

Revalidation: how to prepare your portfolio

Honor Merriman

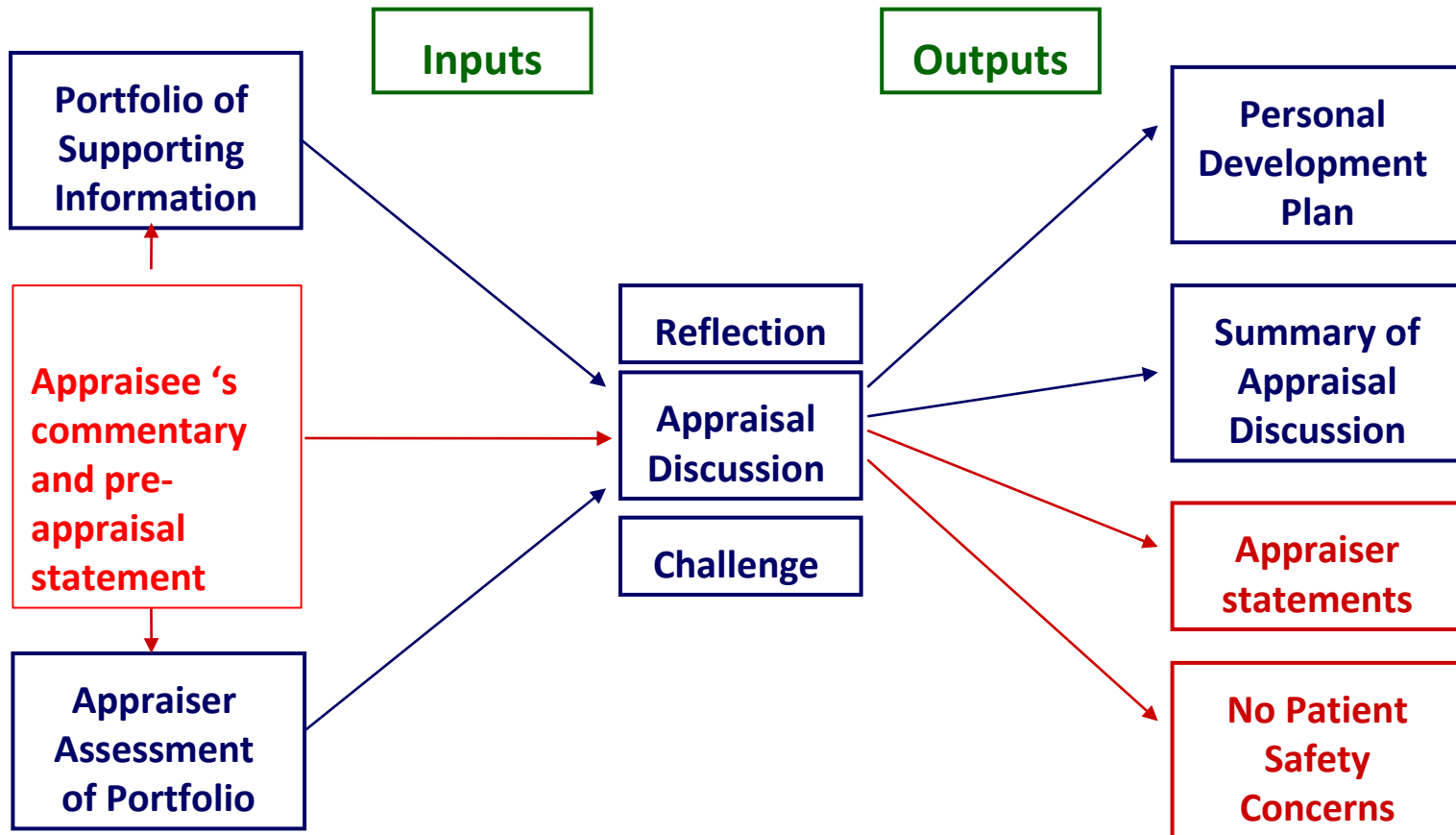
2011/2012

Proposed Timeline

Year	2010/11				2011/12				2012/13				2013/14				2014/5 2015/6 etc
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
Pathfinder Pilots																	
ROs and Training																	
Testing, Piloting, New Guidance					(SA)								(SA)				
SoS Assessment of Readiness																	
'Go Live' Decision											?						
First RO Recommendations											?	?					

