

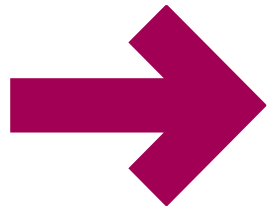


Appraisal, Revalidation & Performance Concerns

Elaine Madden and Claire
Gooder

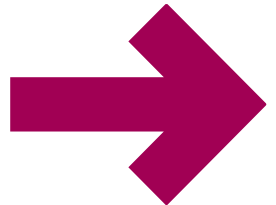
Aims of the Session

- Understand the process of responding to concerns in NHS England
- Understand the responsibilities of GPs in participating in appraisal and revalidation.
- Understand the practicalities of preparing and undertaking appraisal and revalidation.



NHS England – North Midlands

- Came into existence on 01/04/2015
- Covers Shropshire, Staffordshire, Derbyshire & Nottinghamshire
- Approx 3,000 GPs
- Over 220 appraisers
- Bases in Rugeley and Mansfield
- Medical Director / Responsible Officer (RO) – Dr Ken Deacon
- Responsible for all GPs on our patch

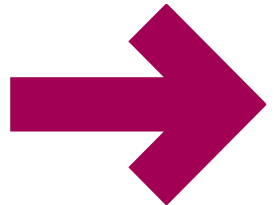


Managing Performer Concerns

NHS England - responsible for managing the performers lists (medical, dental and ophthalmic) – The National Health Service (Performers Lists) (England) Regulations 2013, as amended

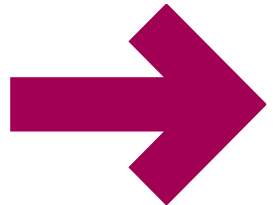
GMC – Doctors separately governed by their professional regulator.

Similarly services provided by medical performers are subject to regulation by the Care Quality Commission (CQC)



Managing Performer Concerns

- NHS England documents:
 - Framework for managing performance concerns
 - Toolkit for managing performance concerns in primary care
- What do we look at?
 - Concerns are raised from a number of sources including: whistle-blowers; complaints; internal intelligence; GMC; CQC
- How do we look at it?
 - Initial fact finding; Assurance of Fitness for Purpose

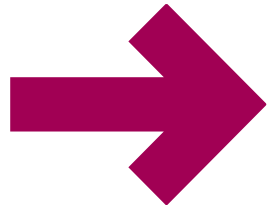


PAG (Performance Advisory Group)

To provide advice, support, and take action where performance concerns have been raised.

- Membership
- Reviews all concerns and complaints – individual performs only
- Support where performance, conduct or health has given cause for concern
- Facilitate the resolution of concerns

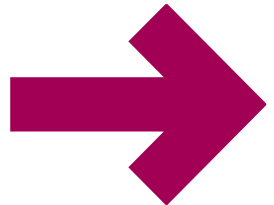
Do not make any decision regarding status on the performer list



PLDP – (Performer List Decision Panel)

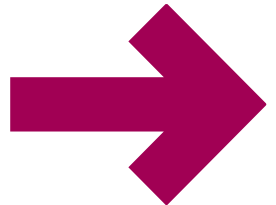
Has overall responsibility for the management of applications to the performers lists and concerns of those on the performers lists.

- Membership
- To consider the information received from PAG and take one or more of a number of possible options e.g. no further action, referral to police etc, invoke NHS (Performers Lists) (England) Regulations 2013.
- Can suspend, remove, impose conditions, agree voluntary undertakings (via PAG)



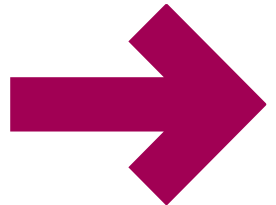
Where to get help

- GP-S is a service run for GPs by GPs.
- Offering mentoring, peer support, resilience training, careers advice, signposting and wellbeing resources.
- You may find mentoring particularly helpful if you are at a crossroads in your career or have suffered a setback in your ambitions and are having to consider new options for the future. Or you may simply want to explore ways of further fulfilling your potential.
- <http://www.gp-s.org/>

