

# Supporting information for appraisal and revalidation: guidance for clinical oncology and clinical radiology, Second edition

Based on the Academy of Medical Royal Colleges and Faculties Core Guidance for all doctors

## Contents

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|   |           |
|---|-----------|
| <b>Foreword</b>   | <b>3</b>  |
| <b>General introduction</b>                               | <b>4</b>  |
| <b>The purpose of this document</b>                       | <b>5</b>  |
| Supporting information                                    | 5         |
| Introduction for clinical oncology and clinical radiology | 6         |
| <b>Framework for supporting information</b>               | <b>7</b>  |
| General information                                       | 7         |
| Keeping up to date  | 10        |
| Review of your practice                                   | 12        |
| Feedback on your practice                                 | 16        |
| <b>References</b>   | <b>19</b> |

## Foreword

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As part of revalidation, doctors will need to collect and bring to their appraisal six types of supporting information to show how they are keeping up to date and fit to practise.

The General Medical Council (GMC) has outlined requirements for doctors in its guidance *Supporting information for appraisal and revalidation*,<sup>1</sup> and it recommends that doctors in specialist practice should consult the supporting information guidance provided by their college or faculty. This framework amplifies the headings provided by the GMC by providing additional detail about the GMC requirements and what is expected by each college or faculty in relation to these, based on their specialty expertise. In this document, these expectations are laid out under the heading 'Requirements'. Further descriptive information is given under the heading 'Guidance'.

The Academy of Royal Medical Colleges' final core guidance framework has been agreed by all colleges and faculties. It has been devised to simplify the appraisal process and provide the supporting information required by doctors to revalidate.

Each medical Royal College and faculty has developed specialty guidance based on this core guidance framework to ensure commonality in appraisal for revalidation, regardless of a doctor's specialty. Medical Royal Colleges and faculties are responsible for setting the standards of care within their own specialty, and for providing advice and guidance on the supporting information required of doctors to demonstrate that professional standards have been met in line with the GMC requirements.

## General introduction

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The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

In order to maintain your licence to practise you are expected to have a minimum of one appraisal per year that is based on the GMC's core guidance for doctors, *Good Medical Practice*.<sup>2</sup> Revalidation involves a continuing evaluation of your fitness to practise and is based on local systems of appraisal and clinical governance.

Licensed doctors need to maintain a portfolio of supporting information, drawn from their practice which demonstrates how they are continuing to meet the requirements set out in the *Good Medical Practice Framework for appraisal and revalidation*.<sup>3</sup> Some of the supporting information needed will come from organisations' clinical governance systems, and the required information should be made available by the employer or designated body.

The GMC has set out its generic requirements for medical practice and appraisal in three main documents. These are supported by guidance from the medical Royal Colleges and faculties, which give the specialty context for the supporting information required for appraisal.

Doctors should therefore ensure they are familiar with the following:

- *Good medical practice*<sup>2</sup>
- *Good medical practice framework for appraisal and revalidation*<sup>3</sup>
- *Supporting information for appraisal and revalidation*<sup>1</sup>
- *Supporting information for appraisal and revalidation: guidance for clinical oncology and clinical radiology* (this document).

Doctors should also have regard for any guidance, relevant to appraisal and revalidation that the employing or contracting organisation may provide concerning local policies.

In order to revalidate, you must collect supporting information as set out in the GMC's *Supporting Information for appraisal and revalidation*.<sup>1</sup> Examples of the type of evidence you might collect, include:

- **General information about you and your professional work**
- **Information on keeping up to date, such as:**
  - **Review of practice**
  - **Quality improvement activity**
  - **Significant events**
- **Feedback on professional practice, such as:**
  - **Colleague feedback**
  - **Patient and carer feedback**
  - **Complaints and compliments.**

During your appraisal, you should expect to discuss your practice, professional performance and supporting information, as well as your professional career aspirations, challenges and development needs. Among other things, your appraiser will want to be assured that you are making satisfactory progress in obtaining the appropriate supporting information needed for revalidation.

