



The Royal College of **Pathologists**

Pathology: the science behind the cure

# **Guidance on supporting information for revalidation**

**Including specialty-specific information for  
medical examiners (of the cause of death)**

**May 2013**

# Guidance on supporting information for revalidation

## Including specialty-specific information for medical examiners (of the cause of death)

### General introduction

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 will be expected to have at least one appraisal per year that is based on the General Medical Council's (GMC) core guidance for doctors, *Good Medical Practice*.<sup>1</sup> Revalidation will involve a continuing evaluation of your fitness to practise and will be based on local systems of appraisal and clinical governance.

Licensed doctors will need to maintain a portfolio of supporting information drawn from their practice that demonstrates how they are continuing to meet the requirements set out in *The Good Medical Practice Framework for appraisal and revalidation*.<sup>2</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.

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>1</sup>
- *The Good Medical Practice Framework for appraisal and revalidation*<sup>2</sup>
- *Supporting information for appraisal and revalidation*<sup>3</sup>
- Academy core guidance on supporting information for revalidation<sup>4</sup>

Doctors should also have regard for any guidance 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*:

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<sup>1</sup> GMC (2006). *Good Medical Practice*. [www.gmc-uk.org/static/documents/content/GMP\\_0910.pdf](http://www.gmc-uk.org/static/documents/content/GMP_0910.pdf)

<sup>2</sup> GMC (2012). *The Good Medical Practice framework for appraisal and revalidation*. [www.gmc-uk.org/static/documents/content/GMC\\_Revalidation\\_A4\\_Guidance\\_GMP\\_Framework\\_04.pdf](http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf)

<sup>3</sup> GMC (2012). *Supporting information for appraisal and revalidation*. [www.gmc-uk.org/static/documents/content/Supporting\\_information\\_for\\_appraisal\\_and\\_revalidation.pdf](http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf)

<sup>4</sup> AOMRC (2012). *Speciality Guidance* <http://aomrc.org.uk/revalidation/revalidation-publications-and-documents/speciality-guidance.html>

- general information about you and your professional work
- keeping up to date:
  - review of practice
  - quality improvement activity
  - significant events
- feedback on professional practice:
  - colleague feedback
  - patient and carer feedback
  - complaints and compliments.

You must participate in appraisals, when you should expect to discuss with your appraiser your practice, 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 appropriate supporting information for revalidation.

## The purpose of this document

### **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 by you to demonstrate that professional standards have been met.

This document describes the supporting information required for revalidation. It takes the principles of the GMC's guidance and offers practical examples of the information that you should present to demonstrate that you are keeping up to date and fit to practise. We recommend that you read this document along with the GMC's *Supporting information for appraisal and revalidation*.

Although the types of supporting information are the same for all doctors, in this document you will find specific additional advice for medical examiners at the end of each section. It is highlighted by the use of blue shading, in the same way as this paragraph.

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), published by the NHS Revalidation Support Team ([www.revalidationsupport.nhs.uk/CubeCore/uploads/RSTMAGforReval0312.pdf](http://www.revalidationsupport.nhs.uk/CubeCore/uploads/RSTMAGforReval0312.pdf)).

Not all of the supporting information described needs to be collected every year, although some elements are required, or should be reviewed, annually. This is stipulated in the document under 'Requirements'.

If you are unable to provide an element of the core supporting information and you wish to bring alternative or additional information to your appraisal, this will be evaluated by the appraiser and may be accepted, with the agreement of your Responsible Officer. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines with limited clinical contact, as medical managers with little or no patient contact (but by definition substantial

vicarious responsibility for the standard of patient care) and medical educators. Some supporting information will not be appropriate for every doctor (for example, patient feedback for doctors who do not have direct patient contact).

In certain cases, it may be appropriate for you to relinquish your licence to practise, while remaining on the GMC Register. This will be determined in part by your individual requirements, according to the needs and specification of your appointment.

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 other times. In addition to advice from your appraiser and Responsible Officer, you should consider seeking advice from the designated person/source in the relevant medical royal college or faculty.

A range of forms and templates will be available with which you can record your supporting information. Advice on which to use should be obtained from your appraiser, Responsible Officer, college or faculty. Whichever is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

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 medical examiners**

Medical examiners are in an unusual position in several respects. They represent, in effect, a new medical specialty; as a result, all the specialty's members have much to learn. They have widely different backgrounds, so learning needs will differ widely. Most will be part time, with other medical roles competing for their attention. They will be employed by Local Authorities (or Local Health Boards in Wales), who will have to provide a Responsible Officer for medical examiners who have no other NHS employment. The Responsible Officer is unlikely to have a detailed understanding of the work of medical examiners.

