



Appraisal and revalidation - time to assess the evidence

Journal:	<i>BMJ</i>
Manuscript ID	BMJ-2020-059758
Article Type:	Analysis
BMJ Journal:	BMJ
Date Submitted by the Author:	21-Jun-2020
Complete List of Authors:	Tzortziou Brown, Victoria; Queen Mary University of London, Institute of Population Health Sciences McCartney, Margaret; Fulton Street Medical Centre Heneghan, Carl; Oxford University, Centre for Evidence Based Medicine
Keywords:	

SCHOLARONE™
Manuscripts

Analysis

Appraisal and revalidation - time to assess the evidence

Victoria Tzortziou Brown¹

Margaret McCartney²

Carl Heneghan³

¹ Institute of Population Health Sciences, Barts and The London School of Medicine and Dentistry, Queen Mary University of London

² Fulton Street Medical Centre, Glasgow

³Centre for Evidence Based Medicine, University of Oxford

Correspondence to:

Victoria Tzortziou Brown

Institute of Population Health Sciences, Barts and The London School of Medicine and Dentistry, Queen Mary University of London

Email: V.TzortziouBrown@qmul.ac.uk

Word count: 2031

References: 44 references

KEY MESSAGES

- **Appraisal is the product of two determining discourses: regulation and professionalism. It aims to respond to distinct, often competing priorities which require different processes.**
- **There is currently little evidence of appraisal achieving its objectives which range from assuring a doctor's fitness to practise and performance management, to driving personal and professional development whilst providing coaching, mentoring and pastoral care.**
- **The pause of appraisal and revalidation during the pandemic offers an opportunity for critical thinking and reflection.**
- **Clarity of purpose should be followed by research to identify the appropriate intervention tools and outcomes, measurement of intended and unintended consequences, and evaluation of cost-effectiveness.**

Contributors and sources

The authors worked together on the initial manuscript and revisions and all shared in the design, literature review, and drafting of the manuscript. VTB is a GP and an appraiser and has been involved in research on the design and evaluation of complex interventions and their effect on professional behaviour. MM is a GP and honorary fellow of the Centre for

1
2
3 34 Evidence Based Medicine in Oxford University. CH is Professor of Evidence Based
4 35 Medicine in Oxford University.

5 36
6 37 VTB is the guarantor of the article.
7 38

8 39 **Conflicts of Interest**

9 40 We have read and understood [BMJ policy on declaration of interests](#) and have the following
10 41 interests to declare: VTB is a GP appraiser. MM has previously written of her concerns about
11 42 appraisal. All have to undergo appraisal as part of revalidation. There are no other potential
12 43 conflicts of interest.
13 44

14 45 **Licence**

15 46 The Corresponding Author has the right to grant on behalf of all authors and does grant on
16 47 behalf of all authors, an exclusive licence (or non exclusive for government employees) on a
17 48 worldwide basis to the BMJ Publishing Group Ltd ("BMJ"), and its Licensees to permit this
18 49 article (if accepted) to be published in The BMJ's editions and any other BMJ products and
19 50 to exploit all subsidiary rights, as set out in [The BMJ's licence](#).
20 51

21 52 **Patient and Public Involvement**

22 53 This analysis did not involve patients or the public in its design or reporting. Any redesign of
23 54 appraisal and revalidation will need to involve patients and the public as key stakeholders.
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Appraisal and revalidation - time to assess the evidence

Introduction

The pause of appraisal and revalidation during the pandemic offers an opportunity for critical thinking on their purpose and cost-effectiveness and for redesign of their processes argue Victoria Tzortziou Brown and colleagues.

The Covid-19 pandemic has resulted in the GMC taking a more flexible approach to regulation, with appraisals largely suspended to allow doctors to focus on immediate safety and workload.¹ Preparing for its reinstatement, there are calls to reassert appraisal within the context of a 'wellbeing' framework. We argue for the need for clarification of the purpose of appraisal, an evidence-based approach for its implementation and the need for ongoing evaluation.

The purpose of appraisal and revalidation according to the GMC

The GMC says "During your annual appraisals, you will use supporting information to demonstrate that you are continuing to meet the principles and values set out in Good medical practice"² and this links to revalidation which "gives your patients confidence that you're up to date".³ Appraisal must contain supporting information about continuing professional development, quality improvement activity, significant events, feedback from patients and colleagues, and complaints and compliments.⁴

The GMC is the first regulator in the world to implement a compulsory and comprehensive revalidation process⁵ for over 335,000 doctors on the register.⁶ Although there can be some leeway for doctors on sick or maternity leave, or in extraordinary circumstances, this is the only route to revalidation. A cost and benefit analysis in 2012 showed that, in England alone, revalidation would cost the NHS nearly £1billion over a ten-year period.⁷ The expected benefits included: increased public trust and confidence in doctors, improved patient safety and quality of care, reduced costs of support for underperforming doctors, reduced malpractice and litigation costs, better information about care quality and positive cultural change in the medical profession.⁸

The current roles of appraisal

Because of its history, (Table 1) there is an ongoing tension on whether the mode of revalidation and its key component, appraisal, should be summative (a pass/fail test against a defined standard), or formative (a flexible, informative exchange of information).^{9,10,11}

This tension results from attempts to accommodate a wide range of stakeholders who advocate appraisal as a response to different, often competing priorities rather than a clear

93 objective underpinned by a cohesive framework.¹² The current roles of appraisal include a
 94 combination of assuring a doctor's fitness to practise and performance management, as well
 95 as driving personal and professional development, and providing coaching, mentoring,
 96 pastoral care and support. So how well does appraisal fulfil these roles?