## The purpose of this document

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### Supporting information

The medical Royal Colleges and faculties are responsible for setting the standards of care within their specialty, and for providing specialty advice and guidance on the supporting information required of you to demonstrate that professional standards have been met.

This document describes the supporting information required for appraisal and revalidation. It takes the principles of the GMC's guidance and offers additional advice on the specialty-specific information that you should present to demonstrate that you are keeping up to date and fit to practice, and should be considered alongside the GMC document *Supporting information for appraisal and revalidation*.<sup>1</sup>

Although the types of supporting information are the same for all doctors, in this document you will find specific additional advice for clinical oncology and clinical radiology at the end of some sections. The supporting information required is the same across the UK, although the process by which appraisal is undertaken will differ between the four nations of the UK. For those practising in England, the process is set out in the *Medical appraisal guide (MAG)*,<sup>4</sup> for those in Scotland, in the *Scottish guide to medical appraisal*,<sup>5</sup> and for those in Wales the *All Wales medical appraisal policy*,<sup>6</sup> and for those in Northern Ireland by the Department for Health, Social Services and Public Safety.<sup>7</sup>

Not all of the supporting information described needs to be collected every year (such as colleague and patient feedback), although some elements (such as continuing professional development [CPD]) are required, or should be reviewed, annually. Clarification on the frequency with which information should be provided is included in this document under the heading 'Requirements'. Appraisal is a formative and developmental process and doctors should feel free to provide additional information that reflects higher quality or excellent practice for discussion at appraisal if they wish.

If you are unable to provide an element of the core supporting information, you should discuss this with your appraiser. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines or as medical educators, or as medical managers with little or no patient contact. Some supporting information will not be appropriate for every doctor (for example, patient feedback for doctors who do not have direct patient contact) – further guidance on other potential sources of feedback can be found below.

Reflection is a common theme running through the supporting information and the appraisal discussion. This should not be a complex or time-consuming process, and essentially involves considering each element of your supporting information, thinking about what you have learned and documenting how this learning will influence your current and future practice.<sup>8</sup>

It is the responsibility of the appraiser to make a judgement about the adequacy of the supporting information that you provide. This should be discussed with your appraiser prior to your appraisal, but may also be discussed at any other time throughout the cycle. In addition to advice from your appraiser and responsible officer you should consider seeking advice from the The Royal College of Radiologists (RCR) Revalidation Helpdesk ([www.rcr.ac.uk/revalidationhelpdesk](http://www.rcr.ac.uk/revalidationhelpdesk)). It is important that you collect sufficient information for revalidation and that the information is relevant and of good quality, with adequate reflection on learning and professional development.

A range of forms and templates are available to you, which you can use to record your supporting information and structure your reflection. Advice on which to use may be obtained from your appraiser, responsible officer, college or faculty. Whichever template is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

Colleges and faculties recommend that you prepare early for your appraisal and for revalidation. Time spent on preparation and reflection will help ensure that your appraisal meeting can focus on your professional development.

***In preparing and presenting your supporting information, you must comply with relevant regulations and codes of practice (including those set by your contracting organisations) in handling patient identifiable information. No patient identifiable information should appear in your appraisal documentation.***

## Introduction for clinical oncology and clinical radiology

The RCR represents the specialties of clinical oncology and clinical radiology. This guidance covers the supporting information requirements for both these specialties but indicates when it applies specifically to one or the other.

The RCR has populated the specialty-specific guidance sections where it is considered that additional information would be helpful to clinical oncologists and clinical radiologists. For the most part this does not constitute an additional requirement, but rather provides clarification or suggests examples.

The RCR has also produced a series of supporting information tools and templates for revalidation and links are provided to these from the appropriate sections. These tools are entirely optional but are designed to be of practical help to clinical oncologists and radiologists when producing the supporting information for appraisal and revalidation. They can be downloaded free of charge.