As a result, the specialty-specific guidance for medical examiners in this document is, in some respects, more detailed than that which is provided for other specialties. It is likely to change more frequently as experience accumulates, so please ensure that you are familiar with all future revisions of this document.

Revalidation demands 'whole practice appraisals'. Doctors whose work covers more than one specialty will have to cover all aspects in one process. Consequently, part-time medical examiners will have to consult the parallel guidance for specialists in their other area(s) of medical work, and balance the inputs to appraisal in line with their workloads as well as with their developmental needs.

Doctors are advised to select a trained appraiser from those who work in their own or a related specialty. This also applies to medical examiners, so we would expect medical examiners who spend 50% of their time on medical examiner work to have two or three of the appraisals in each five-year revalidation cycle conducted by other medical examiners. All medical examiners should have at least one appraisal in each revalidation cycle conducted by another medical examiner.

## 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.*

<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 (e.g. absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (e.g. teaching, management and leadership, medicolegal work, medical research and other academic activities) undertaken as a doctor. 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 sub-specialty 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 for medical examiners</b></p> <p>Medical examiners should provide information on the proportion of their working week spent in this role and the approximate caseload and any additional related duties (such as any management roles or training other staff in correct death certification processes).</p> <p>For medical examiners who work part time, the description of the whole of your practice will help your appraiser to identify the areas of the work of a medical examiner where your other medical experience might not give sufficient knowledge and understanding. This will not happen if, as a full-time medical examiner, you have ceased other forms of medical practice. Consequently, it will assist the appraiser if full-time medical examiners provide a short summary of their previous medical experience, whether as part of the 'Scope of work' section or more informally.</p>
<p><b>Record of annual appraisals</b></p>	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• A signed-off 'Form 4' or equivalent evidence (e.g. 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>Guidance for medical examiners</b></p> <p>Consequently the PDP must include items of specific relevance to work as a medical examiner. You should be able to identify and justify those elements to your appraiser.</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>4</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></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), and to your employing or contracting organisation if required<sup>5</sup></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>Conflicts of Interest: Guidance for Doctors</i> (2008) and those relevant to your employing or contracting organisation if required (e.g. university or company)</li> <li>• that, if you have become aware of any issues relating to the conduct, 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> <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></p> <p>Required for every annual appraisal.</p>

<sup>4</sup> GMC (2012). Raising and acting on concerns about patient safety. [www.gmc-uk.org/static/documents/content/Raising\\_and\\_acting\\_on\\_concerns\\_about\\_patient\\_safety\\_FINAL.pdf](http://www.gmc-uk.org/static/documents/content/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf)

<sup>5</sup> GMC (2008). *Reporting Criminal and Regulatory Proceedings Within and Outside the UK*. [www.gmc-uk.org/static/documents/content/Reporting\\_criminal.pdf](http://www.gmc-uk.org/static/documents/content/Reporting_criminal.pdf)

	<p><b>Guidance</b></p> <p>The format of the self-declaration should reflect the scope of your work as a doctor. You should consider the GMC's ethical guidance documents relevant to your professional or specialty practice, e.g. <i>0–18 years: Guidance for all Doctors</i> (2007).<sup>6</sup></p>
	<p><b>Guidance for medical examiners</b></p> <p>There are no specialty-specific requirements for medical examiners.</p>
<b>Health</b>	<p><b>Description</b></p> <p>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>, including having access to independent and objective medical care.</p> <p><b>Requirements</b></p> <p>Required for every annual appraisal.</p> <p><b>Guidance</b></p> <p>The scope of the self-declaration should reflect the nature of your work</p>
	<p><b>Guidance for medical examiners</b></p> <p>There are no specialty-specific requirements for medical examiners.</p>

<b>KEEPING UP TO DATE</b>	
<b>Maintaining and enhancing the quality of your professional work</b>	
<p>Good Medical Practice <i>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 performance.</i></p>	
<b>Continuing professional development (CPD)</b>	<p><b>Description</b></p> <p>CPD is a continuous learning process, outside formal undergraduate and postgraduate training, which enables doctors to maintain and improve their performance across all areas of their professional work.<sup>7</sup></p>

<sup>6</sup> GMC (2007). *0–18 years: Guidance for all doctors*.  
[www.gmc-uk.org/static/documents/content/0-18\\_0510.pdf](http://www.gmc-uk.org/static/documents/content/0-18_0510.pdf)

<sup>7</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.