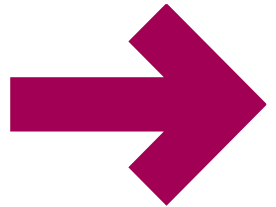


Where to get help from

- GP Health Service
- Access to mental health and addiction support for GPs and GP trainees via self referral
- Launched this year
- Tel 0300 0303 300
- Email gp.health@nhs.net



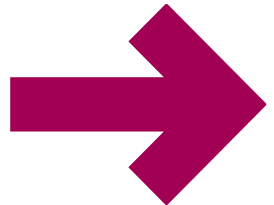
Any questions before we move onto appraisal and revalidation?



Appraisal & Revalidation

Appraisal

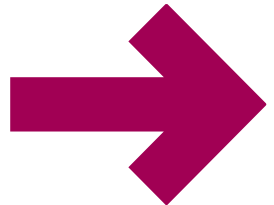
- Appraisal for GPs introduced in England in 2002
- A professional developmental process - allowing Drs to :
 - discuss their practice and performance
 - plan their professional development



What is Appraisal?

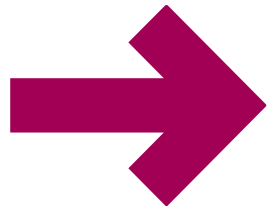
Guidance

- GMC set the guidance for all doctors in the UK
- The guidance is generic to all doctors
- RCGP publish speciality specific guidance for GPs
- RO interprets what is expected locally
- Local requirements may be set



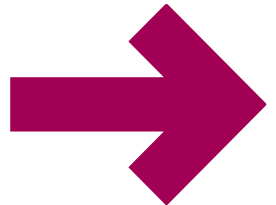
What is Appraisal?

- Completed annually
- Covers the whole scope of work
- Generic and applicable to all GPs regardless of their status or role
- Portfolio of evidence / supporting information
- Formative v Tickbox?



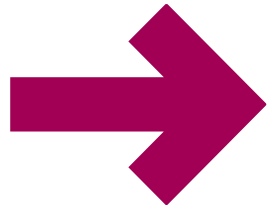
What is Revalidation?

- Launched in 2012
- Most significant change in medical regulation in 150 years (GMC)
- Innovative and one of the most ambitious schemes in the world (GMC)
- Demonstrates up to date and fit to practice
- Aims
 - improving the quality of care provided to patients,
 - improving patient safety and
 - increasing public trust and confidence in the medical system



What is Revalidation?

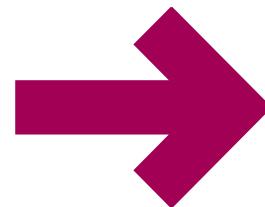
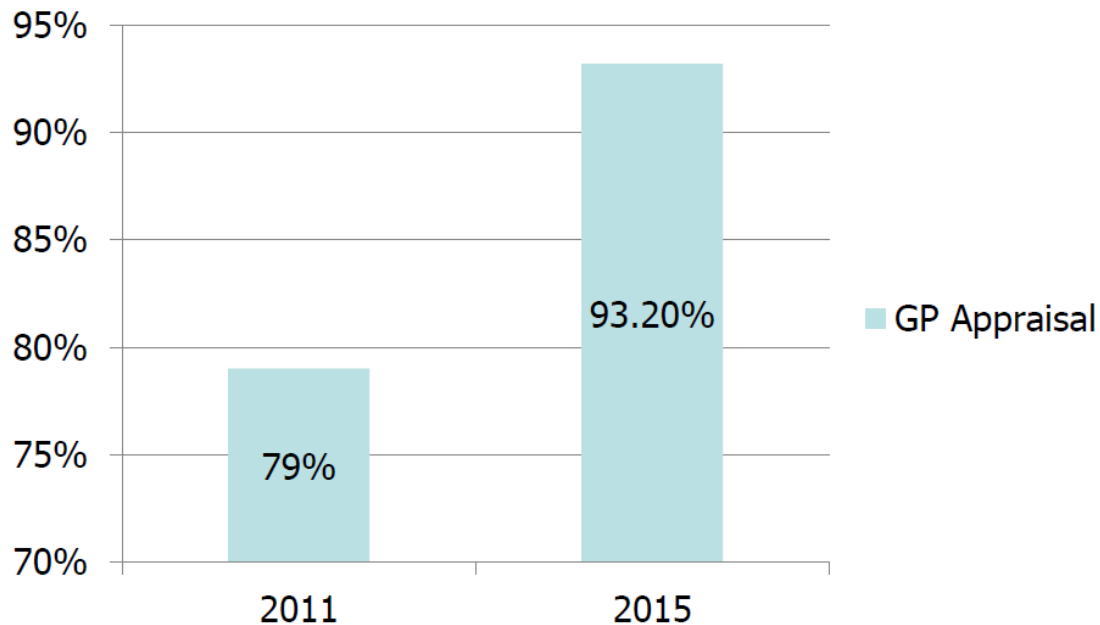
- Five year cycle
- RO considers
 - information provided at the annual appraisals,
 - other information available from local governance systems
- RO makes recommendation to GMC
- GMC decide whether to renew the doctor's licence to practise
- The Pearson Report – will bring about some changes in the next 12 to 18 months



