. At a more formal level these include Serious Untoward Incidents (SUI) or Serious Incidents Requiring Investigation (SIRI); at a more local level they include untoward or critical incidents. Other sources also exist,

such as Coroner reports. In locations where there are well developed systems, you may need to make a judgement about which events to present in this section, depending on the degree of harm/potential for harm and whether your involvement was central or peripheral. While it is good practice to present reviews of events from which you have derived learning but which may not meet the GMC definition or in which your involvement was peripheral, it is

Figure 4: GMC definition of significant events

‘all unintended or unexpected events, which could have or did lead to harm of one or more patients’²

more appropriate to place these in the Quality Improvement Activities section. The Quality Improvement Activities section is also the more suitable section to submit events with a positive outcome.

If you work in an environment in which the capturing and analysis of such events are not part of local procedures, you must still note and include all events which meet the GMC definition above, whether or not this has been addressed in an official capacity.

It is acceptable for you not to list any events in this section if none meeting the GMC definition have occurred since your last appraisal, but if this is the case you should positively indicate that there are none, in the interests of clarity. Your appraiser may also explore with you the effectiveness of your processes for identifying significant events.

If you have managerial responsibility for significant events in your organisation, you should present this, along with your reflection on your effectiveness in this regard, within the Quality Improvement Activities section of your appraisal submission.

The direct attaching of original material from significant events to your appraisal submission is not encouraged as the nature of such material often makes true anonymisation difficult. It is recommended that you refer to them and provide your reflection in your appraisal submission but provide any supporting material separately to your appraiser.)

² [Further information can be found here](#)

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Feedback from colleagues – submitted, with reflection, or date last submitted

Tick if:

I have included a formal colleague feedback exercise in keeping with GMC and relevant College or other guidance and reflected on the results,

or

I have already presented a formal colleague feedback exercise in this revalidation cycle and recorded the date that this was completed in this appraisal submission,

or

I have not yet completed a formal colleague feedback exercise in this revalidation cycle, but have pointed this out in my appraisal submission for discussion with my appraiser⁵.

(GMC guidance² is for a minimum of one colleague survey, compliant with GMC requirements⁶, about the individual doctor to be completed during each five-year revalidation cycle². You are expected to reflect on the results of these surveys individually and with your appraiser and to identify lessons learned and changes to be made as a result.

If you have several different positions and roles in your scope of work, it may be appropriate for you to undertake separate colleague feedback exercises in more than one of these roles. This is partly because the design of one survey is typically structured towards a particular type of role, for example questionnaires designed for clinical and management settings may differ. You should also consider whether the survey(s) you are using ensure you have

obtained feedback from sufficient numbers and categories of colleagues across your full scope of work.)

2, 5, 6 [Further information can be found here](#)

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Feedback from patients – Submitted, with reflection, or date last submitted or confirmation not necessary (agreed by responsible officer)

Tick if:

I have included a formal patient feedback exercise in keeping with GMC and relevant College or other guidance and reflected on the results,

or

I have already presented a formal patient feedback exercise in this revalidation cycle and recorded the date that this was completed in this appraisal submission,

or

I have not yet completed a formal patient feedback exercise in this revalidation cycle, but have pointed this out in my appraisal submission for discussion with my appraiser⁷,

or

I have agreed with my responsible officer that patient feedback is not appropriate in the context of my scope of work, and have noted this in my appraisal submission.

(GMC guidance is for a minimum of one patient survey, compliant with GMC requirements, about the individual doctor to be completed during each five-year revalidation cycle². You are expected to reflect on the results of these surveys individually and with their appraiser and to identify lessons learned and changes to be made as a result.

In keeping with views expressed by patients, this should be viewed as a minimum, and you may wish to present patient feedback, both formal and informal more frequently than this, in order to ensure you obtain feedback from sufficient numbers and categories of patients across your full scope of work, and to support your personal learning about improving your practice most effectively.

For doctors who have no patient contact, the GMC comments: ‘You should assume that you do have to collect patient feedback, and consider how you can do so. We recommend that you think broadly about who can give you this sort of feedback. For instance, you might want to collect views from people who are not conventional patients but have a similar role, like families and carers, students, or even suppliers or customers’.

If you believe that patient feedback may not be necessary in your case but have not formally agreed this with your responsible officer, you should contact your appraiser to discuss this before you finalise your submission.)

2, 7 [Further information can be found here](#)

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Complaints and compliments – all complaints listed, with reflection, or confirmed none to include. Compliments listed (optional), with reflection

Tick if:

[I have included all complaints in which I have been involved, with reflection. I have listed any compliments which I wish to present, with reflection.](#)

(GMC guidance encourages doctors to view complaints as a form of valuable patient feedback, from which learning and improvements to practice can be derived². You must present all complaints in which you have been involved and which have been addressed at an organisational level (practice, departmental or higher). Academy guidance encourages the presentation of compliments at appraisal, as they too provide a source of learning and reinforcement.

