



Supporting information for revalidation checklist

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

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		FREQUENCY	RECOMMENDED TOOLS
Personal details	<ul style="list-style-type: none"> ✓ GMC/GDC number ✓ demographic and relevant personal information and qualifications ✓ self-declaration of no change, or an update identifying changes 	Annual	<ul style="list-style-type: none"> • Surgeon's Portfolio
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		FREQUENCY	RECOMMENDED TOOLS
CPD	<ul style="list-style-type: none"> ✓ Description of CPD undertaken each year ✓ CPD should be recorded against categories: <ul style="list-style-type: none"> • Clinical • Academic • Professional (including managerial) and context: <ul style="list-style-type: none"> • Internal • External • Personal ✓ Each surgeon will have a different balance of activities to reflect their role but they should show some diversity in topic and types of activity. Surgeons should accrue at least 50 CPD hours per year. 	Annual	<ul style="list-style-type: none"> • Surgeon's Portfolio • CPD Guidance for Surgery

REVIEW OF PRACTICE		FREQUENCY	RECOMMENDED TOOLS
Quality improvement activity			
Clinical audit	<ul style="list-style-type: none"> ✓ Surgeons must make available their data to national audits and registries where they exist and are approved by the relevant SAC- defined specialty association. ✓ Surgeons should normally undertake personal/ local audits focussed on topics relevant to their practice. ✓ Validated and analysed outcomes data should normally be provided by the surgeon's employing organisation. ✓ Details of national, local and mandatory audits recommended for surgeons are available online 	Annual where applicable	<ul style="list-style-type: none"> • Surgeon's Portfolio • Outcome Framework Guidance for Surgery
Review of clinical outcomes	<ul style="list-style-type: none"> ✓ Surgeons are expected to discuss their outcomes data at every appraisal. ✓ Each SAC-defined surgical specialty has produced detailed guidance on this which is available online. ✓ Normally the surgeon's employing organisation will provide validated and analysed outcomes data (according to specialty guidance) to assist this process. 	If available	
Case review or discussion	<ul style="list-style-type: none"> ✓ Surgeons should participate in Morbidity and Mortality meetings (sometimes also called audit meetings) and where relevant Multi-disciplinary Team meetings. ✓ Participation should be confirmed via minutes or attendance registers. 	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. ✓ Surgeons should discuss the records of significant events. Official records should be used except where these are not available (eg in some non-NHS settings); where official records are not available surgeons should keep a personal record. 	Annual	<ul style="list-style-type: none"> • Surgeon's Portfolio
FEEDBACK ON YOUR PRACTICE		FREQUENCY	RECOMMENDED TOOLS
Colleague feedback	✓ MSF colleague feedback exercise (normally by the end of year 2).	Minimum 1 in 5 years	<ul style="list-style-type: none"> • Surgeon's Portfolio • GMC Feedback Questionnaires • Appropriate process for collecting feedback should normally be organised by the surgeon's employing organisation.
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	