Impact of Revalidation

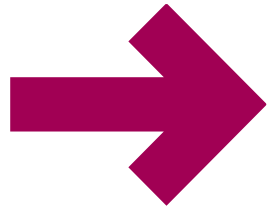
(GMC)

GP Appraisal



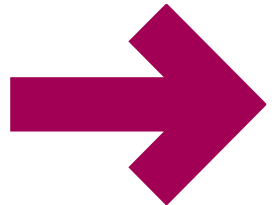
What you need to do

- Engage in the process!
- Appraisal is an annual responsibility for all doctors
- Non-engagement = GMC removal of licence
- Good communication is essential



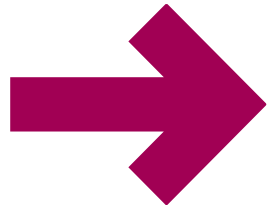
The Practicalities

- Maintain your appraisal toolkit throughout the year
 - Clarity
 - GP Tools
 - MAG
 - FourteenFish
- Know the GMC, RCGP and RO requirements



The Practicalities

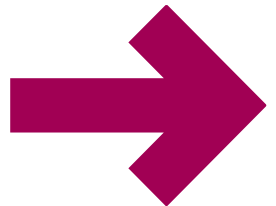
- Know your revalidation date
- Know the latest revalidation requirements
- Know your appraisal month
- Arrange your appraisal early
- Submit your appraisal evidence 2 weeks before appraisal
- Watch for communications
- Keep the Appraisal Team informed and up to date
- Sign off your appraisal promptly (within 28 days)



The Requirements

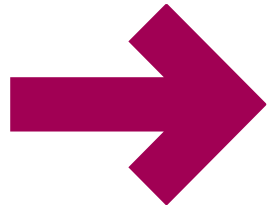
New RCGP Guidance from April 2016

- **Scope of work** - all posts requiring a licence to practice; paid or voluntary.
- You will need to show evidence of :-
 - training for this role
 - how you keep up to date
 - how you know you are fit to practice in each role



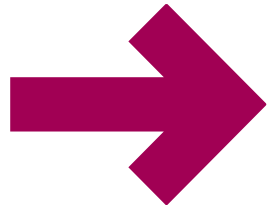
The Requirements

- **Probity Statement**
 - acknowledging ongoing investigation or disciplinary matter
 - adequate and appropriate indemnity cover across the full scope of work
 - any possible conflicts of interest between roles, business interests, etc
- **Health Statement**
 - Responsibility to be appropriately immunised
 - Registered with a GP outside your own family
 - Protect patients from any risks posed by your health.



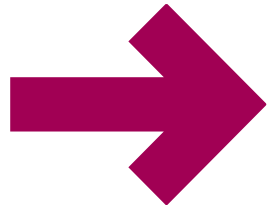
The Requirements

- **CPD**
 - Minimum 50 CPD credits per year
 - Quality over quantity
 - One credit = one hour of learning activity demonstrated by a reflective note on the lessons learned and any changes made.
 - **No Impact!**
 - Long periods out of work???



