

## The 3-minute guide to your appraisal

(Incorporating the latest RCGP and NHS England guidance)

### General advice

- You need to use an approved electronic format. The MAG 4.2 is intended as the benchmark but other well-designed toolkits are available. Gather material and reflect throughout the year.
- Your commentary and evidence needs to cover all your professional roles - so called “**scope of work**” information. See our separate [guide](#).
- There needs to be evidence of **reflection, learning and any consequent changes in practice** (examples rather than just a statement or certificate). Keep reflections concise – meaningful reflection is possible in three sentences: *What? (simple description) So what? (How it is relevant to you) What next? (Your resulting action)*.
- There needs to be **personal** involvement in these activities, but other members of the practice team will often be involved too.
- Contact your appraiser or your local appraisal team in good time if you have any questions and send your portfolio to your appraiser **at least two to three weeks before** the appraisal meeting.
- Remember your appraiser is interested **in what you think** the supporting information says about your practice and how you intend to develop or modify your practice as a result of that reflection. Present your achievements, challenges and aspirations. This is the most important part – give it thought.

### Specific requirements (these are minimums)

- Commentary on progress on **last year’s PDP**. What you learned, what changes you made as a result.
- **50 CPD credits**. One credit = one hour of learning activity demonstrated by a reflective note on the lessons learned and any changes made. Doubling of CPD credits for “impact” has been removed but you can claim for time spent on additional activities as a result of CPD - e.g. an audit. There is no need to include certificates.
- **Quality improvement activities** (e.g. audits, [SEAs](#), case reviews, prescribing analysis, referral analysis, outcome data) with reflection and learning and any consequent changes in practice. Both the GMC and RCGP ask that doctors demonstrate and reflect upon representative quality improvement activities every year. For most GPs we would recommend that the easiest way to meet this requirement is by including two SEAs along with some other type of QIA for each appraisal.
- **Colleague and patient feedback**, formal [GMC-compliant feedback](#) with reflection once in each revalidation cycle. Other informal and formal feedback with reflection every year as available.
- Review of any **complaints** and learning points from them
- A **PDP** for the coming year, normally with a minimum of three objectives, which are “[SMART](#)”

**This is a very brief summary; for more details and lots of further help use the hyperlinks or [visit our website](#).**