APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 04

Prepare for appraisal and make the conversation productive

Plan preparation, select useful discussion topics, agree a realistic output and follow up unresolved matters.

✓ 12 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Prepare a clear account of your work and learning, check the local submission arrangements and bring specific questions. The value comes from the conversation and what happens afterwards.

Three next actions

- Confirm the appraiser, meeting and local preparation date.
- Reconcile the previous PDP and current evidence gaps.
- Choose the issues on which you most need reflection or support.

Learning objectives

- Prepare an efficient appraisal submission.
- Use the discussion to clarify learning and support needs.
- Review the output without rewriting the conversation retrospectively.

Plan backwards from the meeting

Confirm how much notice the appraiser needs to read your preparation; this is a local arrangement, not a universal date invented by this programme. Leave time to obtain governance information, complete agreed feedback and resolve access issues. If the timetable has become unrealistic, contact the appraisal team early and agree the next step rather than submitting an unexplained empty portfolio.

A practical sequence is to check the arrangements first, review last year’s plan next, map this year’s work, and then select the learning you want to discuss. Keep a short task list with a named owner and date. This avoids spending the final evening formatting a narrative while an important source record or decision remains unavailable.

Review the previous development plan honestly

For each objective, distinguish completed activity, demonstrated learning, application in practice and any later evaluation. A course attended may be a step towards an objective rather than its completion. If an objective became irrelevant or could not proceed, explain why and whether it should be revised, carried forward or closed. Do not simply copy the old plan into a new year.

Consider an objective to improve confidence in a procedure. Attendance at teaching may have occurred, but opportunities for supervised practice may have been limited. A useful review identifies what was learned, what remains untested, and what access or supervision is required. It does not describe the doctor as competent because a booking was made or an attendance certificate was issued.

Bring questions that support reflection

Choose a small number of topics with a clear reason for discussion: a successful change to understand, a difficulty that persists, feedback that challenged your assumptions, or a new responsibility that requires preparation. Give enough context to make the issue understandable, while protecting confidentiality. Distinguish the facts, your interpretation and the question you want to explore.

A weak agenda item says “leadership”. A stronger one asks how to assess whether a change you introduced has helped colleagues and patients. The appraiser can help examine the evidence and the next learning step. They cannot automatically grant a job-plan change, investigate a complaint or guarantee a training opportunity; those actions may need separate people and processes.

Agree conditions for an open conversation

Discuss the practical conditions: sufficient time, privacy, accessibility needs, conflicts of interest and any concerns about the appraiser relationship. Ask the appraisal team about an alternative appraiser if there is a significant conflict. Explain what support would enable participation without assuming that you must disclose every detail of a personal health history to everyone involved.

Confidentiality should be explained, including the limits arising from professional and safety duties. If a serious concern emerges, clarify the next steps, what will be shared and with whom. A developmental conversation should be respectful, but it is not a promise that relevant risks will remain undisclosed. Urgent patient-safety matters should already be using the appropriate reporting route.

Read the output before agreeing it

Check that the appraisal summary reflects the discussion, covers your actual scope and distinguishes agreed actions from observations. Review the development objectives, responsibilities and timescales. If an important point is inaccurate or omitted, request a transparent correction through the approved process. Keep the audit trail; do not privately replace an official output with a more favourable account.

Where there is disagreement, specify the point and the evidence rather than treating the whole meeting as invalid. For example, an action to seek protected learning time should not become a statement that the time has already been granted. A factual clarification may solve the problem. If it does not, follow the local appraisal review route and retain an accurate record of the unresolved issue.

Turn the output into work over the year

Move agreed actions into a manageable review calendar. Separate things you can start from things awaiting organisational support. Decide what evidence of progress will be useful and when you will review it. The aim is to make the next appraisal a review of work that happened, not a reconstruction of good intentions.

The preparation checklist here can identify unfinished tasks, but its count is not a pass mark. An unticked item may be minor or fundamental depending on the circumstances. Read the item, resolve its meaning and agree a plan. If a formal deadline or adverse recommendation is involved, use the responsible-officer and professional-advice routes rather than waiting for the annual cycle.

