APPRAISAL & REVALIDATION | WORKBOOK

Patient and Colleague Feedback Planner

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

Plan formal feedback that is fair, appropriate to your practice and useful for learning. Keep raw responses in the approved process. This workbook is not a feedback questionnaire, a scoring system or a substitute for agreement about an alternative method.

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 works in a service where a standard clinic questionnaire does not fit all recipients of care. They discuss the scope and an accessible collection method with the appraisal team, arrange independent administration and avoid selecting only people likely to be positive. When the report arrives, they examine themes and context with the appraiser. A small number of comments prompts thoughtful inquiry, not a claim that every respondent represents the entire service.

1. Confirm timing and purpose

Formal patient or service-user feedback and colleague feedback are each normally required at least once in the revalidation cycle. Informal feedback can inform ongoing learning. Check what has already been completed and plan early enough to discuss the result; do not assume both exercises must be repeated every year.

Which type of feedback is being planned and what period matters?

What previous formal exercise or current gap needs checking?

2. Map the relevant perspectives

Consider the roles, settings and groups across your scope. Patient feedback should reflect those receiving your service; colleague feedback should include an appropriate range of professional roles and working relationships. Identify perspectives likely to be missed by an easy convenience sample.

Which perspectives should the process cover?

Who might otherwise be excluded, without listing names?

3. Agree a suitable method

Use the approved or agreed approach, with independent administration where appropriate. Discuss alternatives with the responsible-officer team if usual methods do not fit. Do not create a personal exemption, invent a universal respondent quota or assume that a self-selected testimonial collection is equivalent.

What method and administration are proposed?

What requires agreement before collection starts?

4. Plan accessibility and fairness

Consider language, communication needs, digital exclusion, timing, privacy and voluntary participation. Avoid pressure and cherry-picking. The method should make it reasonably possible for relevant people to respond, including those who may not have an entirely positive experience.

What accessibility or inclusion barriers need addressing?

How will selection bias and pressure on respondents be reduced?

5. Interpret with context

Read the overall pattern, differences, limitations and unexpected findings. Discuss difficult feedback without rushing to identify or blame a respondent. A comment may identify a useful question without proving a general conclusion. Seek proper support if a serious concern requires a separate process.

Which themes merit reflection or further clarification?

What limitations should be acknowledged in interpreting the report?

6. Respond and review

Choose a proportionate development response and discuss how it can be reviewed. Preserve useful practice as well as changing what needs improvement. Do not promise a positive future score or use appraisal feedback as a substitute for handling a formal complaint.

What action or learning objective follows from the discussion?

How and when will you assess whether the response helped?

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: patient and service-user feedback — UK

GMC: colleague feedback — UK

GMC: compliments and complaints — UK

GMC: supporting information and declarations — UK

Return to the Appraisal, Revalidation and Professional Portfolio programme.

Accessible HTML edition: https://sasdoctors.com/resources/worksheets/feedback-planning-review-workbook