	<p>CPD may be:</p> <ul style="list-style-type: none"> <li>• clinical – including any specialty, or subspecialty, specific requirements</li> <li>• non-clinical – including training for educational supervision, training for management or academic training.<sup>8</sup></li> </ul> <p><b>Requirements</b></p> <p>At each appraisal meeting, a description of CPD undertaken each year should be provided, including:</p> <ul style="list-style-type: none"> <li>• its relevance to your individual professional work</li> <li>• its relevance to your personal development plan<sup>9</sup></li> <li>• reflection and confirmation of good practice or new learning/practice change where appropriate.</li> </ul> <p>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 the Academy of Medical Royal Colleges’ specialty guidance:  <a href="http://aomrc.org.uk/revalidation/revalidation-publications-and-documents/speciality-guidance.html">http://aomrc.org.uk/revalidation/revalidation-publications-and-documents/speciality-guidance.html</a></p> <p><b>Guidance</b></p> <p>You should take part in CPD as recommended by your college or faculty.<sup>10</sup> 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 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 CPD activity should be provided.</p>
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<sup>8</sup> Colleges and faculties have different ways of categorising CPD activities; see relevant college or faculty guidelines for information.

<sup>9</sup> Not all of the CPD undertaken should relate to an element of the PDP, but sufficient CPD activities should do so to demonstrate that you have met the requirements of your PDP.

<sup>10</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.

	<p><b>Guidance for medical examiners</b></p> <p>Medical examiners are advised to use a system for recording CPD activity such as those provided by any of the medical royal colleges. For full-time medical examiners, the RCPATH's CPD system is appropriate but its use is not compulsory.</p> <p>For newly appointed medical examiners, the CPD record must include evidence of completion of the online and face-to-face training packages that are mandatory before starting work as a medical examiner. There should be reflection on the content and relevance of these packages, including the identification and consideration of areas where previous medical experience has left gaps in knowledge and skills that should be addressed in the PDP.</p> <p>For all medical examiners, there should be evidence of CPD designed to address the difficult task of keeping up to date (at an appropriate level and with appropriate focus) across the whole breadth of medical practice. It is anticipated that CPD material to address this need will be delivered through the medical royal colleges, working in collaboration with the office of the National Medical Examiner.</p> <p>There should be evidence of compliance with any guidance issued by the National Medical Examiner.</p>
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<b>REVIEW OF YOUR PRACTICE</b>	
<b>Evaluating and improving the quality of your professional work</b>	
<p><i>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.<sup>11</sup></i></p> <p><b>Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.</b></p>	
<b>Quality improvement activity</b>	
<b>Clinical audit</b>	<b>Description</b>
	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).

<sup>11</sup> 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.

	<p><b>Requirements</b></p> <p><b>National audits</b></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 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><b>Personal and local audit</b></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 for medical examiners</b></p> <p>There are no national audits or registries of direct relevance to medical examiners at present, although it is anticipated that the National Medical Examiner will initiate the collation of basic data on workloads, patterns of referral to the coroner, specific causes of death and potentially some key performance indicators. These are yet to be identified in detail, although it is clear that the time that the process takes will be one important element. Any such data must be presented, along with published national figures to permit benchmarking.</p> <p>More detailed local audits would be expected to investigate any apparent 'outliers' from national figures.</p>
<p><b>Review of clinical outcomes</b></p>	<p><b>Description</b></p> <p>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></p> <p>Where national registries or databases are in place relevant to your practice, you may be expected to participate in the collection 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 for medical examiners</b></p> <p>Outcome measures, as conventionally understood in other medical specialties, are not relevant to medical examiners. However, you should consider whether specific audits can target outcomes that are relevant to medical examiners.</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>Guidance for medical examiners</b></p> <p>For medical examiners, cases for review might include unusual circumstances of death that demanded detailed discussion with the coroner; or cases where feedback into the clinical governance system of the health service might be expected to alter clinical practice; or cases where additional information necessitated re-opening of the case. Such cases, appropriately anonymised, are likely to be valuable material for local educational meetings.</p>

<b>Significant events</b>	
<p><b>Clinical incidents, Significant untoward incidents (SUIs) or other similar events</b></p>	<p><b>Description</b></p> <p>The GMC states that a significant event (also known as an untoward, critical or patient safety incident) is any unintended or unexpected event that could or did lead to harm of one or more patients. This includes incidents that did not cause harm but could have done, or where the event should have been prevented.</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 (e.g. your NHS employer where such data should be routinely collected) or national incident reporting systems (e.g. NRLS). If you have been directly involved in any clinical incidents, these should also be summarised, together with the learning and action taken, in order 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>You do not need to list any significant events where your only involvement was in the investigation.</p>
	<p><b>Guidance for medical examiners</b></p> <p>Medical examiners are working in a new specialty, so it is not yet possible to identify the commoner SUIs that are likely to occur, and the usual classification of severity of incidents is not applicable. Balanced judgement will be needed in respect of what incidents to bring to the appraisal interview. However, one obvious category to include would be cases where a cause of death accepted by a medical examiner subsequently had to be amended.</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.*