(SA) = Self assessment

Medical Appraisal Framework



Inputs to appraisal

2 weeks before meeting

Portfolio of supporting information

Doctors commentary on achievements, challenges & aspirations

Appraisers assessment of supporting information & commentary

Doctors pre-appraisal statement of assurance, probity and health

Outputs of appraisal

Summary of appraisal discussion with detail of supporting information and content of what was discussed

PDP which should link clearly to contents of summary

Doctor's post-appraisal statement

Appraiser's statements (form of words draft)

Must be sent PCT within 28 days of the discussion

Outputs of appraisal DRAFT: Statements one and two

- An appraisal has taken place that reflects the doctor's scope of work and addresses the principles and values set out in *Good Medical Practice*.
- Appropriate supporting information has been presented in accordance with the *Good Medical Practice Supporting information for appraisal and revalidation* and this reflects the nature and scope of the doctor's work.

Outputs of appraisal DRAFT: Statements three and four

- A review that demonstrates progress against last year's personal development plan has taken place.
- An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

Outputs of appraisal DRAFT: Statement five

- No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

GMC Guidance on Supporting Information

‘The supporting information that you will need to bring to your appraisal will fall under four broad headings:

- 1. General information** – providing context about what you do in **all** aspects of your work
- 2. Keeping up to date** – maintaining and enhancing the quality of your professional work
- 3. Review of your practice** – evaluating the quality of your professional work
- 4. Feedback on your practice** – how others perceive the quality of your professional work’

GMC Guidance on Supporting Information

‘There are six types of supporting information that you will be expected to provide and discuss at your appraisal at least once in each five year cycle. They are:

- 1. Continuing professional development**
- 2. Quality improvement activity / audit**
- 3. Significant events (critical incidents/SUIs)**
- 4. Feedback from colleagues**
- 5. Feedback from patients (where applicable)**
- 6. Review of all complaints and compliments**

Levels of supporting information

Organisational and individual information

Personal Aspirations

*Supporting information that promotes reflection ,
may be about the current working environment or areas for future growth and development*

Professional development

Mandatory requirements may be made contractually by the employing organisation

Supporting information defined by the
employing organisation or specialist body
(Fitness for purpose)

GMC guidance is the essential basis for all revalidation decisions

Supporting information defined by the General Medical
Council
(Fitness to practise)

•Revalidation

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GMC Guidance on Supporting Information

We would advise that all GPs:

Record all supporting information in an **electronic** format with attention to attention to the core items listed above. Extra information is good providing it is based on your personal performance in all your professional roles.

Use the GMC advice and follow RCGP guidance as it evolves

Information about the practice may be helpful (e.g. QOF achievements) if it illustrates your role with in the practice, but as data on it's own may not add much.

1. General Information

- A. Personal Details (including your GMC reference number)
- B. Scope of work
- C. **Locations** and **organisations** where you have undertaken work as a licensed doctor and a **description** of the nature of your practice (all the work you do as a doctor paid or unpaid)
- D. Record of annual appraisals. Personal development plans and their review
- E. Probity statement
- F. Health statement

Items to cover in a probity statement

- Mechanisms used to ensure financial probity
- Information governance and research governance
- Ethics of working with pharmaceutical representatives
- Ethics of working with alternative practitioners
- Advising patients on which pharmacy to visit
- Gifts from patients
- Teaching responsibilities e.g. levels of responsibility / work experience for school pupils
- Conflict of interest e.g. between what is best for a patient and the NHS organisation or advising a patient as an occupational health doctor and the patient's GP
- Partnership issues
- Sickness certification
- Colleagues who are ill or under performing
- Patient disclosures that lead to confidentiality issues e.g. driving and epilepsy

Items to cover in a health statement

- Anything which would impair your performance to practice
- Registration with a GP who works in a different practice
- Failure to attend a GP when appropriate
- Self-prescribing
- Bypassing NHS referral processes
- Having a chronic or infectious illness / pain / bereavement
- Stress at work or elsewhere and strategies to cope with this
- Alcohol and drugs

