APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 01

Appraisal, revalidation and the portfolio: three different purposes

Understand the annual professional conversation, the regulatory decision and the evidence you build for your working life.

✓ 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

Author: Dr N Aziz

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

Appraisal supports reflection and development across your work. Revalidation concerns continued licensing. A professional portfolio is your organised evidence, which may support several purposes without making them interchangeable.

Three next actions

- Check your current GMC connection and submission date.
- Identify the appraisal process agreed by your responsible officer.
- Write one sentence describing what you want this year’s appraisal to achieve.

Learning objectives

- Distinguish appraisal, revalidation and career assessment.
- Recognise the responsibilities of the doctor, appraiser and responsible officer.
- Separate national requirements from local procedures.

Start with the purpose of the decision

A portfolio becomes unwieldy when every document is collected for every possible audience. First ask what decision is being supported. An appraisal conversation explores practice, learning and development. Revalidation concerns the licence to practise. An application for a Specialist post or specialist registration asks different questions about capability, eligibility and evidence. A positive result in one process does not determine the others.

Consider a fictional doctor who has completed a successful appraisal and now applies for a leadership role. The appraisal may help identify a useful project and its learning. The appointment panel still needs evidence of the person specification, contribution and impact. Copying the entire appraisal portfolio into an application creates volume without explaining suitability. Select appropriate evidence and rewrite the explanation for the actual decision.

Understand the annual rhythm and the longer cycle

The GMC expects annual whole-practice appraisal; revalidation recommendations are usually made on a five-year cycle. Use the actual submission date shown in GMC Online and the instructions from your responsible officer. A diary estimate is not an official deadline. Starting a new job does not automatically restart the cycle, and a delayed appraisal is not the same as an authorised change to a revalidation submission date.

A useful personal calendar separates four things: the appraisal meeting, the local date for submitting preparation, the date for completing agreed actions, and the GMC submission date. Put a named contact beside each. This makes uncertainty visible early: a missing meeting date needs the appraisal team; uncertainty about the regulatory date needs the responsible officer or GMC. Do not wait for the last month to distinguish them.

Know who is responsible for what

You assemble accurate supporting information and engage in the process. The appraiser facilitates and records the appraisal conversation. The responsible officer or GMC-approved suitable person makes a recommendation using the wider information available to them; the GMC makes the revalidation decision. Appraisal is therefore part of a broader governance system. It cannot certify that every episode of care was safe or replace normal investigation and escalation routes.

For practical planning, keep a contact map rather than a list of impressive job titles. Identify who books an appraiser, who resolves access problems, who receives concerns about missing evidence, and who can clarify a recommendation. The person who manages software accounts may not have authority to decide what evidence is sufficient. Ask the right question of the right role and retain the answer in the approved system.

Separate professional requirements from local arrangements

The employer may specify preparation forms, submission times, mandatory training and local governance information. A college may offer a CPD scheme. These arrangements can be useful or contractually relevant without every detail being a universal GMC rule. When a requirement is unclear, ask which published standard or local policy creates it and what alternatives are available for your circumstances.

Build a small requirements table with columns for the request, the issuing body, its purpose, the current source and the person who can resolve uncertainty. A request to upload a training certificate and a request to reflect on a development need may require different evidence. This approach helps you comply intelligently without treating a software field or a colleague’s custom as legislation.

Make the conversation worth having

Preparation should leave space for an honest discussion of work. Identify a strength worth sustaining, a change that challenged you, and one area where support would improve practice. Bring evidence to illuminate those points. A densely written narrative that cannot be discussed is less useful than a concise account with a clear question and an accessible source record.

For example, a doctor may recognise that handovers become less clear when workload rises. A useful discussion explores when this happens, what the doctor can change, what the team controls and what help is needed. It does not end at “attend communication training”. The eventual plan might combine observed practice, feedback and a team-level action. Personal development should not disguise an organisational resource problem.