Common mistake

Avoid this	Treating submission of a completed form as the end of appraisal, with no review of the output or follow-through.

Pause and reflect

What would make your next appraisal conversation useful beyond completing an administrative requirement?

Takeaways

- Prepare around learning and decisions.
- Check the accuracy of the agreed output.
- Put follow-up into the working year.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. When should preparation be submitted?

A. Only once the GMC issues a revalidation decision.

B. According to the agreed local arrangements, with enough time to resolve gaps.

C. At any time after the meeting if all fields are eventually completed.

D. Exactly seven days beforehand in every UK organisation.

2. A procedure course was attended but supervised practice is incomplete. How should the PDP be reviewed?

A. Mark the objective complete because the course certificate exists.

B. Backdate a supervision entry to align the records.

C. Remove the objective because it was not fully achieved.

D. Record the learning completed and the remaining supervised development need.

3. Which agenda item best invites a useful appraisal discussion?

A. A request to confirm that every item in the portfolio is excellent.

B. A list of certificates without a question or learning point.

C. How to evaluate whether a change in teaching has helped learners apply it.

D. A demand that the appraiser approve a new clinical appointment.

4. There is a significant conflict with the allocated appraiser. What is appropriate?

A. Remove difficult material so the relationship is less strained.

B. Ask a friend to complete an unofficial appraisal instead.

C. Raise it with the appraisal team and ask about an alternative arrangement.

D. Assume the meeting can be skipped without informing anyone.

5. The output says protected time was granted, but only a request was agreed. What should happen?

A. Treat the entire appraisal as void without seeking clarification.

B. Accept the wording because it may help obtain time later.

C. Replace the official output privately with a different copy.

D. Request a transparent factual correction through the approved process.

6. What should follow agreement of the appraisal output?

A. Delete evidence of unresolved matters.

B. Wait until the next appraisal to reopen the plan.

C. Treat all objectives as completed when the form closes.

D. Translate actions into a review calendar and track support dependencies.

Answers and explanations

1. B — According to the agreed local arrangements, with enough time to resolve gaps.

There is no universal preparation interval invented by this programme. Confirm the local timetable and allow time for missing information.

Review the named teaching section, then explain the next step in your own words.

2. D — Record the learning completed and the remaining supervised development need.

Participation, learning and demonstrated capability are different. The review should state what happened and what support or evidence remains necessary.

Review the named teaching section, then explain the next step in your own words.

3. C — How to evaluate whether a change in teaching has helped learners apply it.

A focused question makes evidence and development discussable. Appraisal should not be used to obtain decisions outside the appraiser’s authority.

Review the named teaching section, then explain the next step in your own words.

4. C — Raise it with the appraisal team and ask about an alternative arrangement.

A conflict should be addressed through the proper process while engagement continues. Concealment or unilateral substitution creates further problems.

Review the named teaching section, then explain the next step in your own words.

5. D — Request a transparent factual correction through the approved process.

The output should distinguish a proposed request from an authorised arrangement. A specific correction is more useful than either accepting an inaccuracy or discarding the process.

Review the named teaching section, then explain the next step in your own words.

6. D — Translate actions into a review calendar and track support dependencies.

The value of appraisal depends on follow-through. A completed form records an agreement; it does not carry out the agreed work.

Review the named teaching section, then explain the next step in your own words.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: revalidation requirements for doctors
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-for-doctors-requirements-for-revalidation/revalidation-requirements-for-doctors

GMC: supporting information and declarations
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/guidance-on-supporting-information-for-revalidation

GMC and partners: reflective practice principles
UK · https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students/ten-key-points-on-being-a-reflective-practitioner

HEIW: appraisal and revalidation in Wales
Wales · https://revalidation.heiw.wales/doctor-resources/overview-of-appraisal-and-revalidation/

Medical Appraisal Scotland: SAS doctor resources
Scotland · https://www.appraisal.nes.scot.nhs.uk/resources/sas-doctors/

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