97
 98 **Table 1: The history of appraisal and revalidation**

Year	Key events
1975	Merrison committee report On re-licensure the report mentions that "continued registration should not depend on continued participation in education, but the GMC should encourage the development of continued participation in education" and proposes annual certification requiring doctors to make a declaration of their continued fitness to practise. ¹
1998	Bristol paediatric heart surgery scandal: GMC finds three doctors guilty of serious professional misconduct Sir Donald Irvine-Bristol paediatric cardiac enquiry: There is a growing awareness of a "clear public expectation that medical regulation should include measures to assure patients that consultants, and general practitioners, continue to perform effectively throughout their working lives." ²
1999	GMC proposes revalidation as necessary to practise Panel of senior doctors and lay people proposed to judge doctors against criteria with a non-confidential appraisal document folder. "Revalidation will be a proactive, inclusive programme, designed to demonstrate that the performance of doctors is acceptable. It will apply to all doctors on the register, be conducted locally by peers and lay people, be monitored nationally by the GMC, and must be implemented with a 'light touch' if it is to succeed" ³
2000	Shipman found guilty of 15 murders GMC produces the Principles of Revalidation Consultation Paper, the first proposal of a formal process of Revalidation, followed by Revalidating Doctors: Ensuring Standards, Securing the Future. ¹ GMC claims revalidation would improve doctors' weaknesses, improve patient confidence, and benefit employers by ensuring employees were fit to practise by identifying and correcting poor performance. ²
2001	Bristol enquiry published GMC performs 'mock revalidation pilot': Results showed that doctors had little difficulty in assembling their folders, and for some, the exercise took just 30 minutes to complete. In the case of hospital physicians, only 36% were recommended for revalidation and further information was requested on the remaining 64%. General practitioners managed to provide more information, with 86% recommended for revalidation. ⁴ Cost estimated at 9-14 million annually and the annual F/T equivalent of 204 doctors. ²
2001-2002	Medical appraisal becomes a requirement for consultants in 2001 and for general practitioners (GPs) in 2002. ⁵ Medical appraisal is defined as a process of facilitated self-review supported by information gathered from the full scope of a doctor's work ⁶ and is not designed as an assessment of competence.

2002	<p>Government response to Bristol enquiry published</p> <p>Medical Act changed: Revalidation is now legally defined as “an evaluation of a medical practitioner’s fitness to practise.”⁷</p> <p>Second GMC pilot: Evidence gathered by doctors would have allowed revalidation decision to be positively made 69% of time.²</p>
2003	GMC employ management consultants SHM Productions Ltd (SHM): Found little agreement amongst doctors on what revalidation could achieve ²
2005	<p>Shipman enquiry: Dame Janet Smith: “In my view, revalidation could make a major contribution to the identification of incompetent and poorly performing doctors and thus to patient safety...present proposals for the revalidation of GPs do not provide an evaluation of fitness to practice and cannot achieve this important objective.”</p> <p>Recommended summative knowledge test, video consultations, clinical audit, patient satisfaction questionnaires, and significant events. “Would it be possible for ‘another Shipman’ to be detected by clinical governance activities, as they might be expected to operate in the foreseeable future? I think that is a real possibility.”</p> <p>“Almost impossible to assess benefits in terms of a cost benefit equation but recommended summative evaluation of each doctor’s fitness to practise”.²</p>
2010	<p>GMC Statement of Intent: “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.”⁸</p>
2012	<p>Revalidation is introduced</p> <p>Revalidation by the GMC begins and is based on a doctor’s participation in five annual appraisals. The responsible officer (RO) makes a recommendation for revalidation using the appraisal output summaries. The appraiser is asked to confirm that no information has been presented for discussion in the appraisal that raises a concern about the doctor’s fitness to practise.⁸</p> <p>“Appraisal is not the forum for the organisation to address specific clinical governance or performance issues.”⁸</p>
2017	<p>Pearson review</p> <p>Recommended the GMC should “Identify a range of measures by which to track the impact of revalidation on patient care and safety over time” and health boards should “challenge their organisations as to how revalidation is helping to improve safety and increase assurance for patients”. Purpose of revalidation is defined as “a safety and quality system aimed at assuring the public that doctors are up to date and fit to practise in the UK, whilst also reinforcing the professional standing of a doctor.”⁹</p>
2018	<p>Umbrella review of revalidation</p> <p>Notes higher deferral rates in female, younger, and black and minority doctors. Found that some doctors identified negative associations of appraisal and “may not necessarily improve professional practice”. Noted no fall in fitness to practice referrals, and “Part of the challenge of evidencing this from our data is the lack of clarity over the purpose of revalidation”¹⁰</p>
2019	<p>GMC appeal Medical Practitioners Tribunal decision on Dr Bawa Garba</p> <p>Reflections written by Dr Garba used in evidence against her. Doctors reflections (such as that in appraisal documents) “potentially disclosable to courts, tribunals, and coroners”^{11,12}</p>