Use this programme as preparation

The tools here are educational planners. They are not an approved appraisal portfolio, a revalidation submission service or a certificate of competence. Keep official information in the system required by your designated body. The checklists identify matters to confirm; a complete set of ticks cannot determine the outcome of your appraisal or revalidation.

Read the whole programme if you need a foundation. If an appraisal is approaching, begin with preparation and the evidence map. If you have no confirmed connection, resolve that first. If you have received a formal warning or proposed licence-withdrawal letter, follow its instructions promptly and seek appropriate professional advice rather than relying on a practice quiz or a general checklist.

Common mistake

Avoid this	Treating a completed appraisal as automatic revalidation, specialist registration or proof of suitability for a new role.

Pause and reflect

Which decision is your current portfolio actually trying to support?

Takeaways

- Purpose determines which evidence is useful.
- Dates and responsibilities need explicit confirmation.
- Appraisal is one part of governance and development.

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. A doctor has completed appraisal and applies for a Specialist post. What follows?

A. The application still needs evidence against its own appointment criteria.

B. The appraiser should decide whether the employer must appoint the doctor.

C. The entire appraisal portfolio should be submitted without adaptation.

D. The appraisal output establishes eligibility for the post.

2. A new job starts halfway through a revalidation cycle. What date should the doctor use?

A. The date of the first appraisal in the new organisation.

B. Five years from the first day of the new job.

C. The current GMC date, checking any change through the official process.

D. The end of the new employer’s financial year.

3. Who makes the decision to revalidate?

A. The GMC, considering the relevant recommendation and information.

B. The administrator who closes the appraisal form.

C. The doctor’s immediate clinical supervisor.

D. The appraiser at the end of the annual meeting.

4. A portal asks for a particular certificate. How should its status be clarified?

A. Assume every portal field is a statutory GMC requirement.

B. Ask which local, contractual or national requirement the request serves.

C. Use a colleague’s certificate as a model for the required declaration.

D. Ignore it because the GMC does not design the software.

5. A doctor wants appraisal to help with unclear handovers. Which agenda is most useful?

A. Omit the issue because it involves organisational factors.

B. Ask the appraiser to certify that the whole handover system is safe.

C. Focus only on booking a communication course.

D. Explore the evidence, the doctor’s actions and the team support needed.

6. The website checklist is complete. What does that establish?

A. Any remaining local request can be treated as optional.

B. The portfolio meets all GMC evidence requirements.

C. No responsible-officer review is now required.

D. The reader has worked through the planning prompts, not a revalidation decision.

Answers and explanations

1. A — The application still needs evidence against its own appointment criteria.

Appraisal can identify relevant learning and evidence, but an appointment has a separate purpose and criteria. Select evidence that answers the recruitment question and explain your contribution.

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

2. C — The current GMC date, checking any change through the official process.

Employment and revalidation calendars are different. A job move does not itself establish a new submission date. Confirm the connection and the actual GMC communication.

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

3. A — The GMC, considering the relevant recommendation and information.

The appraisal output and responsible-officer recommendation are parts of the process. Neither should be confused with the GMC’s decision.

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

4. B — Ask which local, contractual or national requirement the request serves.

Local requirements can matter without being universal GMC rules. Clarify their source, purpose and any appropriate alternatives rather than guessing or disregarding them.

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

5. D — Explore the evidence, the doctor’s actions and the team support needed.

A productive appraisal can examine personal learning alongside system dependencies. It should not replace governance assurance or reduce every problem to course attendance.

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

6. D — The reader has worked through the planning prompts, not a revalidation decision.

Checklist completion is educational. The meaning and sufficiency of evidence depend on actual practice, official requirements and the relevant professional process.

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

Department of Health NI and GMC: whole-practice appraisal and governance
Northern Ireland · https://www.health-ni.gov.uk/news/joint-statement-department-health-and-general-medical-council-address-recommendation-one-independent

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-09. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

Protect confidentiality. Do not enter patient-identifiable information, confidential employer material or privileged case details into website tools. HTML teaching and worksheet alternatives are available through sasdoctors.com/resources.