



## Seasonal Greetings & Happy New Year

*from all the Appraisal & Revalidation Team*



Welcome to the second edition of this newsletter which contains information concerning aspects of appraisal and the revalidation process. This newsletter is very much a part of sharing good practice, information about events and anything you feel your fellow colleagues should know about. If you wish to contribute to this newsletter please contact Lisa Perry on: 0115 9316126 or via email: [lisaperry2@nhs.net](mailto:lisaperry2@nhs.net)

Your Appraisal & Revalidation Team are here to help, please contact them on 0115 9316153

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**Contribute...** To contribute to this newsletter, contact Lisa Perry on: 0115 9316126 or email: [lisa.perry2@nhs.net](mailto:lisa.perry2@nhs.net)

## The Latest update for the Revalidation Eportfolio System

### Background

The Department of Health withdrew centralised funding for the SCHIN Appraisal Toolkit for Doctors at the end of 31<sup>st</sup> October 2010. In Derbyshire County PCT we never made this compulsory and approximately 30% (165) doctors used SCHIN Appraisal Toolkit.

There are several tools emerging, such as Revalidation Plus by Clarity Informatics (who produce the NHS toolkit) the e-portfolio by the RCGP, BMA, 360 Clinical etc. All of these tools are designed to support revalidation. At this stage it would be difficult to recommend one over the others without knowing exactly what will be required for revalidation. Proposals are that appraisal will alter slightly to support revalidation – what has been termed “enhanced appraisal”. However the exact details are yet to be finalised. It is an expectation that all doctors must use an e-portfolio to gather supporting information in order to revalidate. At present none of the portfolios available have GMC approval. This will change as details regarding revalidation are finalised.

### Current Status

In the interim period whilst discussions are taking place the decision has been made for Doctors to complete the appraisal paperwork (Forms 1 to 4) electronically. Paperwork can be downloaded from the CPD website [www.derbyshirecpd.org](http://www.derbyshirecpd.org). The national process still supports the use of Forms 1 to 4 until the exact details are finalised.

Currently there is no system that integrates all the functions required for revalidation which also supports the Doctor, GP Appraiser, Organisation and the Responsible Officer.

The revalidation period start date is 2012. Of course, the start date is very much dependent on external decisions, and some key infrastructure changes need to be in place across the UK before revalidation can begin. This will include the appointment of Responsible Officer function, and the roll-out of an enhanced system of appraisal. Initially, when revalidation commences, this will only be in organisations which have satisfactory appraisal and clinical governance procedures in place.

The e-portfolio for the purpose of supporting revalidation will be aligned with enhanced appraisal. Any change to an e-portfolio would generate training needs for Appraisers, who would need to understand enhanced appraisal and for GPs who will be unfamiliar with the new format. Though it would be possible to use an e-portfolio prior to commencement of revalidation, this would require careful management to avoid confusion amongst Appraisers and users of the e-portfolio.

This process is very much governed by the General Medical Council and consultations are still taking place.

### At the moment the advice for GPs is to either-

- 1) Continue preparing for appraisal collecting supporting information either in paper form or electronically (not using a toolkit).
- 2) Continue using the NHS appraisal toolkit (if you have decided to pay the fee).
- 3) At the present time I would advise not to move to any of the new electronic tools until further information emerges about revalidation and the GMC clarify which tools will be suitable.

### Objectives for consideration on the new eportfolio

- Supporting Doctors with the revalidation process
- A unified approach for all Doctors
- A integrated system for capturing the information from all relevant parties
- A system which is accessible to all relevant parties working across the organisation
- A secure system, with varying levels of access for updating and viewing depending on the sensitivity of the information (via internet connection)
- Supporting GP Appraisers (making judgements) based on the evidence provided to the Responsible Officer
- Support the Responsible Officer for making recommendations to the GMC
- Engaging Doctors to use a Toolkit
- Supporting Appraisal & Revalidation Team with the appraisal process
- Training for users ie Doctors, Appraisers, Responsible Officer and Appraisal & Revalidation Team
- To minimise the duplication of work
- Ongoing technical support with the system providers
- Ongoing training

If there are any questions please contact either Lisa Perry/Dr Carl Egdell. We are keen to support GPs and would welcome any comments or thoughts.