1. Archer J, Regan De Bere S, Nunn S, Clark J, Corrigan O. [Internet]. Plymouth.ac.uk. 2012 [cited 19 June 2020]. Available from: <https://www.plymouth.ac.uk/uploads/production/document/path/1/1947/Stage-One-Report.pdf>
2. The Shipman Inquiry - Fifth Report - CHAPTER TWENTY-SIX - Revalidation [Internet]. Webarchive.nationalarchives.gov.uk. [cited 15 June 2020]. Available from: https://webarchive.nationalarchives.gov.uk/20090808163837/http://www.the-shipman-inquiry.org.uk/5r_page.asp
3. Southgate L, Pringle M. Revalidation: Revalidation in the United Kingdom: general principles based on experience in general practice. *BMJ*. 1999;319(7218):1180-1183
4. Kmietowicz Z. GMC revalidation scheme passes first hurdle. *BMJ*. 2001;322(7297):1267-1267.
5. Medical Appraisal Policy Policy for the appraisal of licensed medical practitioners who have a prescribed connection to NHS England [Internet]. England.nhs.uk. 2015 [cited 15 June 2020]. Available from: <https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/05/medical-appraisal-policy-0415.pdf>
6. NHS England » Appraisal [Internet]. England.nhs.uk. [cited 15 June 2020]. Available from: <https://www.england.nhs.uk/medical-revalidation/appraisers/>
7. Medical Act 1983 [Internet]. Legislation.gov.uk. 1983 [cited 19 June 2020]. Available from: <http://www.legislation.gov.uk/ukpga/1983/54/section/29A>
8. Medical Appraisal Guide A guide to medical appraisal for revalidation in England [Internet]. England.nhs.uk. 2013 [cited 15 June 2020]. Available from: <https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/02/rst-medical-app-guide-2013.pdf>
9. Taking revalidation forward Sir Keith Pearson's review of medical revalidation. Improving the process of relicensing for doctors [Internet]. Gmc-uk.org. 2017 [cited 15 June 2020]. Available from: https://www.gmc-uk.org/-/media/documents/Taking_revalidation_forward_Improving_the_process_of_relicensing_for_doctors.pdf_68683704.pdf
10. Evaluating the regulatory impact of medical revalidation [Internet]. Gmc-uk.org. 2018 [cited 15 June 2020]. Available from: https://www.gmc-uk.org/-/media/documents/umbrella-report-final_pdf-74454378.pdf
11. Dyer C, Cohen D. How should doctors use e-portfolios in the wake of the Bawa-Garba case? *BMJ*. 2018; k572.
12. NHS England » ROAN information sheet 8: Confidentiality of reflections for appraisal [Internet]. England.nhs.uk. 2017 [cited 15 June 2020]. Available from: <https://www.england.nhs.uk/medical-revalidation/ro/info-docs/roan-information-sheets/confidentiality-of-reflections-for-appraisal/>

99

100 **Appraisal and assurance of fitness to practice**

101 The White Paper on medical regulation¹³ proposed that appraisal should remain central to
 102 the revalidation process but with a greater emphasis on the summative aspects 'which
 103 confirm that a doctor has objectively met the standards expected'. However, there is no
 104 relevant research and evidence on what tools, data and processes can objectively
 105 demonstrate that doctors meet these minimum expected standards.

106

107 The existing appraisal process has a strong focus on collecting, recording and reflecting on
 108 supporting information across six defined categories. However, written reflection is not
 109 necessarily translated into ongoing reflective practice¹⁴ and there is currently no robust
 110 evidence to show that appraisal and revalidation improve safety, patient outcomes or give
 111 patients confidence in doctors.¹⁵ In fact, the existing process is often seen as onerous and
 112 bureaucratic.¹⁶ For this reason, professional standards activities (including appraisal and
 113 revalidation) were largely suspended during the Covid-19 pandemic "to free up capacity to
 114 maintain essential care".¹⁷ Additionally, during the pandemic retired doctors were

1
2
3 115 automatically re-registered with the GMC and told they did not have to engage with
4 116 revalidation.¹⁸

5
6 117

8 118 **Appraisal and performance management**

9 119 Another summative role of appraisal, especially in hospital settings, is this of performance
10 120 management. According to NHS England's Revalidation Support Team, medical appraisals
11 121 "may also be used to enable doctors to ensure that they are working productively and in line
12 122 with the priorities and requirements of the organisation in which they practise".¹⁹

13
14 123

15
16 124 The Review Body on Doctors' and Dentists' Remuneration (DDRB) has gone further by
17 125 recommending linking pay progression to achievement of excellence as assessed at
18 126 appraisal.²⁰ However, the incorporation of job planning, performance reviews and pay
19 127 progression within the appraisal process introduces inherent conflicts of interests and
20 128 challenges around appraisal confidentiality.¹² In addition, doctors are sometimes asked to
21 129 include evidence of mandatory training within appraisal documentation, an organisational but
22 130 not GMC requirement, which adds to the confusion and conflict.²¹ Further, in many
23 131 organisations, the role of responsible officer is held by the Medical Director. This presents a
24 132 potential conflict of interest, as the appraisee may want to raise contractual, safety or
25 133 management concerns.

