APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 10

Appraisal through LED posts, locum work, transitions and career breaks

Protect continuity of evidence and support through short posts, changing employers, overseas transitions and time away from practice.

✓ 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

Start early when work is changing. Confirm the connection, the approved appraisal route, access to governance information and a realistic plan for any evidence gaps.

Three next actions

- Confirm the route before a placement or contract ends.
- Agree how relevant outputs and governance information will transfer.
- Discuss gaps, breaks and return-to-work needs before deadlines approach.

Learning objectives

- Plan appraisal continuity through short-term employment.
- Distinguish supervised experience from formal training progression.
- Seek appropriate arrangements for breaks and changes in scope.

Do not leave evidence collection until the final week

At the start of a short post, identify who can provide governance information, how feedback is arranged and which appraisal process applies. Keep neutral notes of roles, dates, learning and agreed actions as work proceeds. Before access ends, ask how you can obtain authorised records later. Do not copy patient records or a departmental archive to a personal account as a precaution.

A useful exit checklist includes the scope of work, supervisor or governance contact, available feedback, unresolved actions and the transfer route for appraisal outputs. For example, an LED moving after six months may need a summary of local participation rather than a completely separate revalidation portfolio for that post. Confirm what the responsible officer needs and preserve the limitations of the evidence.

Separate appraisal from training and contractual progression

An LED may work under supervision and receive workplace feedback without being in a recognised training programme. Annual appraisal, supervisor reports, competency assessment and any contractual pay-progression process have different purposes. Do not describe an appraisal outcome as an ARCP outcome or assume that evidence gathered for one process automatically satisfies another.

If your employer introduces an enhanced appraisal or competency-linked pay arrangement, identify the written policy, eligible contract, decision-maker and review route. Use the relevant employment guidance alongside this programme. A developmental appraisal should still make learning and support visible. It should not be used to promise a training place, automatic SAS conversion or a pay entitlement that has not been established.

Keep multiple settings visible

Locum and multi-employer work can create gaps because information is distributed. Maintain a role map and ask each organisation how relevant governance information can reach the appropriate responsible officer. Do not assume that the organisation with the easiest portal is the correct connection or that work performed occasionally is outside the scope of appraisal.

Plan a proportionate way of gathering meaningful feedback and quality information. Repeatedly moving between sites may make a standard exercise difficult, but the difficulty needs an agreed response. Record what is available, what is missing and what alternative is proposed. An informal assurance from a colleague is not the same as agreement by the responsible officer or suitable person.

Translate overseas experience without overstating it

Doctors entering UK practice may have substantial experience but unfamiliarity with local appraisal language and systems. Seek induction on the actual process, including confidentiality, reflection and evidence access. Explain overseas qualifications and work accurately, while recognising that revalidation ordinarily draws on whole UK practice. Ask the GMC or responsible officer about unusual circumstances rather than assuming overseas evidence alone is sufficient.

For MTI or other time-limited arrangements, clarify supervision, employment and appraisal responsibilities separately. A sponsoring organisation, educational supervisor and designated body may have different

roles. A practical starting note can identify which question belongs to which person. Avoid interpreting a supportive educational report as a decision about immigration status, registration or future employment.

Plan absence and return with the relevant teams

Parental leave, illness, caring responsibilities and other breaks can affect the evidence available and the timing of appraisal. Contact the appraisal team or responsible officer early to agree an appropriate plan. Do not assume that absence automatically changes the GMC date or that a reduced working pattern removes the need to engage. If retaining a licence without UK practice, obtain specific guidance.

Return to work may require induction, supervision, updating skills or adjustments according to the role and duration away. Those arrangements concern safe practice and should be agreed with the employer and appropriate clinical or occupational-health support. An appraisal meeting does not itself authorise a return to unrestricted duties. Keep the return plan and the appraisal plan connected but distinct.