## SCHIN (Appraisal Toolkit) – Retrieving information

I would like to remind everyone using the NHS appraisal toolkit that they (SCHIN) have extended the deadline to the 31/03/2012 to retrieve information. You may recall the DOH has withdrawn funding and therefore from the 31/10/10 is no longer free. If you are presently using the toolkit you have two options.

- 1) Discontinue using the toolkit, in which case you must retrieve all of your information before 31/3/2012.

SCHIN will provide you with free access to the Appraisal Toolkit website for 7 consecutive days to enable you to download copies of your forms and uploaded documents. The 7 consecutive days free access can be taken at any time between 1 November 2010 and 31 March 2012. Your data will continue to be securely stored in the system, unless you contact us to request otherwise.

- 2) You can also pay a fee which will allow you to continue using the appraisal toolkit. Your Appraisers can continue to see and access any uploaded information if you choose this option. If you wish to continue using the toolkit you may do so until a decision has been made. Any costs occurred will have to be funded by the user.

Clarity Informatics (a sister company of the Sowerby Centre for Health Informatics at Newcastle, SCHIN) will continue to make the Appraisal Toolkit available from 1 November 2010 until 31 March 2012 on a subscription basis independent of the Department of Health. \*You can subscribe to Appraisal Toolkit using a secure online payment system through the website [www.appraisals.nhs.uk](http://www.appraisals.nhs.uk) at anytime from 1 November 2010. An individual subscription is £50+VAT for 12 months. Your subscription provides you with unlimited access to Appraisal Toolkit, your Appraiser with free access to Appraisal Toolkit (in his/her role as an Appraiser), experienced helpdesk support by telephone and/or email, and a highly secure system in which to store your appraisal data.

For more information about the changes, please visit SCHIN website [www.appraisals.nhs.uk](http://www.appraisals.nhs.uk)

## Preparing Doctors for Revalidation

Article by Dr Carl Egdell, Lead GP Appraiser

No doubt many of you will be aware of the recent GMC announcement in October regarding revalidation. The link attached for your interest [statement \(pdf\)](#)

The GMC conducted a consultation exercise “Revalidation consultation the way ahead” which ran from 1<sup>st</sup> of March to 4<sup>th</sup> June. It has published [a response to its consultation on revalidation](#) which showed most of those who responded supported the principle and the key proposals. There were some concerns about how it would work in practice. Many suggested that the model needed to be simpler; a view shared by the GMC which has agreed that its final proposals should be as straightforward, proportionate and cost-effective as possible.

### What does this mean for us?

It is planned that revalidation will begin in the summer of 2012. It is likely there will be a phased introduction depending on the readiness of local organisations. The GMC are clear that Revalidation will be influenced by what is learnt from the current pilots before we know exactly how it will all work in practice. However it is not likely to significantly alter from present proposals.

Appraisal will remain fundamental in the revalidation process. It will remain supportive and developmental. Therefore it is vital that doctors continue to engage in annual appraisal. The Royal College of General Practitioners will define the standards of what supporting information is required for revalidation. For most of us this is no different to what we do already. For further advice on this please view the Derbyshire CPD website <http://www.derbyshirecpd.org>, view the GP Appraisal Handbook or discuss with your Appraiser.

## **Annual Appraisal to be completed by 31st March 2011**

A letter is currently being circulated to all GPs whose appraisal is still outstanding or undertaken in the last quarter (January and March). This letter reminds GPs to ensure their appraisal is completed by the end of 31<sup>st</sup> March.

If your appraisal has not been completed your Appraiser will make contact with you to arrange a mutually convenient date, time and venue for your appraisal interview. The meeting should be conducted in a suitable room with no possibility of interruptions. It will be important for revalidation that your appraisal is carried out in a timely manner in the month in which it is due. You should normally be given at least 6 weeks to prepare for your appraisal.