26
27 134

28 135 Performance management is poorly underpinned by evidence.²² A rapid evidence
29 136 assessment²³ including 34 meta-analyses on goal-setting and 23 on performance appraisals
30 137 by the Chartered Institute of Personnel and Development (CIPD) showed that while
31 138 appraisal can contribute towards performance, there is a great deal of variation and in many
32 139 cases it has no effect or even worsens performance. The review found that employees'
33 140 reactions to appraisals are especially influential, in particular whether they feel that appraisal
34 141 judgements are fair and useful. The review suggested that performance management should
35 142 be seen as a continuous chain of connected activities, not a discrete process that is
36 143 occasionally revisited and recommended separating developmental performance issues
37 144 from administrative ones as they clearly involve different types of professional behaviour.²³

38
39 145

40 146 **Appraisal, learning and professional development**

41 147 A formative element of appraisal is concerned with continuous professional development
42 148 (CPD). Appraisal is meant to help doctors identify their educational needs as early as
43 149 possible, reflect on them and plan to address them.²⁴

44
45 150

1
2
3 151 However, reliance on formal assessment of learning needs in annual appraisal, risks turning
4 152 learning from a reflexive and responsive process into a narrow and fixed one.²⁵ There is little
5 153 causal evidence to demonstrate a link between the provision of an appraisal process and an
6 154 improvement in practice.²⁶ A systematic review of multi-source feedback found limited
7 155 evidence of variable quality for its' influence over professional performance.²⁷ A 2014 NHS
8 156 Revalidation Support Team report summarizing research on the benefits and impact of
9 157 medical revalidation ²⁸ found that only a quarter of doctors report a change to aspects of
10 158 their clinical practice or behaviour as a result of their last appraisal. A cross sectional survey
11 159 of GPs showed that less than half of appraisees reported that appraisal enhanced learning
12 160 or improved practice, and just over half said that it encouraged CPD.²⁶ Feedback in 2019
13 161 using the NHS England Medical Appraisal Policy questionnaire, which is completed
14 162 immediately post-appraisal, found that 91% of doctors agreed that appraisal was useful for
15 163 promoting quality improvement.²⁹ This is much higher than the 2017 RCGP survey where
16 164 34% responded 'yes' to this question. ²⁹ The above findings are based on self-reported,
17 165 subjective assessments on the impact of appraisal. The timing of the surveys in relation to
18 166 the appraisal process may partly explain the wide variation in the results.

19 167
20 168 Appraisal provides a means to document practice but may not necessarily improve
21 169 professional practice and some doctors identify potentially negative impacts on practice and
22 170 professional autonomy.¹⁴ A survey of over 1000 UK GPs and trainees in 2017 found that
23 171 "70% of respondents stated that summative, written reflection is a time-consuming, box-
24 172 ticking exercise which distracts from other learning."¹⁶ Another study suggested that
25 173 appraisal is often seen as a tick-box process creating the impression of accountability ³⁰ and
26 174 that if there is doubt about the value of appraisal, or there is a lack of trust, the process is
27 175 more likely to be regarded as purely procedural.

28 176
29 177 In its Training for Tomorrow policy statement, ³¹ the Solicitors Regulation Authority (SRA)
30 178 outlined fundamental changes to the way of regulating professionals by focusing less on
31 179 learning processes and more on outcomes and by "ending the current discredited "tick-box"
32 180 approach to continuing professional development". The SRA said the regulators' role is to
33 181 identify significant risks to the public interest, while it is the "obligation of individuals, in
34 182 conjunction with the organisation in which they work, to tailor professional development to
35 183 reflect their particular needs and circumstances."

36 184

37 185 **Appraisal and professional coaching/mentoring**

38 186 Appraisal may go beyond identifying learning needs and agreeing CPD plans. It is
39 187 sometimes seen as an opportunity for medical professionals to reflect on their careers,

1
2
3 188 consider their aspirations and develop their potential. Thus, appraisal may adopt elements of
4 189 career coaching and mentoring.

5
6 190

7
8 191 However, these rely on the development of a trusting relationship over time rather than
9 192 during a single annual encounter and both depend on confidentiality, an unconditional
10 193 positive regard for the client and a non-judgmental approach.³² Most organised mentoring
11 194 schemes attempt matching of mentees with mentors.³³ Such conditions are not possible in
12 195 the existing appraisal process and therefore, although coaching and mentoring are
13 196 increasingly being advocated within the NHS and the GMC Good Medical Practice
14 197 guidelines, such interventions are likely to be more effective outside the appraisal process.

15
16 198

19 199 **Appraisal, life coaching and wellbeing**

20 200 A relatively new appraisal role attracting interest is life coaching, which explores issues such
21 201 as work-life balance, 'wellbeing' and pastoral care.²⁹ The GMC's report Caring for doctors
22 202 Caring for patients³⁴ uses doctors' wellbeing as a barometer of workplace stress in
23 203 healthcare organisations, stating that it affects quality of care for patients with negative
24 204 implications for patient safety and experience and workforce retention. The GMC has
25 205 committed to working with relevant stakeholders towards improving doctors' working lives.