For any issues related to revalidation please contact [revalidation@rcr.ac.uk](mailto:revalidation@rcr.ac.uk)

## Framework for supporting information

### General information

#### Providing context about what you do in all aspects of your professional work

*The supporting information in this section should be updated at least annually.*

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| <b>Personal details</b> | <p><b>Description</b></p> <p>Your GMC number, demographic and relevant personal information as recorded on the GMC Register. Your medical and professional qualifications should also be included.</p> <p><b>Requirements</b></p> <p>A self-declaration of no change, or an update identifying changes, including any newly acquired qualifications since your last appraisal.</p> <p>The supporting information in this section should be updated annually for your appraisal.</p>   |
| <b>Scope of work</b>    | <p><b>Description</b></p> <p>A description of your whole practice covering the period since your last appraisal is necessary to provide the context for your annual appraisal. Some employers may require you to include your current job plan.</p> <p><b>Requirements</b></p> <p>Your whole practice description should be updated annually.</p> <p>Any significant changes in your professional practice should be highlighted as well as any exceptional circumstances (for example, absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (for example, teaching, management and leadership, medico-legal work, medical research and other academic activities) undertaken as a doctor and include details as to their nature (regular or occasional), organisations and locations for whom you undertake this work and any indemnity arrangements in place.</p> <p>The description should detail any extended practice or work outside the NHS, paid or voluntary, undertaken in specialty or subspecialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organisations. Any work undertaken outside the UK should be identified. An approximate indication of the proportion of time that you spend on each activity should be provided.</p> <p>If appropriate, summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser.</p> <p><b>Guidance</b></p> <p>Some specialists will be required to present, in summary form, quantitative and qualitative information representing certain areas of their practice. Maintenance of a logbook may help with this, and may be recommended by your college or faculty. You may wish to include details of the size and roles of the team with which you work in order to clarify your own role.</p> |

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| <p><b>Record of annual appraisals</b></p>                 | <p><b>Description</b></p> <ul style="list-style-type: none"> <li>■ Signed-off 'Form 4' or equivalent evidence (for example, appraisal portfolio record) demonstrating a satisfactory outcome of your previous appraisal.</li> <li>■ Evidence of appraisals from other organisations with whom you work.</li> </ul> <p><b>Requirements</b></p> <p>Required for every annual appraisal. Any concerns identified in the previous appraisal should be documented as having been satisfactorily addressed (or satisfactory progress made), even if you have been revalidated since your last appraisal.</p>   |
| <p><b>Personal development plans and their review</b></p> | <p><b>Description</b></p> <ul style="list-style-type: none"> <li>■ Access to the current personal development plan (PDP) with agreed objectives developed as an outcome of your previous appraisal.</li> <li>■ Access to previous PDPs.</li> </ul> <p><b>Requirements</b></p> <p>The current PDP will be reviewed to ensure that the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding PDP objectives that are still relevant should be carried over to the new agreed PDP.</p> <p>If you have made additions to your own PDP during the year, these should be confirmed with your appraiser as being relevant, and should be carried forward into the next PDP if required.</p> <p><b>Guidance</b></p> <p>The content of your PDP should, where relevant, encompass development needs across any aspect of your work as a doctor.</p>  |
| <p><b>Probity</b></p>                                     | <p><b>Description</b></p> <p>The GMC states that all doctors have a duty to act when they believe patients' safety is at risk or that patients' care or dignity is being compromised. The GMC expects all doctors to take appropriate action to raise and act on concerns about patient care, dignity and safety.<sup>9</sup></p> <p>Your supporting information should include a signed self-declaration confirming the absence of any probity issues and stating:</p> <ul style="list-style-type: none"> <li>■ That you comply with the obligations placed on you, as set out in <i>Good medical practice</i>.<sup>2</sup></li> <li>■ That no disciplinary, criminal or regulatory sanctions have been applied since your last appraisal or that any sanctions have been reported to the GMC, in compliance with its guidance <i>Reporting Criminal and Regulatory Proceedings Within and Outside of the UK</i> (2008),<sup>10</sup> and to your employing or contracting organisation if required.</li> <li>■ That you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interests in your professional work – see the GMC document <i>Financial and commercial arrangements and conflicts of interest</i> (2013),<sup>11</sup> and those relevant to your employing or contracting organisation, if required (for example, university or company).</li> <li>■ That, if you have become aware of any issues relating to the conduct, professional performance or health of yourself or of those with whom you work that may pose a risk to patient safety or dignity, you have taken appropriate steps without delay, so that the concerns could be investigated and patients protected where necessary.</li> </ul> |