**If your Appraiser has not contacted you or if you are having difficulties making contact please contact Sian Myers on 0115 9316153 or via email [sian.myers@nhs.net](mailto:sian.myers@nhs.net) who will contact your Appraiser on your behalf.**

I would remind you that prior to the meeting the Appraiser will need the following documents: -

- A completed form 1, 2 & 3
- Last year's Form 4 and Personal Development Plan
- Evidence to support the statements made in your appraisal forms

(Please ensure you send the information detailed above to your Appraiser 2 weeks prior to your appraisal to enable the appraiser to prepare, without this information the appraisal will not take place).

If you have any queries or concerns regarding your appraisal or whether you believe there will be any problems in completing your appraisal in good time please do not hesitate to contact the Appraisal & Revalidation Team.

### **Would you like to change your Appraisal date next year?**

The PCT recognises how busy and hectic it is in the final quarter of the appraisal year (January to March), that is why we have written to 214 GPs who are in the last quarter to ask if they would like to bring their appraisal forward to an earlier quarter.

Early indications show that this request has been well received with a number of GP's contacting us to discuss the move.

If you haven't already contacted us and would like to rearrange your appraisal, please contact Sian Myers on 0115 9316153.

## **Allocation of Appraisals – Can I change my GP Appraiser?**

Yes..... Appraisees are notified of their Appraiser annually by letter from the PCT. We recognise that it is important that Appraisees are comfortable with their Appraisers. **Appraisees therefore have the opportunity to change Appraiser should they wish by contacting the Primary Care Appraisal & Revalidation Administrator.**

### **Why are Appraisers allocated?**

Appraisers are allocated for a number of reasons. Within Derbyshire County PCT there are about 550 GPs to be appraised with a pool of about 50 Appraisers. Best practice recommends that Appraisees have a change of Appraiser every third year. In order to manage the logistics of allocation, ensuring change of Appraiser as recommended, ensure a manageable workload for Appraisers and ensure everyone receives an annual appraisal in a timely manner, we have chosen to allocate Appraisees and Appraiser every year.

Please do not make your own arrangements to be appraised outside of the PCT allocation process or assume that you keep your same Appraiser year on year.

## Feedback from the GP Appraiser' Annual Update Training - Promoting Professional Development

The fourth annual update training took place on 30<sup>th</sup> September 2010 in Derby. The update focused on the future of revalidation referring to the Medical Appraisal Framework, Responsible Officers, E-portfolios, Pathfinder pilot feedback, Appraisers and what's next. The day also drew on the Patient's Perspective on Revalidation for Doctors which highlighted a few interesting discussions.

This is a great opportunity for GP Appraisers' to network and to cover certain topics. Workshops for this update were focused on supporting Appraisees' in producing SMART Personal Development Plans and GPs' with Special Circumstances.

Dr Carl Egdell, GP Lead Appraiser said that today has been a good opportunity for Appraisers to share knowledge and ideas and to learn from key speakers such as Martin Shelly from the Revalidation Support Team.

The Update event is positively received by GP Appraisers' with a few comments listed below:

- ***The useful information stand - VERY GOOD IDEA & the top tips shared, able to change/improve my practice***
- ***Help in how to get Appraisee to take ownership of PDP and get them to have produced a skeleton PDP before the appraisal***
- ***Opportunity for discussions, particularly differences in what people do. Excellent organisation, thoroughly enjoyable day, thank you***
- ***Good update and useful chance to meet colleagues***
- ***Good mixture of 'lectures', group work***

If you would like further information on the GP Appraiser' Update Training event, please contact Lisa Perry on 0115 9316126 or email [lisaperry2@nhs.net](mailto:lisaperry2@nhs.net)

GP Appraisers' were asked to detail frequently asked questions from Appraisees'. Responses listed on the next page.....



## Frequently Asked Questions.....

### **What's happening with credits and how do we document them?**

The GMC has made it clear that 'CPD requires doctors to maintain and improve their standards across all areas of their practice... encourage and support specific changes in practice and career development.' It is key in 'promoting and assuring good medical practice and protecting patients from bad practice'. So any CPD portfolio should describe the GP's ongoing learning needs and why the CPD undertaken was prioritised with subsequent evidence of:

- how the GP has kept up to date with new and changing information and then has or intends to apply that in practice;
- specific development of new knowledge and skills to benefit practice or career development (might be clinical or non-clinical);
- time and effort in compiling the CPD portfolio: reflections on learning needs and learning undertaken, reviewing previous learning plan at intervals, preparing for and undertaking annual appraisal, revising future learning plan etc.

