**Tools and guidance**

**Appraisal and revalidation for the new consultant**

Catharina Schram FRCOG examines how to make the most of appraisals and ARCPs

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**ON ACHIEVING YOUR ARCP Outcome 6**

(Recommendation for completion of training) your Responsible Officer (RO), the Postgraduate Dean, will have made a recommendation regarding your revalidation at the time of your CCT. Assuming this is a positive recommendation, the GMC will issue a new revalidation date five years hence. When it is due, the RO of the organisation you work for will rely on the outcome of the appraisal process (usually five in a five-year cycle), combined with information drawn from clinical governance systems and other relevant information, to make a recommendation to the GMC regarding your revalidation.

Revalidation was introduced in 2012. It has been suggested that once current trainees become consultants, appraisal and revalidation would become easier as these doctors would be well versed in keeping the information needed for revalidation. But while there are similarities, there are also significant differences between the ARCP (Annual Review of Competence Progression) and annual appraisal. Both must demonstrate that the doctor is continuing to meet the principles set out in Good Medical Practice (GMP), in its four domains:

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

The main difference between the ARCP and annual appraisal is that, in addition to meeting the principles and values of GMP, the ARCP must assess progression of competencies during training; the annual appraisal must demonstrate that the consultant can continue to support the delivery of a safe and effective service. While the ARCP is primarily a summative assessment, consultant appraisals are mainly formative and developmental. Appraisers are not usually the line managers of their appraisees. They are specifically trained in medical appraisal, and their appraisals go through a quality assurance review process. Job planning is a separate process, usually with the Clinical Director. There are overlaps between consultant appraisal and consultant job planning but one should feed into the other.

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**ABOVE**

Good organisation, filing and dialogue with your appraiser are key to an effective appraisal

**Towards a smooth appraisal**

There are several practicalities that will help ensure that your appraisal will go as smoothly as possible:

1. **Collate information as it becomes available.** The six key types of supporting information required by the GMC are CPD, quality improvement activities, significant events, complaints and compliments, patient feedback and colleague feedback, with appropriate documented reflection. While you will not have workplace-based assessments, you will have reflections on cases, examples of teaching and training, evidence of attendance at meetings, seminars, examples of quality improvement, etc.

2. **Upload supporting information onto your local revalidation system, or collate it in a file for later use.** Searching for information the week before your appraisal is due is not an acceptable strategy!

3. **Allow plenty of time to prepare, and submit it two weeks prior to your appraisal date.** You will want your appraiser to have plenty of time to read about all your good work. Preparation will take longer than you think.

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“Consultant appraisals are mainly formative and developmental”

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READ MORE

Detailed guidance on the supporting information needed to fulfil GMC requirements for revalidation can be found here:

- tinyurl.com/GMCrevalidation1
- tinyurl.com/GMCrevalidation2

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26 O&G WINTER 2016

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4. Familiarise yourself with the appraisal documentation well in advance, whether that is the frequently used ‘MAG’ (Model Appraisal Guide) form, or one of several electronic systems (e.g. MyL2P, Premier IT, Equinity). If you are having difficulty with the documentation/system, contact your appraisal and revalidation team for support.

5. Keep your RO and local appraisal and revalidation team happy by ensuring that your appraisal date is agreed with your appraiser well in advance, and the outputs of appraisal are submitted within 28 days of your appraisal. Your reliability will be appreciated.

6. Your appraisal covers the whole scope of your work, i.e. not just your main NHS practice but any private practice, and/or work in education, royal colleges, research, etc. Supporting information must cover all these roles.

7. You will need to demonstrate compliance with your organisation’s mandatory training requirements – don’t forget to book them.

8. Have a look at a colleague’s documentation to confirm you are on the right track.

Your appraisal is an opportunity not only to review your achievements, but to learn from those things that did not go as well as planned. Preparing for your appraisal, and engaging in dialogue with your appraiser, will ensure your development as an experienced, senior clinician.

Catharina Schram FRCOG is the RCOG’s Revalidation Lead and Consultant at East Lancashire Hospitals NHS Trust

“If the Postgraduate Dean has made a recommendation of ‘deferral’ to the GMC (usually because there is missing information) the deferred revalidation date might be much sooner, usually within 6 months to a year. This may mean that as a new consultant, your new RO will need to make a recommendation soon after you start, based on your ARCP and any additional information available.”

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