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|               | <ul style="list-style-type: none"> <li>■ That, if you have been requested to present any specific item(s) of supporting information for discussion at appraisal, you have done so.</li> </ul> <p><b>Requirements</b><br/>Required for every annual appraisal.</p> <p><b>Guidance</b><br/>The format of the self-declaration should reflect the scope of your work as a doctor. You should consider the GMC ethical guidance documents relevant to your professional or specialty practice, such as <i>0–18 years: Guidance for all Doctors</i> (2007).<sup>12</sup></p> |
| <b>Health</b> | <p><b>Description</b><br/>A signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that you comply with the health and safety obligations for doctors as set out in <i>Good Medical Practice</i>,<sup>2</sup> including having access to independent and objective medical care.</p> <p><b>Requirements</b><br/>Required for every annual appraisal.</p> <p><b>Guidance</b><br/>The scope of the self-declaration should reflect the nature of your work and any specialty-specific requirements.</p>           |
|               | <p><b>Information relevant to clinical oncology and clinical radiology</b><br/>The RCR has no specific guidance to add to the above. Many employers will provide forms for health and probity declarations. Where this is not the case you may wish to use the Health and Probity forms developed by the RCR.<sup>13,14</sup> The forms, along with our other revalidation tools, can be downloaded from our <a href="#">revalidation pages</a>.</p>  |

## Keeping up to date

### Maintaining and enhancing the quality of your professional work

Good medical practice<sup>2</sup> requires doctors to keep their knowledge and skills up to date, and encourages them to take part in educational activities that maintain and further develop their competence and professional performance.

#### Continuing professional development (CPD)

##### Description

CPD refers to any learning outside of undergraduate education or postgraduate training which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.<sup>15</sup>

CPD may be:

- Clinical – including any specialty- or subspecialty-specific requirements
- Non-clinical – including training for educational supervision, training for management or academic training.<sup>†</sup>

Employer mandatory training and required training for educational supervisors may be included provided that the learning is relevant to your job plan, and is supported by reflection and, where relevant, practice change.

##### Requirements

At each appraisal meeting, a description of CPD undertaken each year should be provided including:

- Its relevance to your individual professional work
- Its relevance to your personal development plan<sup>‡</sup>
- Reflection and confirmation of good practice or new learning/practice change where appropriate.

Normally achievement of at least 50 credits per year of the revalidation cycle is expected and at least 250 credits over a five -year revalidation cycle. Where circumstances make this impossible, please refer to specialty guidance.

##### Guidance

You should take part in CPD as recommended by your college or faculty.<sup>+</sup> The RCR guidance on CPD is available at [www.rcr.ac.uk/cpd](http://www.rcr.ac.uk/cpd). Your CPD activity should cover all aspects of your professional work and should include activity that covers your agreed PDP objectives. It is important to recognise that there is much professional benefit to be gained from a wide variety of CPD including some outside of your immediate area of practice and, as such, this should be encouraged. You should ensure that a balance of

<sup>†</sup> Colleges and faculties have different ways of categorising CPD activities – see relevant college or faculty guidelines for information

<sup>‡</sup> Not all of the CPD undertaken should relate to an element of the PDP, but a sufficient amount should do so to demonstrate that you have met the requirements of your PDP.

<sup>+</sup> The ultimate responsibility for determining an individual doctor's CPD rests with the doctor and their appraiser. Many will require specific advice on the type of CPD required (such as in those circumstances where the appraiser is from a different specialty); such guidance can be obtained from the college or faculty most relevant to the doctor's area of practice. Many colleges and faculties also run CPD approval schemes, which doctors may benefit from joining.

