West Pennine LMC

Preparing for Revalidation

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Introduction

Revalidation for GPs will be a process by which a GP will receive a licence to practise from the GMC and a specialist certificate from the RCGP. Revalidation will be a continuing process but will occur in 5 yearly cycles.

The GMC expects to introduce licensing during 2009. Only licensed doctors will be subject to revalidation, a process in which GPs will need to provide evidence that they keep up to date and remain fit to practise. This workbook provides some of the nuts and bolts and some practical advice about how you can prepare for revalidation. For more comprehensive guidance, please consult the RCGP Guide to the revalidation of GPs on its website, and keep looking at the GMC and DH appraisal websites as below:

http://www.rcgp.org.uk/;
http://www.gmc-uk.org/;
http://www.appraisalsupport.nhs.uk/

Process

For the year 2009/10 the only requirement will be for each GP to complete their annual appraisal. The first revalidations will probably take place in 2010/11 and it is therefore important that all GPs start collecting evidence from April 2009

It is expected that most GPs will gather an ePortfolio for their annual appraisals and Revalidation. They will submit the relevant parts of that electronic portfolio for their revalidation. This will be considered alongside evidence from other local sources including clinical governance data. The Responsible Officer in their PCT, normally the Medical Director, will make recommendations to the GMC on their fitness to practise. Those few portfolios that raise concerns or need discussion will probably be considered by a local panel, and some will be adjudicated by the RCGP and/or the GMC, but the exact process remains unclear at present.

Evidence Areas

Some 13 areas for evidence have been highlighted, and most follow the pattern of the current NHS appraisal form. However all 13 are NOT required for all 5 years: see the 'Evidence required from year to year' on Page 8 to understand how evidence needs to build up from almost nothing to a complete set.

1: Statement of professional roles and other basic details (annual)
2: Statement of exceptional circumstances (if any)
3: Evidence of active and effective participation in annual appraisals (annual)
4: A Personal Development Plan (PDP) from each annual appraisal (annual)
5: A review of the PDP from each annual appraisal (annual)
6: Learning credits in each year and the revalidation period overall (250 in 5 years)
7: Multi-source feedback from colleagues (2 in 5 years)
8: Feedback from patients (2 in 5 years)
9: Description of any cause for concern and/or formal complaint (if any)
10: Significant event audits (annual)
11: Clinical audits (2 in 5 years)
12: Statement on probity and health (annual)
13: Additional evidence for areas of extended practice (if any)

Appraisal, PDP, and review of the PDP

Your annual Personal Development Plan (PDP) will be derived from your annual appraisal. This will need to be agreed and signed off by your Appraiser. Your PDP will contain a number of goals; although there is no minimum number, most doctors will probably pick between 3 - 5 goals. If you choose a goal which will require a significant amount of work then ensure you do not have too many goals.

Also remember to make the goals SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and with a **T**ime scale). At review, the key part is demonstrating how the goals were achieved (or not as the case may be) and your thoughts or reflection on that.

Learning Credits

All medical royal colleges have agreed that doctors will need to achieve at least 250 credits over 5 years, and are developing a system for accrediting Continuing Professional Development (CPD) to replace what used to be called PGEA or CME points. The RCGP is piloting a model based on the 'Impact and Challenge' of learning rather than just counting the hours spent reading or attending a course. It is described on the 'CPD' section of the RCGP website. To gain your credits ensure what you do has variety, that you reflect on what you have done and remember, if it leads to change and improved patient care, this will have more value.

Multi Source Feedback (MSF)

The GMC is very keen that all doctors obtain structured anonymised feedback from their colleagues about their performance and conduct. This feedback exercise will need to be conducted at least once and possibly twice in every 5 year cycle. The RCGP has approved the GMC MSF tool, but other Company's tools (such as 'Edgecumbe' and '360 Clinical') may also become approved. You will be required to identify a number of colleagues who can give you feedback, including other GPs, Consultants, Practice Managers, Practice Nurses, and Receptionists. Please keep looking at the GMC and RCGP websites for approved MSF methods.

Patient Surveys (2 in 5 years)

Practice based patient surveys have now been taken out of QOF and will be carried out on a quarterly basis by the DoH. You will need to complete two patient surveys during the revalidation cycle. The RCGP will approve patient satisfaction questionnaires (PSQs) which focus on individual doctors, not the whole organisation. You may need to compare with previous results, hence the need for a consistent approach, and you will need to reflect on the results and ensure you record any action points. Keep looking at the RCGP and GMC websites for approved PSQs.

Patient complaints or any cause for concern

If any doctor has been referred to the GMC or has undergone investigation by any local or national Performance Procedure, their revalidation portfolio cannot be considered by the PCT or RCGP until the cause for concern has been resolved.

A much commoner scenario is that you may have had a formal complaint from a patient or relative during the revalidation cycle. Many GPs and Practices handle complaints very well and resolve them to the satisfaction of the patient. Most patients making a complaint want the following: a) To be taken seriously b) The complaint to be investigated impartially c) An apology if appropriate - (always say you are sorry this has happened; this is not the same as admitting responsibility) d) For lessons to be learnt and these implemented within the organisation.

To save yourself some work in having to write up the complaint twice, use the format shown on page 5.