There should be some evidence of objectivity in the way that the GP's learning needs were identified or learning carried out - from the patient or colleague perspectives. This might be about learning from individual patients' complaints or patient surveys or suggestions, or including patients in an actual learning experience; from multisource feedback exercises or peer reviews etc.

### **What will be the minimum amount of CPD that will be acceptable?**

The Royal College of General Practitioners is developing a credit based system of CPD. It is intended that the RCGP scheme will fulfil the standards and requirements of CPD for all GPs for revalidation purposes. The extent and nature of a GP's CPD will be captured in a portfolio of learning; a minimum of 50 credits from a learning based credit system (with one credit being broadly equivalent to one hour of learning) will be required per annum, with a broad range of general practice being covered in 250 credits over a 5 year cycle. A key feature of the scheme will be that it is based on self accreditation on the process and outcomes of learning rather than simple participation, encouraging reflective learning.

### **How will the RCGP scheme work?**

The RCGP scheme will accommodate GPs' different needs and styles of learning. It will be suitable for all GPs, whatever the stage of their career or their working circumstances. The accreditation framework for CPD will help practising GPs fulfil the requirements of the forthcoming revalidation process for all GPs.

### **What will the Credit Based System look like?**

CPD for GPs needs to be flexible due to the variety of general practice and differing working circumstances of GPs. It needs to include new and changed knowledge; core activities; scope for individual and local provision and a portfolio system to record learning.

The RCGP CPD scheme will include all of the different types of learning activities which GPs' undertake as part of their CPD, including practice based learning. It will be based on self accreditation allowing inclusion of a range of learning activities, e.g. reflective notes on practice, notes of case discussions, team meetings and significant event analysis as well as academic or educational courses.

Learning needs will have been identified at a prior appraisal in an agreed personal development plan (PDP) for the forthcoming year; there will also be ongoing learning needs. GPs will be able to select activities to match their particular needs and personal preferences. Guidance will be given to GPs and their appraisers as to the content of a balanced portfolio that includes new knowledge, core activities such as audit, individual interests and local provision and the mix of learning modalities which could include face to face discussions, e-learning, paper based exercises, conferences, small groups, formal educational events, compiling protocols etc.

## Frequently Asked Questions continued.....

To achieve CPD credits, there will need to be evidence of learning. Reflective learning will be a vital part of the scheme and GPs will be expected to demonstrate reflection on the learning they have achieved and relevance to their practice. Example templates will guide GPs to whom reflection does not come naturally. CPD is a personal activity and a GP must take responsibility for ensuring their CPD is balanced and addresses their learning needs - whether as an individual practitioner, within their practice team, as a locum GP or a GP with special interests.

The completed CPD folder should reflect the range and circumstances of an individual GP's practice. Judgement that a GP's CPD portfolios has a minimum of 50 credits of learning in the previous year, giving a balanced portfolio over a 5 year cycle, will be made as part of the GP appraisal process by trained GP appraisers.

*Information from the East Midlands Healthcare Workforce Deanery (As at November 2010)*  
Useful information is also available on the CPD Website [www.derbyshirecpd.org](http://www.derbyshirecpd.org)

### **Requirements for Revalidation**

**Revalidation - when it will start, what do I have to do now?**

**When do I need to start collecting information for revalidation?**

**What is happening with revalidation?**

Medical revalidation in the UK is expected to start from late 2012, according to a joint statement from the General Medical Council and the health departments in England, Northern Ireland, Scotland and Wales.

GMC have said that they will take a phased approach to introducing revalidation. This will mean starting where the local systems needed to support revalidation are ready and fit for purpose. The health departments in

each of the four countries are taking responsibility for ensuring that local processes are ready to support revalidation across all sectors. They are leading on testing and piloting the various elements involved in the process and in assessing whether organisations in their areas have systems in place to support doctors through the process.

