

TABLES

Table 1: GMC Guidance on supporting information

Type of supporting information	Examples of what may be provided	Frequency with which the supporting information is required
Continuing professional development (CPD)	Evidence of participation in College/faculty CPD scheme Certificate of attendance at conference, training workshop	Every appraisal
Quality improvement activity	Clinical audit Review of clinical outcomes Case review or discussion	Depends on nature of activity – e.g. participation in a full national clinical audit might be appropriate once every revalidation cycle, case review more regularly.
Significant events (SEA) or untoward or critical incident	Reflective template outlining incidents/events & what was learnt	Any significant events involving the doctor should be discussed at every appraisal. It is what has been learnt, not the number that is important, as in some years doctors may not have a SEA to report.
Feedback from colleagues	Standard questionnaire that complies with GMC guidance	At least once every 5 years
Feedback from patients	Standard questionnaire that complies with GMC guidance Student evaluation of teaching delivered	At least once every 5 years
Review of complaints and compliments	Reflective writing about a complaint and how it was dealt with Complimentary emails/cards from patients	Any changes made as a result of complaints/compliments should be discussed annually. Numbers of complaints may vary across specialties and some doctors may have none. It is how the complaint has been dealt with, rather than the number that is important.

Table 2: Scottish Online Appraisal Resource

<p>Scottish Online Appraisal Resource (SOAR)</p> <ul style="list-style-type: none"> • 4 electronic folders: corresponding to the four domains of <i>Good Medical Practice</i>:² <ul style="list-style-type: none"> ○ Domain 1: Knowledge, skills and performance; ○ Domain 2: Safety & quality; ○ Domain 3: Communication, partnership & teamwork; ○ Domain 4: Maintaining Trust. • Form 3 overview – list of documents uploaded with box for appraiser to tick to indicate that each piece of evidence has been viewed. Space provided for appraisee to explain and reflect on the material uploaded in each Domain. A series of health and probity questions must also be answered. • Personal Development Plan (PDP) section allows appraisee to review their progress against last year's PDP and identify areas for development that they would like to undertake over the next year.

- **Form 4 appraisal summary** - completed by appraiser soon after the appraisal. Checked and agreed to by appraisee.

Table 3: Doctors' roles & specialties

ID	Specialty	Role	Interview with Appraisee	Interview with Appraiser
R0005	Sexual & Reproductive Health	Consultant/Manager	Yes	Yes
R0011	Accident & Emergency	Consultant	Yes	No
R0021	General Practice	Locum	Yes	Yes
R0030	Mental Health	Consultant	Yes	No
R0048	General Practice	Partner	No	No
R0049	Sexual Health & HIV	Consultant	Yes	No
R0057	Medical Education	Manager	Yes	Yes
R0060	Community Paediatrician	Associate Specialist	Yes	Yes
R0065	General Practice	Locum (retired)	Yes	Yes
R0075	Addiction Psychiatry	Specialty Doctor	Yes	Yes
R0085	Clinical Oncology	Consultant	Yes	Yes
R0133	General Practice	Principal	Yes	No
R0149	Public Health/ Sexual & Reproductive Health	Senior Lecturer/Specialty Doctor	Yes	No
R0164	General Practice	Locum	Yes	Yes
R0169	Reproductive Health	Consultant	Yes	No
R0171	Upper Gastrointestinal Surgeon	Consultant	Yes	No
R0196	Public Health Medicine	Consultant	Yes	Yes
R0215	General Practice	Principal/Medical Education	Yes	Yes
Total	18		17	9

Table 4: Overview of what supporting information was presented

Electronic folder	Examples of supporting information uploaded
Domain 1: Knowledge, skills & performance	College CPD templates – recording what activity was undertaken, why, what was learned, what will be done differently and how many credits are being claimed. (1 credit = 1 hour of CPD) Annual 50 credits (or 250 across five years) is widely adopted as a requirement. Most appraisees in this sample managed to achieve 50 credits.

<p>Domain 2: Safety & Quality</p>	<p>Summary of an audit including what has been learnt, any planned changes in practice.</p> <p>Case reviews.</p> <p>Not all the doctors in our sample see patients. One doctor involved in medical education (R0057) submitted information regarding a research project about trainees; a public health doctor (R0149) provided a teaching evaluation from students.</p> <p>Significant events – sometimes using standard SEA template.</p>
<p>Domain 3: Communication, partnership & teamwork</p>	<p>Colleague and patient feedback. As would be expected, this was less frequent than other types of supporting information: seven appraisees submitted colleague multi-source feedback (MSF) (range of raters 9-15); five appraisees submitted patient feedback (range of raters 7-50).</p> <p>Where formal feedback from colleagues and patients was not required, appraisees submitted complimentary emails from colleagues, course evaluations, letters of thanks from patients etc. In several cases this folder was left empty.</p>
<p>Domain 4: Maintaining Trust</p>	<p>Certificates/letters showing there were no complaints.</p> <p>Ethics approval for research studies.</p> <p>Information about private practice.</p> <p>This domain presented the most difficulties in terms of finding suitable information to upload; almost half of these 18 doctors left it empty.</p>