2. Keeping up to date

A. CPD based on:

Personal learning

Scope of practice

Reflection

Development needs with reference to your PDP

We advise you keep an **electronic** log of your educational events, learning points from practice or peer group meetings, reflections on your reading and on line learning. It's easier to do this as events occur. Remember to record impact based credits in your log. **You need 50 credits a year, 250 in 5 years**

3. Review of your Practice

Evaluating the quality of your professional work

Evaluating the quality of your professional work

Clinical Audit

Review of clinical outcomes

Case review or discussion

Audit and monitor

Evaluate the impact

One complete audit cycle every 5 years

RCGP Guide to the Revalidation of General Practitioners Version 6 September 2011

<http://www.rcgp.org.uk>

3. Review of your Practice

Evaluating the quality of your professional work

Revalidation Support Team

Quality Improvement Activity

Significant event reviews

Include all significant events you have been involved with

Record the lessons learnt and the checks that agreed changes have been implemented

“A GP must only submit an analysis of a significant event in which he or she has been directly involved, where the event was discussed in a team meeting (usually a Significant Event Audit meeting) with an appropriate selection of other primary care team members present, and where the changes involve him or herself, perhaps as the person responsible for implementing the change”

“For the purposes of Revalidation each of the submitted events must demonstrate through the analysis areas for improvement, reflection and the implementation of change”

Two SEAs minimum every year

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<http://www.rcgp.org.uk>

4. Feedback on your practice

How others perceive the quality of you're your professional work

Colleague feedback

- GMC MSF
- Sheffield Peer Review Assessment Tool Version 2 (GP-SPRAT)
- Colleague Feedback Evaluation Tool Version 2 (CFET)

You need one survey every 5 years, to be done in first 3 years of the 5 year cycle, unless you intend to have your portfolio reviewed early in the process, if this is possible.

4. Feedback on your practice

How others perceive the quality of you're your professional work

Patient feedback

- GMC Patient Questionnaire
- Improving Practice Questionnaire (IPQ)
- Edgecumbe 360 Version 2
- Doctors' Interpersonal Skills Questionnaire (DISQ)

You need one survey every 5 years, to be done in first 3 years of the 5 year cycle, unless you intend to have your portfolio reviewed early in the process, if this is possible.

Summary of minimum contents of your portfolio

General information

Personal details, all professional roles (paid or unpaid), record of annual appraisals, probity and health declarations

Keeping up to date

PDP, CPD log with credits claimed, reflections of what has been learned. 50 credits each year, 250 in 5 years

Review of your practice

Quality improvement activity, one completed audit in 5 year cycle. Significant event reviews, minimum of two every year

Feedback on your practice

Colleague and patient feedback, one of each in every 5 year cycle, do in 1st 3 years.

In addition to the doctor's commentary on the supporting information, there is an important opportunity for a more general commentary on their achievements, concerns and aspirations. This is in line with the function of appraisal as a developmental process, offering the doctor an annual opportunity to review practice, chart progress and plan for development.

Checklist for Form 4.

Name of GP

Name of appraiser

	Present	Not present
Information about GPs work (all roles)		
List of supporting information (core)		
Link to cited supporting information in text with GPs reflections		
Reasons for absence of any key information		
Last year's PDP, note of achievements		
Learning log reviewed with estimated CPD credits		
Indications that a dialogue has taken place leading to actions		
Domains of GMP covered		
PDP which is SMART and which links to discussion in Form 4		
Type written with good use of English		

Sources of information

Revalidation Support Team (RST)

www.revalidationsupport.nhs.uk

Medical Appraisal Guidance (MAG)

Organisational Readiness Self Assessment

GMC

www.gmc-uk.org.uk

‘GMP Framework for appraisal & revalidation’

‘Supporting information for appraisal & revalidation’

Sources of information

Academy of Royal Colleges

www.aomrc.org.uk

‘Guidance on supporting information for revalidation’

RCGP

www.rcgp.org.uk

RCGP Guide to the Revalidation of General Practitioners v
6.0 September 2011

Sources of information

Copy of this presentation

www.oxfordprimarycarelearning.org.uk