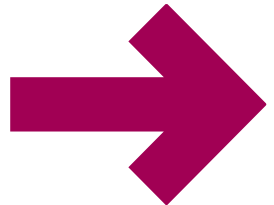
The Requirements

- **Quality Improvement Activity (QIA)**
 - **A change from previous guidance**
 - activities that review and evaluate the quality of your work
 - include an element of evaluation and planned future action.
 - where possible, should demonstrate an outcome or change.
 - Include every year, with a spread of QIAs across all of your scope of work over a five year cycle.



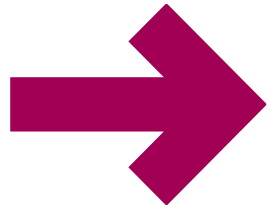
The Requirements

- **QIA Continued**
 - large scale national audit,
 - formal audit,
 - review of personal outcome data,
 - small scale data searches,
 - information collection and analysis (Search and Do activities),
 - plan/do/study/act (PDSA) cycles,
 - significant event analysis (SEA)
 - reflective case reviews,
 - the outcomes of reflection on your formal patient and colleague feedback survey results,
 - significant Events and Complaints.



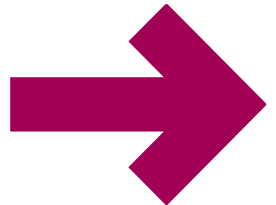
The Requirements

- **QIA Continued**
 - Must include personal reflection of what the activity means to you
 - Demonstrate how you review and improve your patient care
 - Need to undertake data collection personally??
 - Number of QIA required?



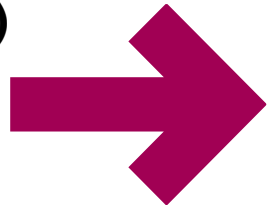
The Requirements

- **Significant Events (SE)**
 - **A change from previous guidance**
 - All significant events, in which you have been personally named or involved, that reach the GMC defined level of harm, must be included in Significant Events (**does not state reported to GMC**)
 - A GMC significant event is any “unintended or unexpected event, which could or did lead to harm of one or more patients”.
 - Best practice - demonstrate that you are aware of how SEs are captured in the organisations within which you work
 - All relevant data included in the appraisal and revalidation portfolio should be anonymised to remove any third party identifiable information



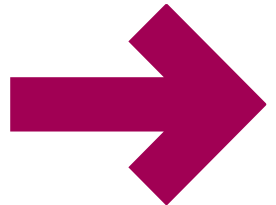
The Requirements

- **Feedback from colleagues and patients**
 - Questionnaires meet the GMC standards
 - Toolkits v companies v DIY
 - Benchmarking
 - Cover your whole scope of work over the five year cycle
 - one formal colleague feedback exercise and one formal patient feedback exercise over the five year cycle
 - Complete in first three years – just in case
 - reflect on other sources of feedback from your patients annually – must be personal reflection (**a change in guidance**)



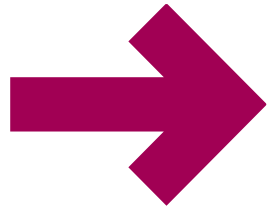
The Requirements

- **Review of complaints and compliments**
 - reflection on all formal complaints in which you have been named, or involved
 - statement if no complaints
 - anonymised information
 - Compliments - you may choose to include reflection as part of your reflection on patient (and /or colleague) feedback



The Requirements

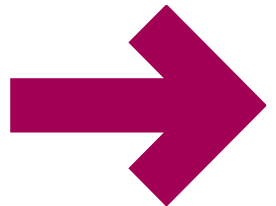
- **Other ‘appraisals’**
 - portfolio career performance reviews or ‘appraisal’ in addition to your GP appraisal - include outputs as supporting information
 - GP work takes precedent over everything else
- **Required Number of Sessions**
 - Satisfactory appraisal = 50 sessions per year