The timescales to deliver these key milestones:

- A.** Responsible Officers in place in the designated organisations
- B.** all doctors participating in an annual appraisal process
- C.** the *GMP* Framework embedded in appraisal
- D.** agreed core information that doctors should bring to appraisal
- E.** process in place for delivery of Responsible Officer recommendations to the GMC
- F.** agreed strategy for remediation where performance concerns are identified.

An assessment of readiness will be undertaken in 2012 before the Secretary of State for Health can agree to the commencement of the relevant legislation.

*Information from the GMC website (as at November 2010)*

## Frequently Asked Questions continued.....

### When do I have to have my Hepatitis B status checked

Occupational Health clearance, Hepatitis B status and CRB clearance should be standard information held by employers and can be made available to locum doctors at appraisal. You and other clinical staff engaged in exposure-prone work must have up to date immunisation against Hepatitis B and must provide evidence of this.

The Department of Health state that 'The duration of Hep B antibody persistence is not known precisely and there is no consensus on the need for booster doses. On present evidence it is felt that a single booster dose five years after completion of a primary course is sufficient to retain immunity in those who continue to be at risk of infection unless they have already received a booster dose following possible exposure to the virus'.

*Information from the Department of Health (Immunisation against infectious disease - 'The Green Book' 1996 edition)*

**More frequently asked questions will be detailed in the next edition**

## Keeping Up to Date - Continuing Professional Development (CPD) for GPs

### Launch of the Primary Care Clinical Quality Team Website

A new website has been developed by the Primary Care Clinical Quality Team (to be launched winter 2010) to help support GPs with appraisal and revalidation.

The website will include the following information:

- The quality of services provided in primary care (i.e. GPs, dentists, optometrists & pharmacists)
- Clinical Governance for Primary Care
- Responsible for GP Appraisal & Revalidation (including Practitioner Performance)
- Continuous professional development of GP's/GP Tutor's
- Named Doctors for Safeguarding Children
- Providing leadership in the PCT and with our providers with respect to quality and innovation

To access the site you will need to register your email address along with a password. Please follow this link below to ensure you are forward to the right area of the site.

[http://www.derbyshirecounty.nhs.uk/pct\\_staff\\_zone/pct\\_az\\_teams/id/149/t/16](http://www.derbyshirecounty.nhs.uk/pct_staff_zone/pct_az_teams/id/149/t/16)

Once registered you will need to click on 'add to favourites' this will then able you to get easier access each time you want to access the website.

If you are registered with NHS Derbyshire County website please click on the following links:  
PCT Staff Zone / A – Z Teams and Functions / (Q) Primary Care Clinical Quality

If you require help regarding the NHS Derbyshire County website please contact James Barker for further assistance.

### Continuing Professional Development for GPs in Derbyshire Website

The PCT also uses the CPD website ([www.derbyshirecpd.org](http://www.derbyshirecpd.org)) to communicate new versions of forms and information.

**Please remember to regularly check the sites for useful information and guidance.**

## GP Tutor Network

In addition, your GP Tutor network can assist with advice and guidance on preparing for appraisal. GP Tutors will work with individuals, practices or groups of GPs. GP Tutors are:-

Dr Ilona Bendefy - [ilona.bendefy@nhs.net](mailto:ilona.bendefy@nhs.net)

Dr Amanda Portnoy - [amanda@doctors.org.uk](mailto:amanda@doctors.org.uk)

Dr Magdy Abdalla - [mabdalla@nhs.net](mailto:mabdalla@nhs.net)

Dr Graham Todd - [todds@doctors.org.uk](mailto:todds@doctors.org.uk)

Dr Sandy Taylor - [sandy.taylor1@doctors.org.uk](mailto:sandy.taylor1@doctors.org.uk)