Make unequal access visible without overstating the conclusion

If access to an appraiser, development time or evidence is poor, describe the practical barrier and what would resolve it. Keep a factual record of requests and responses. Seek help from the appraisal lead, SAS tutor, educational team, responsible officer or representative as appropriate. This helps distinguish a systems problem from a missing personal action.

A constructive request might identify a required feedback exercise, the lack of local administrative support and a proposed alternative provider or collection route. Avoid making broad accusations when a precise request is more likely to help. If there is a serious fairness or employment concern, use the relevant support process; the educational route finder cannot determine discrimination or decide a grievance.

Common mistake

Avoid this	Assuming that short-term status, a training-style job title or a career break automatically changes revalidation requirements.

Pause and reflect

What evidence or support would become inaccessible if your current placement ended next week?

Takeaways

- Arrange continuity early.
- Distinguish appraisal from other assessments.
- Agree gaps and return needs explicitly.

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. An LED’s contract ends soon. What should be arranged now?

A. Authorised evidence access, governance contacts and appraisal continuity.

B. A copy of all patient records in a personal cloud account.

C. An assumption that no appraisal evidence is needed for a short post.

D. A new revalidation date based on the contract end.

2. An LED receives a positive appraisal. What can be inferred about training progression?

A. Training or contractual progression still requires its own applicable process.

B. The appraisal is equivalent to a satisfactory ARCP.

C. The doctor must now receive a training number.

D. The appraisal establishes eligibility for every higher pay point.

3. A locum works occasionally at a second site. How should that work be handled?

A. Include it in the scope and arrange proportionate relevant information.

B. Omit it because it is less than half the working week.

C. Ask each site to start a separate GMC cycle.

D. Use only the second site’s information because it is newer.

4. An MTI doctor is unsure whether the sponsor is the designated body. What is appropriate?

A. Assume sponsorship always determines the GMC connection.

B. Use overseas records as an automatic replacement for UK evidence.

C. Treat the educational report as a registration decision.

D. Clarify the separate sponsorship, supervision and revalidation responsibilities.

5. A doctor plans a substantial career break. What should they do?

A. Book an appraisal as the sole authorisation for return to all duties.

B. Assume the GMC date pauses automatically.

C. Agree appraisal and revalidation arrangements and seek guidance about retaining the licence.

D. Delete the previous development plan because it will be out of date.

6. A doctor cannot access the local feedback process. What is a constructive request?

A. Describe the barrier, its impact and a proposed route to resolve it.

B. Describe the feedback as completed because access was unavailable.

C. Make no further contact until a warning is issued.

D. Assume lack of access proves discrimination without examining the facts.

Answers and explanations

1. A — Authorised evidence access, governance contacts and appraisal continuity.

Short appointments make prospective planning more important. Preserve relevant access and contacts without creating uncontrolled clinical copies.

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

2. A — Training or contractual progression still requires its own applicable process.

Appraisal, supervision, formal training review and contractual progression serve different purposes and should not be conflated.

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

3. A — Include it in the scope and arrange proportionate relevant information.

Whole-practice appraisal includes relevant work across settings. Frequency affects proportionate planning, not automatic exclusion.

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

4. D — Clarify the separate sponsorship, supervision and revalidation responsibilities.

Several organisations may support a placement while holding different responsibilities. Confirm the actual connection and evidence requirements.

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

5. C — Agree appraisal and revalidation arrangements and seek guidance about retaining the licence.

Absence, licensing and safe return require explicit arrangements. An appraisal meeting does not itself authorise unrestricted clinical work.

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

6. A — Describe the barrier, its impact and a proposed route to resolve it.

Specific requests and records of responses make barriers actionable. A website planner cannot determine a legal or employment finding.

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: additional requirements without a connection
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-for-doctors-requirements-for-revalidation/additional-requirements-for-doctors-without-a-connection

GMC: connection help tool
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-db-tool

GMC: patient and service-user feedback
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/patient-feedback---or-feedback-from-those-you-provide-medical-services-to

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

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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