Where you have not been involved in any complaints at an organisational level it may be acceptable for this section to be blank. However if you work in an environment in which there are no effective complaints procedures, you must remember that you have a professional duty to be receptive to complaints and to respond appropriately, and to present all complaints about your professional practice within this section.

Bear in mind that the purpose of presenting a complaint at your appraisal is not to adjudicate on the substance of the complaint, but to provide an opportunity to reflect and develop insight and learning for your future practice. If you have managerial responsibility for complaints in your organisation, you should present this, along with your reflection on your effectiveness in this regard within the Quality Improvement Activity section of your appraisal submission.

The attaching of original material from complaints and compliments to your appraisal submission is not encouraged as the nature of such material often makes true anonymisation difficult. It is recommended that you refer to them and provide your reflection in your appraisal submission but provide any supporting material separately to your appraiser.)

² [Further information can be found here](#)

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Achievements, challenges and aspirations - completed (optional – may be raised verbally at appraisal)

Tick if:

[I have reflected on my professional achievements, challenges and aspirations and considered whether I wish to discuss any of these with my appraiser.](#)

(You are encouraged to reflect on your professional achievements, challenges and aspirations and consider whether you wish to discuss any of these with your appraiser at each appraisal.

It is not required for you to write anything down in this section of your appraisal submission, but you should expect your appraiser to raise the subject with you and you have the option of a private conversation on these matters. This section arguably provides one of the clearest opportunities to ensure that the appraisal addresses the personal and professional needs of the doctor.

Having assembled and commented on your appraisal information to date it can help to pause in your preparation and organise your thoughts before making an entry in this section.)

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Probity declaration - completed; suspensions, restrictions or investigations listed if present, with reflection

Tick if:

I have made a declaration that I accept the professional obligations placed on me in 'Good Medical Practice' in relation to probity and considered whether there are any matters in relation to probity which I wish to discuss with my appraiser. This includes recognition that I accept the statutory obligation to ensure that I have adequate and appropriate medical insurance or indemnity covering my full scope of work in the UK⁸, and the professional obligation to manage my interests appropriately.

I have confirmed whether I have any suspensions, restrictions or investigations to declare and given details of these if they are present, with my reflection for discussion at appraisal.

(You must also confirm whether you have any suspensions, restrictions or investigations to declare and give details of these if they are present, with your reflection for discussion at appraisal.

Bear in mind that the purpose of presenting these at your appraisal is not to adjudicate on them, but to provide an opportunity to reflect and develop insight and learning for your future practice.

If you are subject to any suspensions, restrictions or investigations, or if you have been asked to include specific information in your appraisal, but you are not including this in your appraisal submission, it is vital that you discuss this with your appraiser or responsible officer before finalising your appraisal submission. Failure to include such information without prior discussion could constitute a failure of probity which could call into question your fitness to practise.)

⁸ [Further information can be found here](#)

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Health declaration - completed

Tick if:

I have made a health declaration that I accept the professional obligations placed on me in 'Good Medical Practice' about my personal health and considered whether there are any matters in relation to my health which I wish to discuss with my appraiser.

(Academy guidance⁴ indicates that, when making a health declaration, you accept your professional obligations in this way, it is appropriate to consider any relevant specialty guidance, as certain specialties may have specific requirements in relation to health, such as immunisation and infection control procedures.)

⁴ [Further information can be found here](#)

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Additional information – listed, or confirmed none expected, or explanation why absent

Tick if:

I have indicated whether I have been asked to present any specific information in my appraisal submission.

Where I have, I have included this information in my submission, with my reflection for discussion at appraisal.

or

I have not been asked to present any specific information in my appraisal submission.

(In many settings there are specific items which the responsible officer may agree with doctors are expected, and should be presented at appraisal, with reflection. Where such items are defined, they should be listed in this section. The information itself should then be set out in the relevant section to which it pertains.

You should indicate in this section whether or not you have been specifically asked to present any information in your appraisal submission, with your reflection on these or an explanation of why you have not presented them.

These specific items may relate to the clinical specialty and originate from, for example, College specialty guidance³. Alternatively they may originate from local priorities identified by the responsible officer or elsewhere in the system. They may include any of the categories of supporting information (CPD, quality improvement, significant events, complaints, feedback from colleagues and patients). They may also relate to matters of health and probity as well as other professional matters. They may be defined as expected for groups of doctors, or they may be agreed individually between a doctor and their responsible officer.)

³ [Further information can be found here](#)

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Review of GMC 'Good Medical Practice' domains - completed

Tick if:

I have reviewed all of my supporting information in the context of the GMC Good Medical Practice domains⁹ and provided written reflection for discussion at my appraisal.

⁹ [Further information can be found here](#)

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New PDP ideas - listed (optional – may be raised verbally at appraisal)

Tick if:

I have considered whether to record some ideas for my PDP for discussion at my appraisal.

(It is not required for you to do this but it can be helpful; evidence indicates that a doctor who takes control of their PDP is more likely to make progress with fulfilling it.)

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