

Revalidation for GPs

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October 2007

Trust, Assurance and Safety

White paper in Feb 2007

Part of the reform of clinical governance

- Accountability and quality : NICE, HCC, NPSA (NCAS)
 - Modernising employment (AFC, MMC, MHPS, PLR)
 - Professional regulation
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Regulation reform programme

1. Medical education and revalidation (CMO)
 2. Non medical revalidation (Jim Smith)
 3. Tackling concerns locally, affiliates (BAMM)
 4. Tackling concerns nationally (HCC)
 5. Enhancing confidence in health care regulators (Kings Fund)
 6. Health of Health Professionals (NCAS)
- Earliest report date 2009
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Revalidation will be a two stage process

The CMO's report (Good doctors, safer patients) advised a two stage procedure for doctors

- Re-licensing: evidence to be produced in key areas of GMP. A core of valid and verifiable information. (CGST: Assuring the quality of medical appraisal). Yearly appraisal. 5 yearly process.
- Re-certification: a speciality specific programme, led by royal colleges. Not yet developed for GPs. Once every 5 years.

This 2 stage process also in T, A and S with both processes to run together

Revalidation: who oversees it?

The process will be supervised by the "Responsible Officer" in the PCT who will refer to regional GMC affiliates. (GMC have still not confirmed this).

How can we prepare?

Relicensure:

Gathering information; defined in Leicester statement

www.appraisals.nhs.uk

www.oxfordprimarycarelearning.org.uk

Recertification:

Follow developments on RCGP website

www.rcgp.org.uk/continuing_the_gp_journey/recertification.aspx

Information for relicensure: the Leicester Statement

NAPCE / NCGST conference 8/9 Feb 07

All 4 countries in UK and both hospital
specialists and GPs contributing

Generic for all doctors in NHS

Information to provide confidence to PCTs that
doctor's performance is satisfactory (not
responsibility of appraisers)

Provides information which can be used in
appraisal process to provide insights for GPs
which can aid their professional development.

Evidence (1)

- Defines a baseline, doctors should aim to provide information which is over and above this
 - Data rich / information poor problem.
 - Structured reflective templates to bridge the gap between data (which often shows team performance) and the contribution of the individual.
 - Low level, information exists; high level, information has led to change in practice, actions taken evaluated.
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Evidence(2)

Essential (minimum): personal

Essential (minimum): organisational

Optional

All to be legible (typed), complete,
submitted 2 weeks before meeting,
preferably via appraisal website

Essential information (1)

Personal

- Forms 1 and 2
- On going PDP
- Last year's appraisal summary

GCC

- Two structured case reviews
- Own data collection with reflective template

Organisational

GCC

- Key organisational audits e.g. QOF
 - SEA reports
 - Team reflections
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Essential information (2)

Personal

MGMP

Log of learning activities
with reflective comments

RWP

Recent patient survey with
reflection.

Complaints, or declaration
of no complaints,
reflection

Organisational

MGMP

Learning programme

RWP

Patient survey with
reflection (needs more
work)

Complaints procedure

Information for patients
about services

Essential information (3)

Personal

WWC

Recent MSF with reflection

Probity

Self declaration of probity, (GMC status, NCAS status, Criminal status)

Organisational

WWC

Organisational feedback, internal

Probity

Evidence of probity in relation to funds managed for others and in practice

Essential information (4)

Personal

Health

Self declaration of health status

Organisational

Health

Policy about sick leave, when to share concerns about performance

Optional information (1)

GCC and MGMP

Evidence of participation in additional learning events (beyond mandatory)

Membership of organisations where learning occurs

Personal reflective diary

Evidence of knowledge assessments (on line)

RWP

Practice website

Consent policy

Confidentiality policy

Communication skills learning

WWC

Developing team working
e.g. away days

Optional information (2)

Probity

Gift register

Learning activities
relating to probity

Health

Learning activities
relating to health
e.g. stress reduction
workshop

Other ideas about
information to
submit see
Oxfordshire
Appraisal Guide on
CPD website

SRTs

Templates to aid process of reflection:

Good clinical care

SEA

Audit

Personal learning

Probity

Health

www.appraisals.nhs.uk

SEA SRT

Name of doctor: SEA Title:	SMC No.
Date of incident:	
Description of events:	
What went well?	
What could have been done better?	
What changes have been agreed? Personality:	
For the team:	
Find outcome after discussion of appraisal: (Comments of individual participants may vary, outline will include learning done)	

SRT: Good clinical care

(Systems allowing effective care, and your place within them)

Was all information to hand?