What we do for you

Appraisal

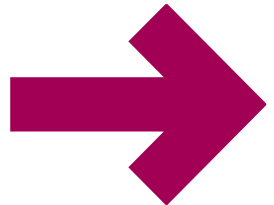
- Allocate an appraisal month
- Allocate an appraiser
- Administer the process
 - Initial notifications March
 - Reminders – 3 months before
 - Feedback requests



What we do for you

Revalidation

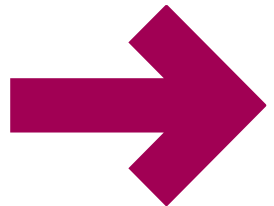
- Process starts 4 months prior to revalidation date
- Pull info together for the RO for revalidation
- Review at monthly Revalidation Panel
 - Positive Recommendations
 - Deferral recommendation – Insufficient information or ongoing process (normally a neutral act – BUT.....)
 - Non-engagement
- GP receives notification of decision from GMC



What do we do for you

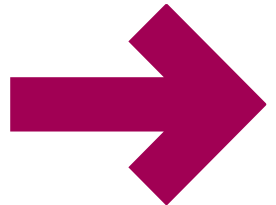
Everything else

- Answer your questions and sort out your problems
- Keep everything ticking along
- Keep you up to date – RO letters, GMC / RCGP guidance / quarterly newsletters
- Communication is key



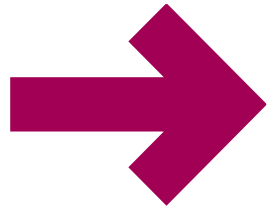
During Your Career

- Portfolio Careers – GP appraisal takes precedent
- Changes to contact details – PL Team / Appraisal Team
- Changes to status / Change of Area – PL Team / Appraisal Team
- Sick Leave / Maternity Leave – Appraisal Team
- Sabbatical – GMC? / Performer List? / Appraisal Team
- Leaving GP work – GMC? / Performer List / Appraisal Team
- Retiring – GMC / Appraisal Team
- Appraiser conflict of interest – Appraisal Team
- Complaint / litigation – Fitness to Practice Team



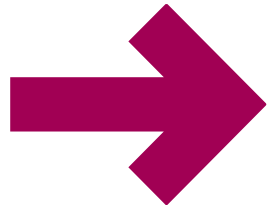
Want to be an appraiser

- Three appraisals after qualification
- No current performance concerns
- Training / mentoring role
- Recruitment every year



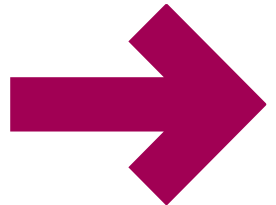
A Final Message

- Appraisal is about you and for you
 - Development
 - Problems
 - Work
 - Time out
 - Reflection and feedback
- If you need help get in touch



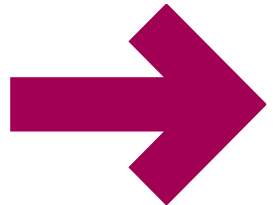
Where to get more information

- GMC / RCGP / NHS England websites
- Reading
 - GMC Good Medical Practice
 - GMC GMP Framework for appraisal and revalidation
 - GMC Supporting information for appraisal and revalidation
 - RCGP Guide to supporting information for appraisal and revalidation (March 2016)
 - NHS England Medical Appraisal Policy
 - The National Health Service (Performer List) (England) Regulations 2013
 - Framework for Managing Performer Concerns



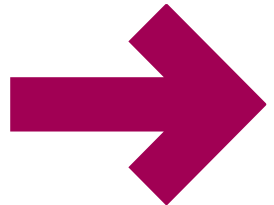
Where to get help

- Appraisal Team - Email – england.revalidation-support@nhs.net
- Phone – 01138254613
- Appraisal Leads
- Appraiser
- Colleagues – but be careful
- Fitness to Practice Team - ENGLAND.northmidlandsftp@nhs.net
- Performer List Team - PCSE.enquiries@nhs.net



Aims of the Session - Recap

- Understand the responsibilities of GPs in participating in appraisal and revalidation.
- Understand the practicalities of preparing and undertaking appraisal and revalidation.
- Understand the process of responding to concerns in NHS England



**Thank you for
listening**

Any Questions??