26
27 206

28 207 However, it is unclear how appraisal can meaningfully contribute towards this. A qualitative
29 208 study showed that if appraisal data are used as evidence for revalidation, it would inhibit
30 209 doctors from openly exploring difficulties or limitations.³⁵ The appraisee is currently expected
31 210 to use their own judgement in declaring fitness to work or, if relevant, the judgment of their
32 211 own doctors (via their GP or Occupational Health department). If a health concern potentially
33 212 impacting on fitness to practise is found during appraisal, the appraisee should be referred to
34 213 a suitably qualified colleague and the concern addressed within other processes, for
35 214 example via Occupational Health assessment, not within a performance framework.³⁶

36 215 In view of the above and the fact that appraisal only occurs annually, it is unclear how
37 216 effective it can be at picking up appraisees' health needs. In fact, some studies find that
38 217 appraisal and revalidation may actually contribute to workload and stress and some
39 218 appraisees perceive the process as unhelpful, time consuming and of low value.^{16, 37} There
40 219 is evidence that appraisal and revalidation can have a negative impact on morale and
41 220 burnout, likely contributing to GPs and consultants leaving the profession.^{38, 39} It has been
42 221 argued that this is likely due to the inflexibility and time-consuming nature of appraisal and
43 222 that women aged between 30 and 39 are disproportionately affected.⁴⁰

44
45 223

46 224 **Redesigning appraisal**

1
2
3 225 MRC guidance ⁴¹ on developing and evaluating complex interventions, emphasizes the need
4 226 for clarity of purpose. The recently published draft updated guidance ⁴² advises on the
5 227 importance of understanding problems in order to propose informed solutions, identifying
6 228 existing evidence, involving relevant stakeholders, and developing programme theory
7 229 describing how an intervention is expected to lead to effects and under what conditions,
8 230 while choosing from the outset the outcome measures required to evidence change.
9
10
11
12
13

14 232 Appraisal seems to be the product of two determining discourses: regulation and
15 233 professionalism. These are the result of different drivers, with different aims that require
16 234 different processes.⁹ Despite the at scale mobilisation and engagement of most doctors on
17 235 the register, the enthusiasm and hard work of appraisers and Responsible Officers and the
18 236 considerable efforts to research, understand its impact and improve its processes,⁴³ there is
19 237 currently little objective evidence of appraisal achieving its many distinct and often
20 238 incompatible objectives, the number of which seems to compromise the integrity, quality,
21 239 and efficiency of the appraisal process and confuses stakeholders.¹²
22
23
24
25
26
27

28 241 The pause of appraisal and revalidation during the pandemic offers a unique opportunity for
29 242 critical thinking and reflection. Clarity of purpose⁴⁴ should be followed by research for the
30 243 identification of the most appropriate intervention tools and outcomes. The use of technology
31 244 may assist automation of processes, with resulting efficiencies in terms of time and costs.
32 245 Cost-effectiveness evaluation with measurement of intended and unintended consequences
33 246 should be incorporated in any redesign. New models of appraisal should not be started
34 247 without these features.
35
36
37
38
39

40 248 41 249 **References**

- 42 250 1. Changes made to revalidation in response to the coronavirus (COVID-19)
43 251 pandemic [Internet]. Gmc-uk.org. 2020 [cited 15 June 2020]. Available from:
44 252 [https://www.gmc-uk.org/registration-and-licensing/managing-your-](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/changes-made-to-revalidation-in-response-to-the-coronavirus-covid-19-pandemic)
45 253 [registration/revalidation/changes-made-to-revalidation-in-response-to-the-](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/changes-made-to-revalidation-in-response-to-the-coronavirus-covid-19-pandemic)
46 254 [coronavirus-covid-19-pandemic](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/changes-made-to-revalidation-in-response-to-the-coronavirus-covid-19-pandemic)
47 255 2. Supporting information for appraisal and revalidation [Internet]. Gmc-uk.org. 2020
48 256 [cited 15 June 2020]. Available from: [https://www.gmc-uk.org/registration-and-](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-revalidation)
49 257 [licensing/managing-your-registration/revalidation/guidance-on-supporting-](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-revalidation)
50 258 [information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-revalidation)
51 259 [revalidation](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-revalidation)
52 260 3. Revalidation [Internet]. Gmc-uk.org. 2020 [cited 15 June 2020]. Available from:
53 261 [https://www.gmc-uk.org/registration-and-licensing/managing-your-](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation)
54 262 [registration/revalidation](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation)
55
56
57
58
59
60

