APPRAISAL & REVALIDATION | WORKBOOK

Whole-practice Scope and Evidence 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

Build an index that connects your actual medical practice with relevant supporting information. The aim is a credible account of learning across the whole scope, not the largest possible attachment collection. This workbook does not certify that any category is complete.

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 Specialty Doctor spends most time in clinical work and also teaches and contributes to governance. Their first folder contains many course certificates but little explanation of application, no map of the teaching role and an unclear feedback plan. They reorganise the index around the roles and six supporting-information categories, record what each item demonstrates and agree how to address the gaps. The same source may inform more than one role, but its relevance needs explaining.

1. Map the whole scope

Describe clinical and non-clinical medical work, locations in general terms, levels of responsibility and changes over the period. Include additional and unpaid medical roles where relevant. Do not restrict the scope to the employer that provides the appraisal meeting.

What roles and responsibilities belong in the scope?

What changed during the period, and what evidence access may be affected?

2. Review the six categories

Consider CPD, quality improvement, significant events, patient or service-user feedback, colleague feedback, and complaints and compliments. Categories have different expectations and review periods. The presence of one document in each folder does not establish that the evidence appropriately covers the practice.

Which categories have useful evidence and what period does it cover?

Which category requires a plan, clarification or an agreed alternative?

3. Create a usable source index

Record a neutral reference, period, role, category, what the item demonstrates and the next action. Keep original evidence on the authorised system. Avoid private links, identifiable case details and attachments that you do not have permission to retain.

What index fields will make sources easy to locate and explain?

Describe one neutral example: source reference, learning and next action.

4. Assess relevance and quality

Ask whether the evidence shows your actual contribution and learning, whether its context is understandable and whether it covers the current scope. A certificate shows attendance or completion of an activity; evidence of application requires an account of what changed and how that was reviewed.

Which item needs a clearer explanation of contribution or application?

Which duplicates or irrelevant items could be removed from the submission?

5. Make gaps visible

Explain why evidence is missing and what can reasonably be obtained. Discuss unusual practice patterns or alternative feedback methods with the responsible-officer team. Never invent an event, backdate a reflection or imply that an activity occurred when it is only planned.

What is the gap, its reason and the proposed next action?

Who needs to agree the approach or provide access?

6. Prepare the discussion

Choose the themes that would benefit from a professional conversation: learning across roles, patterns, changed practice, unresolved questions and development support. Keep the index factual and the reflection focused. The appraiser should be able to follow the connection between practice, evidence and learning.

Which three themes should the appraiser be able to identify?

What will you ask about proportionality or remaining uncertainty?

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: supporting information and declarations — UK

GMC: continuing professional development — UK

GMC: quality improvement activity — UK

GMC: patient and service-user feedback — UK

GMC: colleague feedback — UK

Return to the Appraisal, Revalidation and Professional Portfolio programme.

Accessible HTML edition: https://sasdoctors.com/resources/worksheets/whole-practice-evidence-workbook