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|  | <p>different types of educational activity is maintained.</p> <p>Documentation of CPD activity should include a reflection on the learning gained and the likely effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal, together with a certificate from your college or faculty if this is available. For revalidation, a cumulative five-year record of your CPD activity should be provided.</p>   |
|  | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>The RCR operates a <a href="#">CPD scheme</a>, which is available to all Fellows and members who have achieved their certificate of completion of training (CCT). Many employers provide CPD recording tools as part of standard appraisal documentation. If this is not the case in your area you may wish to use the RCR CPD record, which can be downloaded from <a href="#">our website</a>.</p> <p>The College also provides a number of CPD accredited meetings and other tools free to all Fellows and members. These can be accessed at <a href="http://www.rcr.ac.uk/cpd">www.rcr.ac.uk/cpd</a>.</p> <p>In addition to CPD tools and guidance, the RCR has developed tools for recording attendance at mandatory training and discrepancy meetings. Both tools can be downloaded from our <a href="#">revalidation pages</a>.</p> |

## Review of your practice

### Evaluating and improving the quality of your professional work

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. The nature and balance of these activities will vary according to your specialty and the work that you do. These activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action and, where possible, demonstrate an outcome or change. The supporting information in this section should be updated annually. If you work in a non-clinical area you should discuss options for quality improvement activity with your appraiser, college or faculty.\*

**Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.**

### Quality improvement activity

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| <p><b>Clinical audit</b></p> | <p><b>Description</b></p> <p>You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every five-year revalidation cycle. If audit is not possible, other ways of demonstrating quality improvement activity should be undertaken (see below).</p> <p><b>Requirements</b></p> <p><u>National audits</u></p> <p>Participation in national audits is expected where these are relevant to the specialty or subspecialty in which you practice. However, in some specialties, national audits are few in number and alternative ways of demonstrating the quality of your practice will be required. Your participation in national audits may focus on the professional performance of the team, but there will be elements that reflect your personal practice or the results of your management of, or contribution to, the team or service of which you are part. Your own role, input, learning and response to the audit results should be reflected upon and documented.</p> <p><u>Personal and local audit</u></p> <p>Improvement in the quality of your own practice through personal involvement in audit is recommended. A simple audit of medical record keeping against agreed standards may be considered, but should be carried out in addition to, and not as a substitute for, other clinical audit activity.</p> <p><b>Guidance</b></p> <p>Where required by the relevant college or faculty, your specialty departments should ensure that formal programmes of audit are in place, reflecting key areas of specialty and/or subspecialty practice. Where this is the case, you should provide evidence demonstrating active engagement in local audit throughout a full audit cycle.</p> |
|                              | <p><b>Information relevant to clinical oncology</b></p> <p>Clinical oncology <a href="#">national audits</a> are run by the Clinical Oncology Audit Committee. Fellows and members may choose to undertake local re-audits after participating in a national project. Within each oncology department, there is usually a clinical oncology audit lead who liaises with the College. The College employs an audit officer to support audit</p>  |

\* For example, if you are working in education or management your quality improvement activity could include (a) auditing and monitoring the effectiveness of an educational programme, (b) evaluating the impact and effectiveness of a piece of health policy or management practice.