Significant Event Audit (SEA, annual)

We are all involved in 'significant events', both on an individual and practice level, and we are discussing these and writing them up for QOF. This is not just about what went badly but also what went well. Locums can look at events and reflect on them and discuss them at their locum group, for example, or any practice where you are working as a locum can be approached to see if you could attend one of their significant event meetings. The key issues can be written as shown on page 7, and you will need to include at least one SEA per year.

Clinical Audit (2 in 5 years)

We are now quite used to providing audits for QOF work. For revalidation, you will be expected to complete two 'eight point' clinical audits during the 5 year cycle. This must include your initial audit, change implemented, and a re-audit to demonstrate improvement. Please use the format shown on page 7 to write up your clinical audit.

Clinical audit may be difficult for locums so some suggested areas for audit are: referrals, cancer diagnosis e.g. breast/lung/prostate, depression case handling, medication reviewing, and hypertension management.

The LMC will develop some examples of clinical audits and publish them on the Revalidation section of the LMC's website.

Statement on Probity and Health (annual)

The current proposals suggest this statement includes:

1) There are no issues of probity in relation to your work as a GP. 2) There are no health issues that would pose a risk to patients. 3) You should not be registered with your own practice. 4) You have the appropriate insurance or indemnity cover.

The 3rd point is being challenged nationally. The statement proposed by the RCGP is as described on page 5.

Evidence for Extended Practice

Many GPs perform other roles in addition to core general practice. This might include: teaching students, training GP Registrars, working as an Appraiser, academic research, Out of Hours work, and GPs with a special interest (GPwSI).

Page 6 shows how you can provide evidence for extended practice. As of the 1st April 2009, GPwSIs are required to be accredited and on a PCT register and for revalidation you will need to provide a certificate of accreditation.

Non-standard Portfolios

Doctors who work part time, or take maternity or sick leave, or indeed travel abroad for some years, will need special consideration for revalidation. Page 8 summarises the RCGP proposals for such doctors, and page 6 explains the requirements for these doctors in the transition period.

Conclusion

This document is based on the RCGP Guidance as of 1st April 2009. This process is still under development. Some pilots will only report in 2010, and it is possible that the economic recession may affect the DoH, which may delay implementation.

Probity and Health

Evidence Area 12: Statement on probity and health (Annual)

The standard statement will cover these areas:

- That there are no issues of probity in the your work
- There are no health issues that might affect your ability to deliver safe care to patients (including Hepatitis B status, problems with drugs and alcohol, mental health concerns and other significant diagnoses or problems)
- That you are registered in a practice in which you do not usually work, and that you access health care appropriately
- That you have appropriate insurance or indemnity cover for all aspects of your work, including membership number and name of organisation providing indemnity insurance.

Formal Complaints

Evidence Area 9: Description of any Formal Complaint (Annual)

You may have had a formal complaint initiated or resolved within the revalidation period. A formal complaint is one that activated, or should have activated the practice complaints procedure, involved the primary care organisation, or involved any other formal health service organisation.

Although many such complaints are satisfactorily resolved at an early stage, your revalidation portfolio should include all such complaints. The description of such complaints should include:

- A description of the events that resulted in a formal complaint
- The concerns expressed by the complainant
- The assessment of that complaint
- Any actions resulting from that assessment
- The outcome of the complaint
- Reflection by the general practitioner on the experience, including lessons learned, changes made, and the implications for the future

There will be a standard form within the e-Portfolio to record such information.

Doctors with extended roles

Evidence Area 13: Additional evidence for areas of extended practice

You may have nothing to include in this Evidence Area. In essence “extended roles” are those for which you are paid on a regular basis.

Evidence should be straight forward for some **non-clinical** and clinical **activities**, and a Statement from the Employing body or Responsible organisation will suffice for the following: Teaching of undergraduates; Vocational training; Research; Appraisers; and Out of Hours work.

For clinical activities, **including those in which you have a special interest**, you should describe in detail the role (in Evidence Area 1) and provide in this section of the portfolio evidence that satisfactorily answers the following **three questions**:

1. *How did you qualify to take on this role?* This should include prior experience, education and qualifications

2. *How do you keep up to date in this role?* This should include reference to all education and refreshment undertaken for this role in the revalidation period, including any learning credits recorded in Evidence Area 6

3. *How can you demonstrate that you are fit to practise in this role?* This should include appropriate audits of care delivered, including reference to any audits in Evidence Areas 10 and 11, evidence from third party observation of your work, and sign off from an appropriate consultant/expert/colleague who knows your work

Officially appointed GPwSI

A general practitioner who is working as an official General Practitioner with a Special Interest should also provide a certificate of accreditation.

Partial portfolios during the transition

It is not expected that general practitioners will submit partial portfolios in the first two years (2010/11 and 2011/12).

In 2012/13 a partial portfolio should contain evidence of satisfactory appraisal, PDP agreement and PDP review in two of the three years; at least 50 learning credits in each of two of the three years; and at least 100 half days of clinical activity. In other respects the portfolio should be standard (as described in Section 2 of the RCGP Guide).

In 2013/14 a partial portfolio should contain the above plus at least 150 half days of clinical activity. In 2014/15 a partial portfolio should contain evidence of satisfactory appraisal in three of the five years; at least 50 learning credits in each of three of the five years; and at least 200 half days of clinical activity. In other respects the portfolio should be standard (as described in Section 2 of the RCGP Guide).