- 1
2
3 263 4. Revalidation guidance for doctors [Internet]. Gmc-uk.org. 2019 [cited 15 June
4 264 2020]. Available from: [https://www.gmc-uk.org/-/media/documents/revalidation-](https://www.gmc-uk.org/-/media/documents/revalidation-guidance-for-doctors_pdf-54232703.pdf)
5 265 [guidance-for-doctors_pdf-54232703.pdf](https://www.gmc-uk.org/-/media/documents/revalidation-guidance-for-doctors_pdf-54232703.pdf)
- 6 266 5. Revalidation gets its own appraisal [Internet]. Improving medical education and
7 267 practice across the UK. 2014 [cited 15 June 2020]. Available from:
8 268 <https://gmcuk.wordpress.com/2014/03/05/revalidation-gets-its-own-appraisal/>
- 9 269 6. The medical register [Internet]. Gmc-uk.org. 2020 [cited 15 June 2020]. Available
10 270 from: <https://www.gmc-uk.org/registration-and-licensing/the-medical-register>
- 11 271 7. White C. Revalidation will cost nearly £100m a year. BMJ. 2012;;e7659
- 12 272 8. Revalidation to cost £1bn over a decade but benefits 'hard to predict' | GPonline
13 273 [Internet]. Gponline.com. 2012 [cited 15 June 2020]. Available from:
14 274 [https://www.gponline.com/revalidation-cost-1bn-decade-benefits-hard-](https://www.gponline.com/revalidation-cost-1bn-decade-benefits-hard-predict/article/1158490)
15 275 [predict/article/1158490](https://www.gponline.com/revalidation-cost-1bn-decade-benefits-hard-predict/article/1158490)
- 16 276 9. Archer J, Regan de Bere S, Nunn S, Clark J, Corrigan O. "No One Has Yet
17 277 Properly Articulated What We Are Trying to Achieve". Academic Medicine.
18 278 2015;90(1):88-93.
- 19 279 10. Brennan N, Bryce M, Pearson M, Wong G, Cooper C, Archer J. Understanding
20 280 how appraisal of doctors produces its effects: a realist review protocol. BMJ Open.
21 281 2014;4(6):e005466-e005466.
- 22 282 11. Irvine D. Good doctors: safer patients--the Chief Medical Officer's prescription for
23 283 regulating doctors. Journal of the Royal Society of Medicine. 2006;99(9):430-432.
- 24 284 12. Khisty N. Appraising appraisal. BMJ. 2016;;i4248.
- 25 285 13. Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st
26 286 Century [Internet]. Assets.publishing.service.gov.uk. 2007 [cited 15 June 2020].
27 287 Available from:
28 288 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf)
29 289 [hment_data/file/228847/7013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf)
- 30 290 14. Evaluating the regulatory impact of medical revalidation [Internet]. Gmc-uk.org.
31 291 2018 [cited 15 June 2020]. Available from: [https://www.gmc-uk.org/-](https://www.gmc-uk.org/-/media/documents/umbrella-report-final_pdf-74454378.pdf)
32 292 [/media/documents/umbrella-report-final_pdf-74454378.pdf](https://www.gmc-uk.org/-/media/documents/umbrella-report-final_pdf-74454378.pdf)
- 33 293 15. Archer J, Regan De Bere S, Brennan N, Lynn N. Evaluating the strategic impact of
34 294 medical revalidation Building an evaluation framework [Internet]. Gmc-uk.org. 2013
35 295 [cited 15 June 2020]. Available from: [https://www.gmc-uk.org/-/media/gmc-site-](https://www.gmc-uk.org/-/media/gmc-site-images/about/evaluatingthestrategicimpactofmedicalrevalidationpdf55293756.pdf?a=en&hash=B33C4D13B70465DFE6AD3F3386A1F2E53CE50F8F)
36 296 [images/about/evaluatingthestrategicimpactofmedicalrevalidationpdf55293756.pdf?!](https://www.gmc-uk.org/-/media/gmc-site-images/about/evaluatingthestrategicimpactofmedicalrevalidationpdf55293756.pdf?a=en&hash=B33C4D13B70465DFE6AD3F3386A1F2E53CE50F8F)
37 297 [a=en&hash=B33C4D13B70465DFE6AD3F3386A1F2E53CE50F8F](https://www.gmc-uk.org/-/media/gmc-site-images/about/evaluatingthestrategicimpactofmedicalrevalidationpdf55293756.pdf?a=en&hash=B33C4D13B70465DFE6AD3F3386A1F2E53CE50F8F)
- 38 298 16. Curtis P, Taylor G, Riley R, Pelly T, Harris M. Written reflection in assessment and
39 299 appraisal: GP and GP trainee views. Education for Primary Care. 2017;28(3):141-
40 300 149.
- 41 301 17. Correspondence to all Responsible Officers and Medical Directors in England
42 302 [Internet]. England.nhs.uk. 2020 [cited 15 June 2020]. Available from:
43 303 [https://www.england.nhs.uk/coronavirus/wp-](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/letter-from-prof-powis-to-ros-and-mds-19-march-2020.pdf)
44 304 [content/uploads/sites/52/2020/03/letter-from-prof-powis-to-ros-and-mds-19-march-](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/letter-from-prof-powis-to-ros-and-mds-19-march-2020.pdf)
45 305 [2020.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/letter-from-prof-powis-to-ros-and-mds-19-march-2020.pdf)
- 46 306 18. About your registration and licence to practise [Internet]. Gmc-uk.org. 2020 [cited
47 307 15 June 2020]. Available from: [https://www.gmc-uk.org/registration-and-](https://www.gmc-uk.org/registration-and-licensing/temporary-registration/information-for-doctors-granted-temporary-registration/about-your-registration-and-licence-to-practise)
48 308 [licensing/temporary-registration/information-for-doctors-granted-temporary-](https://www.gmc-uk.org/registration-and-licensing/temporary-registration/information-for-doctors-granted-temporary-registration/about-your-registration-and-licence-to-practise)
49 309 [registration/about-your-registration-and-licence-to-practise](https://www.gmc-uk.org/registration-and-licensing/temporary-registration/information-for-doctors-granted-temporary-registration/about-your-registration-and-licence-to-practise)