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|   | <p>work for its two faculties.</p> <p><a href="#">Audit Library</a> is a growing collection of audit templates, many with downloadable data collection forms which can be adapted for local use. The library can provide ideas and methodologies for those looking for audits to undertake locally for revalidation or for planning the annual forward programme in clinical audit. <a href="#">RCR publications and guidance</a> provide an additional source of recommendations to audit against.</p> <p><b>Information relevant to clinical radiology</b><br/>Clinical radiology <a href="#">national audits</a> are run by the Clinical Radiology Audit Committee. Fellows and members may choose to undertake local re-audits after participating in a national project. Within each radiology department, there is usually a clinical radiology audit lead who liaises with the College. The College employs an audit officer to support audit work for its two faculties.</p> <p><a href="#">AuditLive</a> is a growing collection of audit templates, many with downloadable data collection forms which can be adapted for local use. AuditLive can provide ideas and methodologies for those looking for audits to undertake locally for revalidation or for planning the annual forward programme in clinical audit. College <a href="#">standards, publications and guidance</a> are an additional source of recommendations to audit against. A clinical radiology audit <a href="#">poster competition</a> is held during the <a href="#">Annual Scientific Meeting</a>.</p> <p><b>Information relevant to clinical oncology and clinical radiology</b><br/>The RCR has initiated a <a href="#">programme of work to promote the principles and practice of quality improvement</a> (QI) as part of its work to 'advance the science and practice' of clinical radiology and clinical oncology. Quality improvement projects have been added to our training curricula as an alternative to audit.</p> |
| <p><b>Review of clinical outcomes</b></p> | <p><b>Description</b><br/>Clinical outcomes that are used for revalidation should be robust, attributable and well validated. Even where this is not the case you may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of your practice.</p> <p><b>Requirements</b><br/>Where national registries or databases are in place, relevant to your practice, you may be expected to participate in the collection of, and contribution to, national, standardised data. Evidence of this participation should be made available for your appraisal.</p> <p>Nationally agreed standards and protocols may also include outcomes, and you should bring these to appraisal where recommended by the specialty. Data should relate, as far as possible, to your own contribution. Comparison with national data should be made wherever possible.</p> <p><b>Guidance</b><br/>There are some specialties, mainly interventionist or surgical but including those academic activities in which clinical trials play a major part, which have recognised outcome measures. Where clinical outcomes are used instead of, or alongside, clinical audit or case reviews, there should be evidence of reflection and commentary on personal input and, where needed, change in practice.</p>  |

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|   | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>For interventional radiologists: where national registries relevant to the individual's practice are in place, interventional radiologists are expected to participate and the data should be available for appraisal. This could also be used as audit data.</p> <p>For all other radiologists: this should be included only if validated outcome data is available.</p> <p>For clinical oncologists: specific outcomes may be available in terms of protocol based care. Suggested rates of mortality following chemotherapy and radiotherapy contained within <i>Improving outcomes: a strategy for cancer</i><sup>16</sup> may be reported as an individual or by teams.</p>  |
| <p><b>Case review or discussion</b></p> | <p><b>Description</b></p> <p>The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit/registries are unavailable.</p> <p><b>Requirements</b></p> <p>If you are unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. You should then provide at least two case reviews per year, covering the range of your professional practice over a five-year revalidation cycle. You should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. Identified action points should be incorporated into your personal development plan.</p> <p><b>Guidance</b></p> <p>Evidence of relevant working party or committee work (internal or external) may be included together with your personal input and reflection, including implementation of changes in practice, where appropriate. Some specialties or subspecialties may recommend case reviews routinely, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings or morbidity and mortality meetings. In some specific circumstances, case reviews may form the main supporting information in support of quality improvement.</p> |
|   | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>A number of different approaches to case review may be acceptable, including documented discussion of cases at multidisciplinary meetings, discrepancy or morbidity and mortality meetings. In some specific circumstances case reviews may form the main supporting information demonstrating quality improvement.</p> <p>The RCR has developed tools for recording case-based discussion for <a href="#">clinical oncologists</a> and <a href="#">clinical radiologists</a>.</p> <p>Clinical radiologists may also find it useful to reflect on discrepancies and near misses. Reflective tools are available to download from the <a href="#">RCR revalidation pages</a>. Alternatively, for one year out of five, clinical radiologists could consider undertaking a self-review of practice. Tools for this purpose are available to download from the <a href="#">RCR revalidation pages</a>.</p>   |

