APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 08

Complaints, probity, health and confidentiality

Make honest declarations and discuss learning while protecting patients, colleagues and your own sensitive information.

- ✓ 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

Disclose what the approved process requires and discuss the learning or support needed. Keep confidential source records in authorised systems and do not confuse appraisal with legal advice, treatment or an investigation.

Three next actions

- Obtain the relevant complaints and governance summaries.
- Check the health, probity and indemnity declarations carefully.
- Remove unnecessary identifiers from educational notes.

Learning objectives

- Distinguish declaration from detailed case reproduction.
- Plan sensitive discussions and appropriate support.
- Use reflection and digital assistance without false confidentiality promises.

Declare complaints and identify the learning

The GMC requires declaration and reflection on all formal complaints about you or your practice since the last appraisal, including relevant team complaints. The discussion can focus on those that illuminate insight or change, with an explanation of the selection. Relevant compliments and informal feedback can also identify strengths and learning. An unresolved complaint should not silently disappear from the account.

Use a neutral summary of status, learning and action, with the official record held in the appropriate system. If facts are disputed or an investigation is ongoing, distinguish that from an established finding. Do not use appraisal preparation to create a defensive witness statement. Where necessary, ask your defence organisation or representative about the handling of case-specific material.

Make declarations accurate and comprehensible

Probity includes honesty, appropriate insurance or indemnity and management of conflicts of interest. Read each declaration rather than treating it as a routine tick box. If a question is ambiguous, obtain clarification from the appraisal team. Do not make a reassuring statement you cannot substantiate, and do not omit relevant work merely because it occurs outside your main employer.

A practical review might compare your declared scope with your indemnity arrangements, external roles and relevant interests. The aim is to identify questions for the appropriate provider, not to have this website judge coverage or legal adequacy. Keep policy numbers, legal correspondence and financial details out of the educational tools. Record only a neutral reminder to verify the arrangement.

Discuss health in terms of safe work and support

A health declaration and an appraisal discussion can identify whether appropriate support is in place. They are not a substitute for assessment or treatment by a health professional. If health may affect safe practice, seek suitable clinical and occupational-health advice promptly and follow professional obligations. You should not wait for the annual meeting to address an immediate risk.

Prepare the work-related question: what support, adjustment or review would help you practise safely? You can discuss the appropriate level of information and who needs it before sharing detailed medical history. For example, the practical need may concern working patterns or access to a phased return. Avoid entering diagnoses, medications or personal health narratives into this website’s planning tools.

Keep learning notes separate from source records

A reflection should contain enough context to explain learning without reproducing identifiable material. Removing a name may not anonymise a rare event: combinations of location, date, age, diagnosis or staff role can still identify someone. Use broad, necessary context and keep the authoritative clinical or investigation record where it belongs. Do not alter originals to create a portfolio extract.

Apply a reader test before keeping a note: could a colleague familiar with the service recognise the person? If yes, reconsider the detail and seek information-governance advice if necessary. A neutral evidence index can point to an authorised record without containing the record itself. The same caution applies when printing, emailing or exporting your own preparation.

Do not promise legal privilege or absolute secrecy

The joint reflective-practice guidance distinguishes learning notes from factual records and discusses their possible disclosure. The GMC says it does not ask doctors to provide reflective notes to investigate a concern, but that is not a guarantee against disclosure in every legal process. Obtain individual medicolegal advice if notes or statements are requested in a live case.

At appraisal, ask how sensitive information will be recorded and any necessary sharing will be handled. The appraiser may need to act on serious safety concerns. Clear boundaries support a more honest discussion than an assumption that nothing can ever leave the room. This programme cannot receive a confidential case, decide what is legally privileged or advise on an individual disclosure request.

Use digital assistance within approved arrangements

Check local rules before recording, transcribing or using AI in appraisal. Scotland’s May 2026 guidance requires transparency, appropriate local assurance and consent for recording; it preserves the human appraisal conversation and professional accountability. Do not assume that availability of a product on a personal account makes it approved for NHS material, or that consent alone resolves information-governance requirements.