- 1
2
3 310 19. Medical Appraisal Guide A guide to medical appraisal for revalidation in England
4 311 [Internet]. England.nhs.uk. 2013 [cited 15 June 2020]. Available from:
5 312 [https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/02/rst-
7 314 medical-app-guide-2013.pdf](https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/02/rst-
6 313 medical-app-guide-2013.pdf)
- 8 314 20. Contract reform for consultants and doctors and dentists in training – supporting
9 315 healthcare services seven days a week [Internet]. GOV.UK. 2015 [cited 15 June
10 316 2020]. Available from: [https://www.gov.uk/government/publications/contract-
13 319 reform-for-consultants-and-doctors-and-dentists-in-training-supporting-healthcare-
14 319 services-seven-days-a-week](https://www.gov.uk/government/publications/contract-
11 317 reform-for-consultants-and-doctors-and-dentists-in-training-supporting-healthcare-
12 318 services-seven-days-a-week)
- 15 320 21. Mythbusters: Appraisal and revalidation [Internet]. Aomrc.org.uk. 2018 [cited 15
16 321 June 2020]. Available from: [https://www.aomrc.org.uk/wp-
18 323 content/uploads/2018/04/Revalidation-Mythbusters-April-2018-1.pdf](https://www.aomrc.org.uk/wp-
17 322 content/uploads/2018/04/Revalidation-Mythbusters-April-2018-1.pdf)
- 19 324 22. 5.2 The evolution of performance appraisal [Internet]. Le.ac.uk. [cited 15 June
20 325 2020]. Available from:
21 326 https://www.le.ac.uk/oerresources/psychology/individualsatwork/unit5/page_03.htm
- 22 327 23. Gifford J. Research report. Could do better? Assessing what works in performance
23 328 management [Internet]. Cipd.co.uk. 2016 [cited 15 June 2020]. Available from:
24 329 [https://www.cipd.co.uk/Images/could-do-better_2016-assessing-what-works-in-
26 331 performance-management_tcm18-16874.pdf](https://www.cipd.co.uk/Images/could-do-better_2016-assessing-what-works-in-
25 330 performance-management_tcm18-16874.pdf)
- 27 332 24. Oxley J. Appraising doctors and dentists in training. *BMJ*. 1997;315(7116):2-2.
- 28 333 25. Grant J. Learning needs assessment: assessing the need. *BMJ*.
29 334 2002;324(7330):156-159.
- 30 335 26. Finlay K, McLaren S. Does appraisal enhance learning, improve practice and
31 336 encourage continuing professional development? A survey of general practitioners'
32 337 experiences of appraisal. *Quality in Primary Care* [Internet]. 2009 [cited 15 June
33 338 2020];17:387–95. Available from: [https://primarycare.imedpub.com/does-appraisal-
36 341 enhance-learning-improve-practice-and-encourage-continuing-professional-
37 342 development-a-survey-of-general-practitioners-experiences-of-appraisal.pdf](https://primarycare.imedpub.com/does-appraisal-
34 339 enhance-learning-improve-practice-and-encourage-continuing-professional-
35 340 development-a-survey-of-general-practitioners-experiences-of-appraisal.pdf)
- 38 343 27. Ferguson J, Wakeling J, Bowie P. Factors influencing the effectiveness of
39 344 multisource feedback in improving the professional practice of medical doctors: a
40 345 systematic review. *BMC Medical Education*. 2014;14(1).
- 41 346 28. Critchley R, Ader P, Godden G, Ball K. The Early Benefits and Impact of Medical
42 347 Revalidation: Report on research findings in year one [Internet]. England.nhs.uk.
43 348 2014 [cited 15 June 2020]. Available from:
44 349 [https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/earl-
46 351 ben-impact-mr-report.pdf](https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/earl-
45 350 ben-impact-mr-report.pdf)
- 47 352 29. Cockman P. Medical appraisal: Feedback from GPs in 2018-19 [Internet].
48 353 England.nhs.uk. 2019 [cited 15 June 2020]. Available from:
49 354 [https://www.england.nhs.uk/wp-content/uploads/2019/07/medical-appraisal-
51 356 feedback-from-gps-18-19-v1.1.pdf](https://www.england.nhs.uk/wp-content/uploads/2019/07/medical-appraisal-
50 355 feedback-from-gps-18-19-v1.1.pdf)
- 52 357 30. McGivern G, Ferlie E. Playing tick-box games: Interrelating defences in
53 358 professional appraisal. *Human Relations*. 2007;60(9):1361-1385
- 54 359 31. Policy statement: Training for Tomorrow. Ensuring the lawyers of today have the
55 360 skills for tomorrow [Internet]. Sra.org.uk. 2013 [cited 15 June 2020]. Available from:
56 361 <https://www.sra.org.uk/sra/policy/training-for-tomorrow/resources/policy-statement>
- 57 362 32. Gibbons A. Mentoring definitions [Internet]. Coachingnetwork.org.uk. [cited 15 June
58 363 2020]. Available from: [http://www.coachingnetwork.org.uk/information-
60 365 portal/articles/ViewArticle.asp?artId=54](http://www.coachingnetwork.org.uk/information-
59 364 portal/articles/ViewArticle.asp?artId=54)