| Significant events  |   |
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| <p><b>Clinical incidents, significant untoward incidents (SUIs) or other similar events</b></p> | <p><b>Description</b></p> <p>A significant event (also known as an untoward, critical or patient safety incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.<sup>1</sup></p> <p>You should ensure that you are familiar with your organisation's local processes and agreed thresholds for recording incidents.</p> <p>It is not the appraiser's role to conduct investigations into serious events.</p> <p><b>Requirements</b></p> <p>If you have been directly involved in any significant incidents (SUIs) since your last appraisal you must provide details based on data logged by you, or on local (for example, your NHS employer where such data should be routinely collected) or national incident reporting systems (for example, the National Reporting and Learning System [NRLS]). If you have been directly involved in any clinical incidents these should also be summarised, together with the learning and action taken, to show that you are using these events to improve your practice.</p> <p>If you are self-employed or work outside the NHS, or in an environment where reporting systems are not in place, it is your responsibility to keep a personal record of any incidents in which you have been involved. This could include a brief description of the event, any potential or actual adverse outcomes, and evidence of reflection.</p> <p>A summary reviewing the data and a short anonymised description (with reflection, learning points and action taken) of up to two clinical incidents and all SUIs or root cause analyses in which you have played a part (including as an investigator) should be presented for discussion at your annual appraisal.</p> <p>If there has been no direct involvement in such incidents since your last appraisal, a self-declaration to that effect should be presented at your annual appraisal.</p> <p><b>Guidance</b></p> <p>Incidents and other adverse events which are particularly relevant or related to certain areas of specialist practice may be identified in the colleges' and faculties' specialty guidance, together with tools and recommendations when documenting your involvement. You should take care not to include any patient identifiable information in your appraisal documentation.</p> |
|   | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>The RCR has developed a tool to help clinical oncologists and clinical radiologists reflect on the ways in which significant events have affected their practice. You can download the tool from the <a href="#">RCR revalidation pages</a>. The tool is intended to encourage self-reflection and is not intended to replace established recording systems.</p>  |

## Feedback on your practice

### How others perceive the quality of your professional work

Feedback from colleagues and patients (if you have direct contact with patients) must be collected at least once in every five year revalidation cycle and presented to your appraiser.

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| <p><b>Colleague feedback</b></p>                   | <p><b>Description</b></p> <p>The result of feedback from professional colleagues representing the range of your professional activities, using a validated multi-source feedback (MSF) tool. The tool should meet the criteria set by the GMC.<sup>17</sup> The results should be reflected on and any further development needs should be addressed</p> <p><b>Requirements</b></p> <p>At least one colleague MSF exercise should be undertaken in the revalidation cycle. You may want to consider undertaking your MSF early in the revalidation cycle in case the exercise has to be repeated.</p> <p><b>Guidance</b></p> <p>The selection of raters/assessors should represent the <u>whole spectrum</u> of people with who you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty.</p>   |
| <p><b>Feedback from patients and/or carers</b></p> | <p><b>Description</b></p> <p>The result of feedback from patients and carers, using a validated tool. The tool should meet the criteria set by the GMC.<sup>17</sup> The results should be reflected upon, and any further development needs addressed.</p> <p><b>Requirements</b></p> <p>At least one patient feedback exercise should be undertaken in the revalidation cycle. You may want to consider gathering your patient feedback early in the revalidation cycle in case the exercise has to be repeated.</p> <p><b>Guidance</b></p> <p>Some colleges and faculties have identified patient feedback tools, instruments and processes which are suitable for doctors with particular areas of specialty practice. For some doctors, only some areas of their whole practice will be amenable to patient and/or carer feedback. Where practicable, a complete spectrum of the patients that you see should be included when seeking this type of feedback, and particular attention should be given to the inclusion of patients with communication difficulties, where relevant.</p> <p>If you do not see patients as part of your medical practice, you are not required to collect feedback from patients. However, the GMC recommends that you think broadly about what constitutes a 'patient' in your practice. Depending on your practice, you might want to collect feedback from a number of other sources, such as families and carers, students, suppliers or customers.</p> <p>If you believe that you cannot collect feedback from patients, you should discuss this (as well as proposed alternatives) with your appraiser.</p> |