For your own preparation, distinguish assistance with expression from invention of experience. Review every statement and declare use where required. This website has no facility to upload evidence, process cases or generate official reflections. Its tools use neutral planning fields and page memory; exporting creates a file you must protect yourself. Closing or reloading the page clears unsaved entries.

Common mistake

Avoid this	Copying a full complaint, health history or reflective case narrative into an educational tool because it is described as private.

Pause and reflect

What information is necessary for your appraisal discussion, and what belongs only in an authorised source system?

Takeaways

- Be honest without reproducing unnecessary sensitive detail.
- Seek the right clinical, legal or governance advice.
- Confidentiality has limits that should be explained.

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 formal team complaint is still unresolved at appraisal. What should happen?

A. Describe disputed allegations as established facts.

B. Declare it and distinguish the current status from confirmed findings and learning.

C. Omit it until every investigation has ended.

D. Copy the full case file into the website planner.

2. A probity declaration is unclear about external work. What is the best response?

A. Seek clarification and check the actual scope and relevant arrangements.

B. Tick the reassuring answer because the main employer provides indemnity.

C. Ask the website tool to certify coverage.

D. Remove external work from the scope description.

3. A health issue may affect safe practice before the next appraisal. What is appropriate?

A. Seek suitable clinical and occupational-health support promptly.

B. Wait for the annual meeting because health is an appraisal topic.

C. Enter the full medical history into the educational planner.

D. Assume the appraiser will provide treatment advice.

4. A reflective note removes the name but retains a rare diagnosis, exact date and small ward. What remains possible?

A. The combination may still identify the person.

B. The note is necessarily anonymous because the name is absent.

C. It can now be published without considering permission.

D. Identification matters only if a hospital number is present.

5. How should a doctor understand the confidentiality of reflective notes?

A. There are important protections and expectations, but no promise of immunity from every legal disclosure process.

B. A note must contain full clinical details to be useful.

C. The GMC’s position means a court can never require disclosure.

D. Every reflective note is legally privileged in all circumstances.

6. An appraiser suggests an AI transcription tool. What must be considered?

A. Consent alone makes any personal-account service suitable.

B. Local approval, confidentiality, consent where recording occurs and human review.

C. The appraiser can delegate judgement to the transcript summary.

D. The doctor must accept recording to complete appraisal.

Answers and explanations

1. B — Declare it and distinguish the current status from confirmed findings and learning.

An unresolved matter should not disappear from the account. Appropriate disclosure and reflection can acknowledge uncertainty without reproducing sensitive records.

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

2. A — Seek clarification and check the actual scope and relevant arrangements.

Declarations should be accurate and informed. Indemnity and external-role questions require the appropriate provider or appraisal-team advice.

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

3. A — Seek suitable clinical and occupational-health support promptly.

Appraisal can discuss support but does not replace timely assessment, treatment or safe-working arrangements.

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

4. A — The combination may still identify the person.

Anonymisation depends on the combination of details and the likely reader’s knowledge. Remove unnecessary context and use approved systems for source records.

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

5. A — There are important protections and expectations, but no promise of immunity from every legal disclosure process.

The joint guidance explains disclosure limits. Individual advice is needed for a live request; a learning note is not automatically a privileged legal document.

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

6. B — Local approval, confidentiality, consent where recording occurs and human review.

Digital convenience does not establish appropriate governance. The applicable local policy and professional accountability remain central.

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

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: disclosure of reflective notes
UK · https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students/disclosure-of-reflective-notes

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

Medical Appraisal Scotland: ethical AI guidance, May 2026
Scotland; check local policy elsewhere · https://appraisal.nes.scot.nhs.uk/media/ywrj0mnb/ai-in-appraisal-and-revalidation-v10.pdf

Edition and verification

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