## Supporting Information for Appraisal

GPs will need to provide reflection on patient surveys and multisource feedback results and on significant event audits and audits of clinical practice. This can be written in the Form 3 or provided separately in your supporting information. Structured Reflective Templates which can be used to help with these can be found at <http://www.appraisalsupport.nhs.uk/news4.asp?item=08052007090123> or [http://www.derbyshirecpd.org/appraisal\\_revalidation\\_reflective\\_templates.htm](http://www.derbyshirecpd.org/appraisal_revalidation_reflective_templates.htm)

**Evaluation form for Appraisee's** - These will be given to Appraisees at the conclusion of the appraisal interview. Copies are also available from Primary Care Appraisal & Revalidation Administrator

### Information for Appraisers & Appraisees

Useful information is available [www.derbyshirecpd.org](http://www.derbyshirecpd.org) or [http://www.derbyshirecounty.nhs.uk/pct\\_staff\\_zone/pct\\_az\\_teams/id/149/t/16](http://www.derbyshirecounty.nhs.uk/pct_staff_zone/pct_az_teams/id/149/t/16)

### Other Useful documents:

GP appraisal is based upon the concepts contained within this document **"Good Medical Practice for GPs"** available <http://www.gmc-uk.org/guid> [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/index.asp](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp)

Information on Revalidation will be provided on the Revalidation Support Team site <http://www.revalidationsupport.nhs.uk/>

General documents on assuring the quality of GP appraisal [http://www.appraisalsupport.nhs.uk/files2/Assuring\\_the\\_Quality\\_of\\_Medical\\_Appraisal.pdf](http://www.appraisalsupport.nhs.uk/files2/Assuring_the_Quality_of_Medical_Appraisal.pdf)

## On Line learning resources

<a href="http://www.doctors.net.uk">www.doctors.net.uk</a>	Excellent GP site good free on line learning modules course completion
<a href="http://www.bmjlearning.com/">www.bmjlearning.com/</a>	BMJ web based learning, free for BMA members, large number of different modules, certificates of completion and pre and post test questionnaires. Registration will get you emails about each new module
<a href="http://www.medic8.com">www.medic8.com</a>	Well organised site with links to clinical subjects, databases, guidelines and journals.
<a href="http://www.onmedica.net">www.onmedica.net</a>	Free on line interactive case histories and CME modules
<a href="http://www.gplearning.co.uk">www.gplearning.co.uk</a>	Desktop PDP – cost but also lots of free information and downloads on DOH, BMA & RCGP guidelines on appraisal and revalidation, plus free shareware audit tools for Torex Premiere and Synergy, written by a jobbing GP.
<a href="http://www.gpnotebook.co.uk">www.gpnotebook.co.uk</a>	On line encyclopaedia of medicine, you can register for a "tracker" service which logs all the hits you make in a year and regurgitates them on request for inclusion in appraisal documentation/ PLP
<a href="http://www.appraisals.nhs.uk">www.appraisals.nhs.uk</a>	NHS Appraisal toolkit
<a href="http://www.wisdomnet.co.uk">www.wisdomnet.co.uk</a>	On line discussion group, links CME modules

## Useful websites to support appraisal for Sessional GPs

<a href="http://www.nelg.org.uk">www.nelg.org.uk</a>	North East Employed and Locum GPs (NELG)
<a href="http://www.nasgp.org.uk">www.nasgp.org.uk</a>	National Association of Sessional GPs
<a href="http://www.eastmidlandsdeanery.nhs.uk">www.eastmidlandsdeanery.nhs.uk</a>	East Midlands Healthcare Workforce Deanery