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|   | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>Where possible, the RCR recommends using local tools and processes to collect feedback from colleagues, patients and carers.</p> <p>A multi-source feedback study carried out by the Federation of The Royal Colleges of Physicians under the umbrella of the Academy of Medical Royal Colleges, which included some radiologists, indicated that patient assessment tools were less accurate for radiologists than for other specialists.<sup>18</sup> As such, the RCR has produced a multi-source feedback tool for clinical radiologists which includes specialty-specific questions intended to guide colleagues and patients through the process of assessing the performance of radiologists. The tool is available to download from the <a href="#">RCR revalidation pages</a>. This tool may be used in place of, or as a supplement to, local processes, with the agreement of your responsible officer.</p> <p>All oncologists and radiologists with direct patient contact should take part in patient feedback surveys. If you do not have direct patient contact, or your contact with patients is extremely limited, you should discuss this requirement with your responsible officer as early as possible in the revalidation cycle. Some radiologists have found that departmental patient feedback can take the place of individual feedback for the purposes of appraisal and revalidation. In other cases responsible officers have agreed to waive the requirement for patient feedback. The decision on what format and quantity of supporting information is acceptable lies with your responsible officer.</p> |
| <p><b>Feedback from clinical supervision, teaching and training</b></p> | <p><b>Description</b></p> <p>If you undertake clinical supervision and/or training of others, the results from student/trainee feedback or peer review of teaching skills should be provided for appraisal and revalidation purposes.</p> <p><b>Requirements</b></p> <p>Evidence of your professional performance as a clinical supervisor and/or trainer is required at least once in a five-year revalidation cycle. Feedback from formal teaching should be included annually for appraisal.</p> <p><b>Guidance</b></p> <p>Appropriate supporting information may include direct feedback from those taught in a range of settings. Clinical supervisors and educational supervisors are required to provide evidence that they have met the minimum training requirements set by the GMC for these roles.</p>   |
| <p><b>Formal complaints</b></p>   | <p><b>Description</b></p> <p>Details of all formal complaints (expressions of dissatisfaction or grievance) received since your last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection for discussion during the annual appraisal. A formal complaint is one that is normally made in writing and activates a defined complaints response process.</p> <p><b>Requirements</b></p> <p>Details of formal complaints should be included annually. For your appraisal you are only required to submit details of formal complaints received from patients, carers, colleagues or staff – either employed within your clinical area or any other arena in which you work (for example, university) – relating to any of your professional activities or those team members for whom you have direct responsibility. If you have not received any formal complaints since your last appraisal, a self-declaration to that effect should be provided.</p>   |

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|                           | <p><b>Guidance</b></p> <p>A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases an appropriate personal reflection should be provided covering how formal complaints have been managed (with reference, if necessary, to local or national procedures or codes of practice), actions taken, learning gained and, if necessary, potential items for the personal development plan. Rather than the nature of the complaints themselves, your reflection will be the focus for discussion during the appraisal. Some colleges and faculties have developed tools and forms to help to document and structure this reflection.</p>   |
|                           | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>The RCR has produced a tool to help clinical oncologists and clinical radiologists reflect on the way that a complaint has affected their practice. It can be downloaded from the <a href="#">RCR revalidation pages</a>. The tool is intended to encourage self-reflection and is not designed to replace local complaint recording processes.</p>  |
| <p><b>Compliments</b></p> | <p><b>Description</b></p> <p>A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team.</p> <p><b>Requirements</b></p> <p>Your summary should be updated annually. Not all compliments that you receive need to be included in your summary and you may opt not to present details of any compliments at all during any of your annual appraisals. This option will not hinder your progress towards revalidation.</p> <p><b>Guidance</b></p> <p>It is useful to reflect on successes as well as on problems. If compliments are to be useful in revalidation they should be accompanied by relevant reflection highlighting, for example, the value you attach to these compliments in terms of how they have affected your professional practice, relationship with others, learning and development. Some colleges and faculties have developed tools and forms to help document and structure this reflection.</p> |
|                           | <p><b>Information relevant to clinical oncology and clinical radiology</b></p> <p>The RCR has produced a tool to help clinical oncologists and clinical radiologists reflect on the way that a compliment has affected their practice. It can be downloaded from the <a href="#">RCR revalidation pages</a>.</p>   |

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