Was there enough time for the consultation?

Were all required clinical facilities available?

Were local guidelines available?

What can I do to improve these factors?

SRT: Good clinical care

- What happened?
 - How did it make me feel?
 - What did I learn?
 - What am I going to do about it?
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SRT: Good clinical care

- ❑ **What happened?** *Referred patient with eGFR of 35, not appropriate*
- ❑ **How did it make me feel?** *Stupid as I can't remember what's normal for each age group*
- ❑ **What did I learn?** Need to review CKD protocol
- ❑ **What am I going to do about it?**
Learn more about.. Have prompts for...Ask...

SRT: Significant event

Description of events:

What went well?

What could have been done better?

Personally:

For the team:

Final outcome after discussion at appraisal:

SRT: Audit

Measurement/audit title:

Reason for choice of measurement/audit:

Audit findings:

Learning outcome and changes made:

New audit target:

SRT: Personal learning

Which measures are most effective for me in having the information I need when I see patients?

How can I avoid blind spots?

How can I use these methods in my future learning?

What else would help me keep up to date?

SRT: Probity (1)

Describe the dilemma:

What did I do?

What was good about the approach I took?

What could I have done to have produced a better outcome?

What changes will I make?

Personally:

For the team:

SRT: Probity (2)

- ❑ Ethics of working with drug reps (All doctors)
 - ❑ Doctors receiving gifts from patients (All doctors).
 - ❑ Teaching issues e.g. having school children doing work experience, how much responsibility to give medical students (All doctors).
 - ❑ Conflicts when interests of the PCT/Trust (or wider NHS) conflict with what is best for individual patient care (All doctors).
 - ❑ Partnership issues e.g. cheque signing, salaried versus profit sharing (Primary Care clinicians).
 - ❑ Sickiness certification (All doctors).
 - ❑ Applying for research funding and in submitting research for publication. (All doctors).
 - ❑ Colleagues who are ill, under performing or negligent.
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SRT: Health (1)

What is/are the issues in your health which may affect patient care?

How have I approached this in the past?

What could I do in the next year to improve things?

SRT: Health (2)

- Are you registered with a GP?
 - Have you attended your GP in the past year?
 - Have you self-prescribed in the past year, or asked a colleague to prescribe?
 - Have you bypassed the normal NHS referral process in the past year?
 - Do you have a chronic illness? Have you had a recent bereavement?
 - Are you in pain?
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SRT: Health (3)

- Are you experiencing stress at work or elsewhere?
What are your coping strategies?
 - Do you consider work-life balance?
 - Do you have adequate holiday and study leave (and do you actually take this entitlement?)
 - What is your network of support at work and outside work? (Consider friends, colleagues, mentors, support groups)
 - Are you concerned that you may have a dependency on alcohol or drugs?
 - Are you involved in a complaint?
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Recertification (1)

A work in progress.

Five yearly cycle.

Inclusive process so that all GPs can participate.

Not examination based.

Encourage progression throughout GPs career.

(Mayur Lakhani)

Recertification (2)

Developing systems to identify where GP works well in teams and where outputs are due to individual alone.

Will need different tools for different work contexts

Problem with standard setting:

- Too low loss of public confidence
- Too high lose too many GPs

Portfolio possible

CPD 50 hours; Reflection, on line learning.

MCQs to guide future learning (not pass / fail)

(Steve Field)

Finally

Keep in touch with developments:

Appraisal:

www.appraisals.nhs.uk

www.appraisalsupport.nhs.uk

www.oxfordprimarycarelearning.org.uk

Recertification:

RCGP website

www.rcgp.org.uk/continuing_the_gp_journey/recertification.aspx