- 1
2
3 358 33. Recruiting and matching mentors and mentees : Guidance for mentoring scheme
4 359 coordinators : Organisational Development : Schools and services : University of
5 360 Sussex [Internet]. Sussex.ac.uk. [cited 15 June 2020]. Available from:
6 361 [https://www.sussex.ac.uk/organisational-development/mentoring/guidance-for-](https://www.sussex.ac.uk/organisational-development/mentoring/guidance-for-coordinators/mentors-and-mentees)
7 362 [coordinators/mentors-and-mentees](https://www.sussex.ac.uk/organisational-development/mentoring/guidance-for-coordinators/mentors-and-mentees)
8
9 363 34. West M, Coia D. Caring for doctors Caring for patients: How to transform UK
10 364 healthcare environments to support doctors and medical students to care for
11 365 patients [Internet]. Gmc-uk.org. 2019 [cited 15 June 2020]. Available from:
12 366 [https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-](https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf?la=en&hash=F80FFD44FE517E62DBB28C308400B9D133726450)
13 367 [patients_pdf-](https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf?la=en&hash=F80FFD44FE517E62DBB28C308400B9D133726450)
14 368 [80706341.pdf?la=en&hash=F80FFD44FE517E62DBB28C308400B9D133726450](https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf?la=en&hash=F80FFD44FE517E62DBB28C308400B9D133726450)
15 369 35. Hill J, Asprey A, Richards S, Campbell J. Multisource feedback questionnaires in
16 370 appraisal and for revalidation: a qualitative study in UK general practice. British
17 371 Journal of General Practice. 2012;62(598):e314-e321
18 372 36. Conlon M, Kirk J. A practical guide for responding to concerns about medical
19 373 practice [Internet]. England.nhs.uk. 2019 [cited 15 June 2020]. Available from:
20 374 [https://www.england.nhs.uk/wp-content/uploads/2019/03/practical-guide-for-](https://www.england.nhs.uk/wp-content/uploads/2019/03/practical-guide-for-responding-to-concerns-about-medical-practice-v1.pdf)
21 375 [responding-to-concerns-about-medical-practice-v1.pdf](https://www.england.nhs.uk/wp-content/uploads/2019/03/practical-guide-for-responding-to-concerns-about-medical-practice-v1.pdf)
22 376 37. Riley R, Spiers J, Buszewicz M, Taylor A, Thornton G, Chew-Graham C. What are
23 377 the sources of stress and distress for general practitioners working in England? A
24 378 qualitative study. BMJ Open. 2017;8(1):e017361
25 379 38. Dale J, Potter R, Owen K, Leach J. The general practitioner workforce crisis in
26 380 England: a qualitative study of how appraisal and revalidation are contributing to
27 381 intentions to leave practice. BMC Family Practice. 2016;17(1).
28 382 39. Archer J, Bloor K, Bojke C, Boyd A, Bryce M, Ferguson J et al. Evaluating the
29 383 development of medical revalidation in England and its impact on organisational
30 384 performance and medical practice: overview report [Internet].
31 385 Alliancembs.manchester.ac.uk. 2018 [cited 15 June 2020]. Available from:
32 386 [https://www.alliancembs.manchester.ac.uk/research/health/Portals/0/Docs/develop-](https://www.alliancembs.manchester.ac.uk/research/health/Portals/0/Docs/development-impact-medical-revalidation-report.pdf)
33 387 [ment-impact-medical-revalidation-report.pdf](https://www.alliancembs.manchester.ac.uk/research/health/Portals/0/Docs/development-impact-medical-revalidation-report.pdf)
34 388 40. Collins A. Is revalidation pushing doctors out of the profession?. BMJ. 2016;;i5630.
35 389 41. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. Developing and
36 390 evaluating complex interventions: Following considerable development in the field
37 391 since 2006, MRC and NIHR have jointly commissioned an update of this guidance
38 392 to be published in 2019 [Internet]. Mrc.ukri.org. 2006 [cited 15 June 2020].
39 393 Available from: <https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/>
40 394 42. Craig P, Matthews L, Moore L, Simpson S, Skivington K. Developing and
41 395 Evaluating Complex Interventions Draft of updated guidance [Internet].
42 396 Sphsu.gla.ac.uk. 2019 [cited 15 June 2020]. Available from:
43 397 [https://www.sphsu.gla.ac.uk/stakeholder-survey-](https://www.sphsu.gla.ac.uk/stakeholder-survey-2019/Full%20complex%20guidance%20draft%20for%20consultation%20v1.1%2026.03.19.pdf)
44 398 [2019/Full%20complex%20guidance%20draft%20for%20consultation%20v1.1%20](https://www.sphsu.gla.ac.uk/stakeholder-survey-2019/Full%20complex%20guidance%20draft%20for%20consultation%20v1.1%2026.03.19.pdf)
45 399 [26.03.19.pdf](https://www.sphsu.gla.ac.uk/stakeholder-survey-2019/Full%20complex%20guidance%20draft%20for%20consultation%20v1.1%2026.03.19.pdf)
46 400 43. Regulation [Internet]. University of Plymouth. [cited 15 June 2020]. Available from:
47 401 <https://www.plymouth.ac.uk/research/camera/regulation>
48 402 44. Van Zwanenberg T. Revalidation: the purpose needs to be clear. BMJ.
49 403 2004;328(7441):684-686
50 404
51 405