APPRAISAL & REVALIDATION | WORKBOOK

CPD, Reflection and Improvement Workbook

A practical companion to Appraisal, Revalidation and the Professional Portfolio.

- ✓ Six task-specific planning stages
- ✓ A worked example and guided writing space
- ✓ Matching accessible webpage and primary sources

Prepared for SAS, locally employed and other UK doctors

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Purpose and boundaries

Connect a learning need with activity, application and review. Use the same disciplined approach for a course, supervised learning, teaching, case discussion or improvement activity. A record of activity and evidence of beneficial change are different things.

Use neutral planning notes. Do not record names, GMC numbers, identifiable cases, health details, confidential employer material or private document links here. The website is not an approved appraisal record. Entries in the webpage stay in the open page and are not saved automatically. Store completed downloads securely and transfer appropriate information to your approved system.

Worked example: a fictional planning situation

A doctor attends a session on communicating uncertainty. Instead of storing only the certificate, they identify the practice issue that prompted attendance, discuss an approach with a supervisor and apply it in an appropriate setting. They reflect on what was useful and arrange a later review. If they also contribute to a team improvement project, they describe their own role and the available evaluation rather than claiming that the whole outcome was personally caused by them.

1. Start with the need

Identify the practice question, new responsibility, feedback theme or gap that makes learning useful. Relate it to your scope and PDP where appropriate. GMC guidance does not impose a single annual CPD-points total for every doctor; separate any relevant college or local requirement from the regulator’s expectations.

What learning need is supported by your practice?

Which local or professional requirements should be checked separately?

2. Choose the learning method

Select a method suited to the need: discussion, supervised practice, reading, a course, simulation, teaching preparation or another relevant activity. Consider time, access and feedback. Attendance at an expensive event is not necessarily more useful than well-targeted learning at work.

What method fits the need and why?

What time, access, supervision or other support is required?

3. Reflect authentically

Explain what you learned, what challenged your assumptions and what remains uncertain. Focus on the learning rather than a detailed case narrative. Do not include identifiable facts or treat a polished account produced by someone else as evidence of your own reflection.

What changed in your understanding?

What uncertainty or further learning remains?

4. Apply and evaluate

Describe the change you intend to make within your approved scope and how you will review it. Distinguish an output from an outcome and avoid unsupported causal claims. A small, proportionate evaluation may be more credible than an ambitious measure that cannot be collected.

What will you do differently within your role?

How will you review the effect and recognise limitations?

5. Describe improvement participation

For quality improvement, state the problem, your contribution, the method and what the evidence shows. Appropriate activity can take different forms; not every doctor needs to lead a large audit. Follow local governance requirements and involve the right colleagues before changing a service.

What was your own contribution and the team’s contribution?

What evaluation or follow-up is available or still needed?

6. Keep incident learning in the right place

Significant events require appropriate reporting and reflection, including relevant team events. Appraisal does not replace incident systems or immediate safety action. Keep the factual record in the proper system and the reflective account focused on learning. If there were no relevant events, do not manufacture one.

What process ensures relevant events are recognised and reported?

What general learning or follow-up can be described without case details?

Review the plan before using it

Check that the notes describe what is known, what remains uncertain and what someone still needs to agree. A completed field does not prove approval, competence or revalidation readiness. Keep official correspondence and actual deadlines separate from illustrative planning dates. Seek appropriate advice where an individual decision or a licence may be affected.

What is the next action, who needs to agree it and when will you review progress?

Sources and related learning

Editorial source review: 9 September 2026. The links below are primary sources; publication dates vary. Current official guidance and approved local arrangements take priority. This is independent education, not a GMC-endorsed form or individual advice.

GMC: continuing professional development — UK

GMC: quality improvement activity — UK

GMC: significant events — UK

GMC and partners: reflective practice principles — UK

GMC and partners: disclosure of reflective notes — UK

Return to the Appraisal, Revalidation and Professional Portfolio programme.

Accessible HTML edition: https://sasdoctors.com/resources/worksheets/cpd-reflection-qi-workbook