<b>Colleague feedback</b>	<p><b>Description</b></p> <p>The result of feedback from professional colleagues representing the range of your professional activities, using a validated (against GMC criteria) multi-source feedback (MSF) tool.<sup>12</sup> The results should be reflected upon, and any further development needs should be addressed.</p> <p><b>Requirements</b></p> <p>At least one colleague-MSF exercise (which complies with GMC requirements) 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 whole spectrum of people with whom you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty.</p>
	<p><b>Guidance for medical examiners</b></p> <p>It is recognised that medical examiners are working within a new specialty.</p> <p>For medical examiners, raters should include not just other medical examiners but also doctors whose MCCDs you scrutinise; MEOs; coroners; bereavement service staff, and so on.</p> <p>For part-time medical examiners, combining such raters with individuals who are involved with your other clinical duties may produce results that inform neither aspect of your work adequately. If that seems likely to be a problem, you should consider voluntarily undertaking two colleague-feedback surveys within each revalidation cycle; one for your clinical work and one for your medical examiner work.</p> <p>It is recognised that the questions set in conventional colleague feedback questionnaires may seem irrelevant to the work of medical examiners and may result in a high proportion of 'unable to comment' responses.</p> <p><b>Consideration will be given to the possibility of developing questionnaires that are more suited to the work of medical examiners.</b></p>

<sup>12</sup> GMC (2011). *Guidance on colleague and patient questionnaires*.  
[www.gmc-uk.org/doctors/revalidation/colleague\\_patient\\_feedback.asp](http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp)

<p><b>Feedback from patients and/or carers</b></p>	<p><b>Description</b></p> <p>The result of feedback from patients and, if appropriate, carers, using a validated (against GMC criteria) tool. 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 (which complies with GMC requirements) 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 for medical examiners</b></p> <p>For medical examiners, the equivalent of 'patients' is the bereaved families with whom you come into contact. They should be asked to provide feedback on the service that you personally have provided to them, in a manner which complies with GMC criteria but which is suitably sensitive and bears in mind their distress.</p> <p>For part-time medical examiners, combining feedback from the bereaved with feedback from your patients may produce results that inform neither aspect of your work adequately. If that seems likely to be a problem, you should consider voluntarily undertaking two 'patient' feedback surveys within each revalidation cycle; one for your clinical work and one for your medical examiner work.</p> <p>It is recognised that the questions set in conventional patient-feedback questionnaires may seem irrelevant to the work of medical examiners and may result in a high proportion of 'unable to comment' responses.</p> <p>Consideration will be given to the possibility of developing questionnaires that are more suited to the work of medical examiners.</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 performance as a clinical supervisor and/or trainer is required at least once in a five-year revalidation cycle. Feedback from any 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 have met the minimum training requirements set by the GMC for these roles.</p>

	<p><b>Guidance for medical examiners</b></p> <p>Medical examiners will have variable levels of educational responsibility, but it is anticipated that in each group of medical examiners, one will probably take the lead in coordinating and delivering training related to the death certification process to other health service staff. Such individuals should include this role in their 'Scope of work' and should deliver relevant supporting information to the appraisal process</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 (e.g. 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>
	<p><b>Guidance for medical examiners</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>The generic guidance on complaints applies to medical examiners. However, complaints in this context relate only to complaints about the medical examiner service, not complaints about events that preceded death (although complaints about the delivery of healthcare, as reported to the medical examiners, might be a useful topic for audit). It is not yet known how many complaints a medical examiner may expect to receive, on average, each year. Relevant complaints may come from anyone with whom the medical examiner interacts in a professional capacity. However, as the specialty involves interacting with the recently bereaved, who may be very distressed and occasionally angry, the number may be high. The most important consideration, from the perspective of appraisal, is how the complaints were</p>

	resolved. However, benchmarking against the volume and type of complaints received by other medical examiners, locally and nationally, may prove to be of value.
<b>Compliments</b>	<p><b>Description</b></p> <p>A summary of 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>Guidance for medical examiners</b></p> <p>The generic guidance on compliments applies fully to medical examiners.</p>