Revalidation Q+A for Appraisees

Based on the work of Di Jelly.

1. **What will the revalidation process consist of ?**
2. **When will the process start ?**
3. **How do I ensure I have an appraisal ?**
4. **What evidence is required on an annual basis ?**
5. **What happens if I can't get enough evidence ?**
6. **What is MSF [360] feedback and how do I get it?**
7. **How do I do an audit?**
8. **How do I do a significant event audit?**
9. **What are CPD credits ?**
10. **How do I ensure I have an acceptable PDP?**
11. **What happens if I am away from practice for some time on maternity leave/sick leave or a sabbatical ?**
12. **I work less than one session a week in general practice-how can I revalidate ?**
13. **I am a GPwSI, or work part-time in several roles- do I have to have several appraisals ?**
14. **How can I collect this evidence when working as a Sessional GP not based in one practice?**

1. What will the revalidation process consist of ?

- Revalidation is the combination of two processes, **re-licensing and re-certification**
- **Re-licensing** will be based on satisfactory participation in annual appraisal, plus a 'sign-off ' from the PCT saying that there are no unresolved concerns about your performance.
- **Re-certification** also requires annual appraisal, the collection of evidence including your ongoing learning, recorded as 50 CPD credits each year plus Multi-source feedback from patients and colleagues.
- The two processes will run in parallel, based on a single electronic evidence folder reviewed annually by your appraiser. The current appraisal toolkit is being re-developed as a revalidation toolkit.

2. When will the process start ?

- All GPs currently on the GMC register will be invited to apply for their first 'License to Practise' later in 2009.
- The revalidation process is currently expected to start from April 1st 2010 – in that evidence collected from this date, ie for the appraisal year 2010 to 2011 will count towards revalidation . This will be a transition period in terms of evidence collection- when GPs will have collected evidence that does not necessarily tie in entirely with RCGP guidance. As the process progresses, GPs will use agreed RCGP guidance for their evidence collection.
- The full revalidation cycle takes five years, but this process needs to be spread over a five year cycle, with 20% of GPs re-validated every year. For this reason some GPs may begin the revalidation process as early as the appraisal year 1st April 2011. This will be based on one year of evidence, Revalidations taking place in the next year will be based on two years evidence and so on.
- We do not yet know which GPs will be revalidated in which year and so we all need to begin collecting evidence suitable for revalidation.
- The amount of evidence required for revalidation during this introductory phase will increase year by year –a table detailing what is likely to be required is in the RCGP guidance.

3. How do I ensure I have an appraisal ?

- If you are on a PCT performers list the PCT will arrange for you to have your annual appraisal within that PCT.

4. What evidence is required on an annual basis

- A minimum recommended evidence list is attached to guide you in collecting the evidence that you need for satisfactory engagement in the appraisal process. These are based on the RCGP proposals.
- It will be the responsibility of your appraiser to read your evidence and advise you on whether they think it meets the basic standards set out in RCGP document

5. What happens if I can't get enough evidence

- The RCGP evidence list is a minimum set of data –it is felt that the vast majority of GPs should be able to collect this evidence whatever their working environment
- If you are struggling with any aspect of evidence collection you should discuss this with your appraiser, GP tutor or the appraisal lead at the PCT. They will be able to support and guide you if necessary
- GPs who have repeated and significant gaps in their evidence that they fail to address will considered not to be participating fully in the appraisal process and this will threaten their revalidation .
- Special consideration will be given to GPs who have had significant periods of time out of practice during the five year revalidation cycle. The special circumstances will need to be explained in section 2 of the new appraisal forms. Each case will be considered on an individual basis by the PCT.

6. What is MSF [360] feedback and how do I get it?

- MSF [multisource feedback] or 360 feedback is likely to be required twice in the 5 year revalidation cycle. It provides you with feedback from others on your clinical care, communication skills, team working etc
- The aim of MSF is to provide you with a view of how others see you, and to reflect on what you might be able to change if the process highlights development areas
- Derbyshire PCT is piloting MSF please contact Lisa Perry for more information

7. How do I do an audit?

- This is one of the most challenging of the evidence requirements. Currently it is recommended that two audits which cover the whole cycle of setting standards, collecting data, reviewing performance against standards, making changes in personal or practice activity, and doing a further data collection to see if change has occurred, will need to be carried out over the five year cycle
- A single audit can stretch over more than one year.

- You do NOT have to do all the data collection yourself –you can work with practice colleagues, nurses, practice pharmacists, or with colleagues in a locum or self-directed learning group.
- You must be involved in the standard setting and review and interpretation of the data and implementation of any changes recommended from the audit
- It is advisable to choose something where clear standards have been set eg NICE or local PCT guidance .

8. What are CPD credits

- A credit is a 'unit of professional development activity which is the product of the impact of the activity on patients and on personal/practice development, and the challenge involved in its completion'
- Credits are initially self assessed by you and then discussed at the appraisal interview.
- Information on the credit pilot is available on http://www.eastmidlandsdeanery.nhs.uk/page.php?id=1018

9. How do I do a significant Event Audit

- Significant Event Auditing is an increasingly routine part of general practice. It is a technique to reflect on, and learn from, individual cases to improve quality of care overall. When revalidation is fully established, it looks likely that your revalidation portfolio will contain an analysis of at least five significant events. There is no explicit requirement for "one per year", but it is good practice to report significant events from throughout the revalidation period and so we would expect one SEA or a case review each year as evidence of reflection on practice.
- Even if you only work a couple of sessions a week you will be able to record this. SEAs do not have to be major disasters or concerns, our day to day work inevitably includes delayed diagnoses, near misses, inappropriate referrals , palliative care patients who die in hospital having elected to stay at home, lost or missed abnormal results, breakdown of communication in the team , and many other issues .You just need to pick one example where things could have gone better and reflect on it using an SRT. In time, the SEA template will be an integral part of the new

revalidation toolkit .The aim of the analysis is to demonstrate areas for improvement, reflection and the implementation of change.

