



Appraisal and Revalidation GP Newsletter

North Midlands
December 2018

Welcome to the Appraisal and Revalidation GP Newsletter for December 2018. This newsletter is very much a part of sharing good practice, information about events and anything you feel your fellow colleagues should know about in the North Midlands area. If have any questions or comments, please contact:

england.revalidation-support@nhs.net

The Revalidation and Appraisal team would like to wish you a Merry Christmas and a Happy New Year.

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The 'soft re-boot' of appraisals

Earlier this month, you will have received a letter from the Responsible Officer, Dr Ken Deacon.

In his letter, Ken writes how the appraisal team are working hard to change the culture of appraisal from 'I need to postpone my appraisal because I'm stressed' to 'I need to arrange my appraisal because I am stressed'

We all know how challenging general practice is at this time with increasing demands from every direction. This is often the driver for GPs choosing to reduce their clinical sessions, take up portfolio working, arrange a sabbatical or even leave the profession.

Appraisal should be a time for each GP to sit down with a peer in a safe protected environment and reflect on their last 12 months. It should also be an opportunity for the appraiser to signpost and facilitate discussions about the GP's future and career planning.

If the appraisal process itself becomes the focus of those precious 2 or 3 hours then an opportunity to help the GP to develop and evolve is missed.

Each appraiser is encouraged to facilitate discussions with the appraisee around not only career support and development but also help if you are struggling with workload and or your health.

Your appraiser can direct you to a resource pack but you can also access via the link below:

<https://www.england.nhs.uk/publication/gp-career-support-pack/>

As well as changing the 'culture of appraisal' there are also some hard concrete, positive changes in the requirements for appraisal, which are now widely termed the 'soft re-boot'.

These changes have already been communicated to you via the RO letter but these are set out below in summary to help you. Hopefully these changes will provide a much needed relief to the extensive preparation we all put into our annual appraisal.

1. 50 CPD points are still required (1 hour=1 point) **BUT no need to reflect on every hour of learning**
2. Reminder that the 50 CPD points still need to include your **WHOLE SCOPE OF WORK**
3. Written reflection on at least **ONE** key learning event
4. Written reflection on **ONE** activity in each of the 4 domains:-skills and knowledge, safety and quality, partnership and teamwork and maintaining trust
5. Minimum 40 sessions of general practice per annum (previously 50)
6. Although the RO requires 40 or more sessions of GP work per year to make a positive recommendation, there may be bespoke arrangements available for those working less than this to allow the performer to remain on the National Performer's List (NPL). If you are in this category you should seek further advice by emailing england.revalidation-support@nhs.net

As you can see there are some significant changes which should minimise the preparation time and enable the appraisal to be a positive and supportive experience.

Dr Anne-Marie Houlder, Assistant Medical Director (Appraisal and Revalidation)

NHS England Re-organisation

Many of you may already be aware that NHS England is undergoing its next iteration.

As with every organisation in the NHS there is constant evolution and transformation. Sometimes it can seem as though a new team has just come together or a new geographical footprint agreed for it only to be broken up and reformed in a different way. It is unsettling for staff and confusing for our stakeholders and often seems from the outside to be 'change for change's sake'.

To ensure that you are aware of the changes and how they impact on you please see the attached summary.

New GMC guidance on reflection

The GMC recently published new guidance on reflection "The Reflective Practitioner". Some of this was in response to concerns about reflection in e-portfolios and appraisal documents being usable in court.

The document is very brief and is useful for doctors when preparing for their appraisal and considering what to include within our appraisal portfolios.

Although not referenced in the GMC guidance, local Fitness to Practice investigations often would be interested in the doctor's reflection. Again specifically this would be the "what next and what can you do differently" rather than what actually happened.

As a general rule most doctors tend to document too much rather than too little. The recent RCGP guidance to revalidation states to keep reflection proportionate and not excessive.

Link to guidance document: <https://www.gmc-uk.org/-/media/education/downloads/guidance/the-reflective-practioner-guidance>

North Midlands Annual Conference - 2018

Our annual appraiser conference, bringing together over 200 appraisers from across the North Midlands, was held in September. The theme this year was "Celebrating Appraisal".

Thank you to everyone who took the time to inform us of some of the positive experiences of their appraisal. The response rate was overwhelming and confirms that many of us really value the opportunity to discuss our work and career with a peer. We recognise that not every GP feels this is the case and we wish to make sure all doctors value their appraisal discussion.