Device	Ref	Qualifications/training	Options for advice/action
Sub-dermal Implants (SDIs)	1	<p><b>a)</b> Established fitter (as at 1 June 2010). Insertion training not yet completed or competency not yet verified and signed-off by trainer.</p> <p><b>b)</b> Established and new fitters - insertion training completed / insertion competency verified and signed-off by trainer. In training for removals</p> <p><b>c)</b> Holds current Local or East Midlands Certificate of Competence or Faculty LoC for insertion and removal.</p>	<p><b>a)</b> Advise fitters that local standards and guidance require established fitters (as at 1 June 2010) to have a local certificate of competence or Faculty Letter of Competence (LoC), as appropriate, by 31 March 2011.</p> <p>Fitters should be advised to gain a minimum of sign-off for their insertion competency by 31 March 2011 and ideally to gain a local certificate or Faculty LoC by this date. Certification of competency for Sub-dermal Implants (SDIs) requires competency in both insertion and removal</p> <p><b>b)</b> Confirm evidence that insertion competency has been signed off.</p> <p>Individual may continue to fit implants but must complete removal training and be assessed as competent in removals and gain sign-off and a local or East Midlands certificate or Faculty LoC for removal before undertaking removals. This should be completed within a maximum of 3 years from completing contraception SDI theoretical training or DFSRH e-learning module 17, as applicable.</p> <p>If after 3 years from completing theoretical training the individual has not completed removal training and gained a local certificate or Faculty LoC they must begin the full training again, including theoretical training or DFSRH e-learning module 17, if they wish to continue to fit implants. This is in line with the FSRH LoC requirements.</p> <p><b>c)</b> N/A meets local standards</p>
Intra-uterine contraception devices (IUCDs)	2	<p><b>a)</b> Established fitter, in training for local certificate or Faculty LoC for IUCD fitting. Not yet completed or competency not yet verified and signed-off by trainer.</p> <p><b>b)</b> Holds current Local or East Midlands Certificate of Competence or Faculty LoC for intra-uterine techniques (IUT).</p>	<p><b>a)</b> Advise fitters that local standards and guidance require established fitters (as at 1 June 2010) to have a Local certificate or Faculty LoC, as appropriate, by 31 March 2011.</p> <p>If the individual has not gained a local certificate or Faculty LoC by 31 March 2011 but is in progress with and committed to completing the training/verification checks and gaining a certificate a timeframe should be agreed to complete this within the next 6 months.</p> <p>If the individual has not gained a local certificate or Faculty LoC by 31 March 2011 and is not committed to completing training/verification checks they must cease to fit IUCDs under the NHS Derby City and Derbyshire County LES arrangements.</p> <p><b>b)</b> N/A meets local standards</p>

Device	Ref	Annual activity levels – minimum requirements	Options for advice/action
Sub-dermal Implants and IUCDs	3	<p>Minimum standards:</p> <p>Implant Insertion and Removal - Log of at least 6 procedures to include at least one insertion and one removal / year.</p> <p>Implant Insertion only - Log of at least 6 insertion procedures / year.</p> <p>IUCDs - Log of at least 12 coil fits / year</p> <p><b>a)</b> Activity log meets minimum expected standard</p> <p><b>b)</b> Activity log does not meet minimum expected standard</p>	<p><b>a)</b> No action required – meets required standards</p> <p><b>b)</b> Explore possible reasons for not achieving activity levels including organisational factors within the practice that could help to increase access and uptake for women.</p> <p>Advise individual that support may be accessed from the Contraception and Sexual Health (CASH) Services in Derbyshire County or Derby City e.g. the opportunity to undertake sessions to fit devices within the CASH service.</p> <p>Consideration should also be given to the appropriateness of continuing to fit.</p> <p>Agree remedial actions and timescales.</p>
Device		CPD requirements	Options for advice/action
Sub-dermal Implants and IUCDs	4	<p>Min standard: 10hrs of activity related to Sexual and Reproductive Healthcare (e.g. courses, audits, distance learning) in a 5-year period, to include, for IUCD fitters, at least two hours continuing education relevant to intrauterine techniques.</p> <p>In addition: reflection on any relevant significant event reviews e.g. perforation, pregnancy, infection, IUCD/implant migration.</p>	<ul style="list-style-type: none"> <li>• During the 5 year period review CPD activity record as per normal appraisal process to support appraise to complete CPD within the 5 year period.</li> <li>• If at 5 years review point confirm completion of CPD requirements.</li> </ul>
<p>This document should be read in conjunction with the Derbyshire County PCT and NHS Derby City Summary Guidance on Training and Competency Requirements in General Practice for the fitting of Intrauterine Contraception Devices and Contraception Implants Final (V4) 20/01/2010</p> <p>It has been produced to support GPs to proactively demonstrate their evidence relating to these areas of practice.</p>			