- You must only submit an analysis of a significant event in which you have been directly involved; where discussion of the event has taken place preferably with other PHC Team members, and where the changes involve you, perhaps as the person responsible for implementing the change.

10.How do I ensure I have an acceptable PDP

- Your PDP is a record of the learning needs you have identified and discussed in each part of the appraisal discussion, and listed as action points in Form 4. For Each identified need you have to consider how you will approach meeting that need , in what time frame and define the intended outcome[s] of each activity .
- PDPs will increasingly be constructed with a view to the potential 'credit value' of the planned activities, and this may be an area worth discussing with your appraiser.
- PDP actions should be as specific as possible 'become confident in insulin conversion' rather than ' improve diabetes knowledge'- This makes them easier to measure at the end of the year .The aims should also be realistic and achievable in terms of your available time, and you should feel motivated to do them.
- Remember that if you have other roles such as being a trainer, doing research or local PCT roles , including being as appraiser, you should put any training needs identified in performance review in these areas into your PDP.
- Prior to your next appraisal you will need to review each item on your PDP list, explaining how the need was met And what you learned from it. Needs not met can be carried forward to the next year's PDP so long as an explanation is provided as to why the need was not addressed as planned. Items can also be added to the PDP during the year.

11.What happens if I am away from practice for some time on maternity leave/sick leave or a sabbatical

- The RCGP has suggested that the minimum number of CPD credits required to revalidate will be 150 over 5 years if there are clearly documented periods of absence from clinical practice

- GPs who cannot achieve these minimum levels over 5 years will be reviewed on an individual basis.

12. I work less than one session a week in general practice- how can I revalidate?

- The RCGP has suggested that in order to be considered for revalidation, a GP must have evidence of having worked in face to face clinical contact for at least 200 sessions over a 5 year period [a session is defined as at least 4 hours with 2.5 hours of face to face contact time]

13.I am a GPwSI, or work part-time in several roles- do I have to have several appraisals

- If you are an accredited GPwSI, then a review of your clinical performance in your specialist area will be built into your employment contract, and will usually take place annually with your clinical supervisor. Information from this will be taken to your GP appraisal.
- If you work in other roles eg as a trainer, undergraduate tutor, PCT advisor, you should have some form of review or feedback on that role before your GP appraisal. Documentation from this review can then be submitted with your other appraisal evidence and discussed at the appraisal interview.

14.How can I collect this evidence when working as a Sessional GP not based in one practice?

- Collecting evidence can be particularly challenging for locum GPs and much guidance is written primarily with practice based GPs in mind. All practices should support and facilitate evidence collection efforts made by locum GPs e.g.

  - Assisting with distribution of **patient surveys and also peer/colleague feedback surveys** 'and to support them to discuss and interpret patient and colleague feedback

- Informing locums promptly of any **complaints** received or **significant events**, which involve them or may impact on their work at your practice
- Facilitating access by locums to computer systems and records outside of booked surgery times to carry out **audit,** considering providing some admin/practice pharmacist time to help locums to set up and carry out an audit that could be helpful for the practice as well as their own appraisal folder
- Informing locums of **urgent** Department of Health, PCT communications and local educational events
- Inviting locums to participate in **practice meetings** relating to clinical issues and services, education, prescribing, and significant events.

- Most sessional GPs produce evidence folders of equivalent standards to principals though this often requires much greater initiative, effort and ingenuity.

- The evidence list has been drawn up with the intention that it is possible to achieve for GPs working in most clinical settings. Reflection on practice through case reviews and significant events, producing a PDP and reflecting on aims achieved, should be possible for all GPs.
- MSF and patient feedback can be difficult for locums who work for very short periods in many different practices. Try to get this underway as soon as you get an opportunity for work for a slightly longer period in one setting
- The area of Audit for revalidation is likely to pose the most significant challenges. Simple audits looking at processes of care are feasible e.g. around prescribing, record keeping, coding, investigations and imaging and referrals. The difficulty can be around –re-auditing after attempted changes as a mobile locum will not be able to assess changes within one practice only within his/her own work (in different practices).
- Significant event audits are sometimes difficult for GPs not based in one practice. Some can just be about personal learning-eg reviewing a late diagnosis and updating your knowledge, but many are more about systems and locums may struggle to engage in practice discussions about changing procedures and policies in a practice. Taking SEAs to a locum group can be helpful, and discussing

outcomes with at least one member of the practice can help formulate learning points and actions .

- CPD credits can be more difficult for locums, because of the need to demonstrate the impact of your learning. This will often have to be considered in terms of your own personal development, or perhaps through presenting a topic to a local locum group. Ultimately you may as a locum have to do more units of learning each with a smaller credit value, than a practice-based GP who is in a position, if they choose to do so, of carrying out a substantial review of some aspect service provision ,and thus gaining quite a lot of credit value from one activity.
- The current RCGP revalidation proposals set out the option, for doctors who find it very difficult to compile a conventional revalidation folder, of doing an approved knowledge assessment and a clinical skills assessment in place of clinical audits and significant event audits.