We looked at what elements of the appraisal doctors find most helpful, what constitutes helpful challenge and what some of the barriers are to preventing a formative discussion.

Colin Melville (GMC) spoke about reflection and the Bawa-Gaba case. Many doctors and appraisers had been shocked by the case and felt it was a backward step in terms of openness and honest reflection.

The success of the GP-s service in offering confidential mentoring for GPs has been incredible. We also had an overview of the GP Retention scheme. The remit of this service has been widened to include GPs who wish to reduce their clinical commitment for various reasons and wish to remain working as a GP.

Richard Fieldhouse gave an uplifting talk asking us to consider our decision making and why things go wrong

Overall the aims of recognising the benefits of a positive appraisal and maximising the formative aspects of appraisal remained a constant through the day.

Should you be interested in becoming an appraiser, please contact the appraisal team.

Suicide Reporting

It is likely that most suicides should be reported as a serious incident / SUI, but it may not necessarily need to be reported by the GP as mental health teams etc may be reporting these.

There will be a small number of suicides which are 'completely out of the blue', in people with no background of mental health issues or previous self-harm. In terms of significant events which GPs would discuss at their appraisal - it is unlikely that any GP would not consider the death by suicide of a patient they were treating not to be significant, and as such it is likely they would include it in their appraisal discussion. The RCGP guidance includes a definition of significant events which would clearly include all suicides :<http://www.rcgp.org.uk/training-exams/practice/revalidation/guide-to-supporting-information-for-appraisal-and-revalidation/review-of-practice/significant-events.aspx>

Appraisal allocations

A GPs appraiser is allocated by the Appraisal and Revalidation Team. The Team make checks to identify any potential conflicts of interest, but there may be elements that they are not aware of. If you are concerned that there may be a conflict of interest then please contact the Appraisal Team, for example :

- If there is a personal relationship with the appraiser e.g. married, related, business partners, significant breakdown in the relationship
- If there is a professional relationship e.g. line management or clinical relationship

The risk of conflict of interest or appearance of bias is greatest when the matter is current. However some historical matters may still create a potential conflict of interest or appearance of bias. These should be raised so that an objective judgement can be made.

Other points for consideration are:

- A doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser.
- A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years. Similarly, a doctor who has entered the NHS England appraisal process from a training programme should not be allocated their educational supervisor as their appraiser for the first three years after exiting training.
- A doctor should not normally be appraised by their own GP

Please see link for further information:

<https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/05/medical-appraisal-policy-0415.pdf>

Patient feedback annual and informal

We thought it would be good to review what is required for revalidation purposes in respect of patient feedback:

- At least once in each revalidation cycle you must collect, reflect on and discuss formal feedback from patients about their experience of you as a doctor. If you have any concerns regarding collecting patient feedback due to your scope of work you should contact the Appraisal Team.
- Those asked to give you feedback must be chosen from across your scope of practice.
- You should not personally select those asked to give feedback, and you should ensure that the method used for collecting feedback allows for a representative sample.
- Standard, validated questionnaires should be used and responses should be independently administered to maintain objectivity and anonymity.
- You must reflect on what the feedback means for your current and future practice, and discuss it at your appraisal.
- In The North Midlands the Responsible Officer requires that your results are benchmarked.
- All sources of feedback from patients, both formal and informal, are important triggers for reflection. In addition to the formal patient survey done once in the five year cycle (as detailed above), the RCGP now recommends that you reflect on some of the many other sources of feedback from your patients, including compliments, annually at your appraisal. You could consider reflecting on informal surveys, Friends and Family Test, NHS Choices, etc

Clarity Update – New features

Clarity have made us aware of the following developments :

- **Roles declaration** – A new question which asks you to outline your full list of roles
- **Deferrals** - If you have any special circumstances which will affect your ability to complete your appraisal or revalidation cycle, you can record them in the new Deferrals section. However you should ensure that you make the Appraisal Team aware in the first instance.
- **Appraisal notes** – A new feature allowing Appraisers, Administrators, Assessors and Responsible Officers to add Appraisal Notes.

For more information and some screenshots of this new work please have a look a

<https://clarity-informatics.atlassian.net/wiki/spaces/ATFD/pages/6193287/Whats+new>

Second cycle of revalidation

We are well into the second cycle of Revalidation with around 3000 GP's receiving a positive recommendation from the GMC without any problems in the first cycle. Please be reminded that it is always good practice to undertake your surveys in the first three years of your revalidation cycle and ensure that your final appraisal before revalidation is 'Revalidation Ready'. If you have any concerns please speak with your appraiser in the first instance.

New guidance for locum Doctors

NHS England has developed guidance for locums and doctors in short-term placements, plus organisations who engage with them. This guidance has been published here: <https://www.england.nhs.uk/medical-revalidation/doctors/locum-ad>

This guidance is aimed at embedding good practice, improving the experience of locum doctors, strengthening governance procedures and better protecting patients.

Safeguarding Adults and Children

Both adult and children's safeguarding have had new guidance issued this year.

In July 2018 the revised 'Working Together to Safeguard Children' was published, with the requirement for this to be fully implemented by 29th September 2019. The full document can be found at <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>.

In August 2018 'Adult Safeguarding: Roles and Competencies for Health Care Staff' (<https://www.rcn.org.uk/professional-development/publications/pub-007069>) was published. it mirrors the requirements for Safeguarding Children training (<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competences-healthcare-staff>), with receptionists requiring level 1 training, Practice Nurses requiring level 2 training and all GPs requiring level 3 training.

If you would like more information on Safeguarding Training, please contact the Designated Nurse for Safeguarding Children and/or Safeguarding Adults lead in your CCG.

Adult safeguarding is not an absolute requirement of the Performers List Regulations, but are considered to be required by the CQC. Therefore you should provide evidence of up to date training in your appraisal.

Frequently Asked Questions

- I have been away from work for a period of time and my appraisal is due, what do I do? *If you are not working at the time of your next appraisal, you will need to request a postponement. You will need to let us know when you are likely to return so a new appraisal date can be set.*
- I am a new GP when should I have my first appraisal? *The administration team consider many factors when setting your appraisal month including your birth month; when you start working etc. Your first appraisal can fall anytime between 6 and 12 months after you start work – therefore you should start collecting information immediately.*
- I have just returned to work following maternity leave / sick leave etc and my appraisal is in 6 months, how much CPD do I need? *If you have been away from work and a postponement / exemption has been confirmed by the Appraisal Team, the minimum amount of CPD is pro rata to the amount of time you have been back in work*
- My circumstances / personal information is changing, what do I need to do? *Please inform the Appraisal Team as soon as possible. These changes could include your status; personal information and contact information.*
- If I haven't done my MSF/PSQ surveys in my last appraisal before revalidation, do I need to complete my appraisal early next year to have them reviewed at appraisal before revalidation? *You need to ensure that your surveys are completed as soon as possible and then send copies together with your reflection to the Appraisal Team. You will also need to discuss at your next appraisal. Unless we advise otherwise, there is no need to bring your appraisal forward.*

Primary Care Learning Points

Cremation and Pacemakers

A recent case has been highlighted to NHS England when two doctors had completed cremation certification, having failed to identify that the deceased had a pace-maker in-situ. This case raises two issues worthy of reflection:

1. Practitioners should be mindful to ensure that pace-maker insertion is Read-coded and appropriately recorded on GP clinical systems to aid the identification of patients in whom such devices have been fitted.
2. Drs completing cremation papers must ensure that an appropriate examination with adequate exposure of the deceased takes place to ensure that no pace-maker devices are in situ.

Medication issues:

- Summary Care Record (SCR) - importance of recording a patients participation in a research study and any Hospital Only drugs being prescribed to the patient
- The role of General Practitioners and DVLA notification when prescribing opioids to patients.
- Prescription safety for blank FP10 prescriptions especially when leaving patients alone in consultation rooms where blank prescriptions are in printers
- Opioid Patches: Prescribers to ensure that patients who are prescribed opioid patches are aware of the risks and how to minimise harm. For example not taking hot baths, being care if co-sleeping with children as there have been incident where patches have become stuck to the children and thus they have received the medication through their skin.
- Oromorph prescribing – Need to ensure prescribing does not exceed the recommended daily dose of 120mg.
- Gosport report recently published – Assurance provided that controlled drug prescribing is monitored by the CCGs on behalf of the CDAO and where concerns arise appropriate actions are taken.
- Cannabis for medicinal use – Chief Medical Officer reviewed and confirmed enough evidence to license cannabis for medical use.
- Medicine officer safety network – looking at three particular drugs group in relation to medication safety, anticoagulant, insulin and opioid prescribing.

Wendy Henson, Primary Care Quality and Safety Manager, North Midlands