

Directorate of Clinical Quality  
**GP Appraiser Locality Support Meetings**

**North**

Date: **Wednesday 22<sup>nd</sup> June 2011**  
 Time: 7.00pm – 9.00pm (Evening buffet available from 6.30pm)  
 Venue: Dunston Innovation Centre, Dunston Road, Chesterfield S41 8NG

**South**

Date: **Tuesday 28<sup>th</sup> June 2011**  
 Time: 7.00pm – 9.00pm (Evening buffet available from 6.30pm)  
 Venue: Littlewick Medical Centre, 42 Nottingham Road, Ilkeston, Derbyshire DE7 5PR

**MINUTES**

Agenda Number	
1.	<p><b>Apologies</b></p> <p>Derek Spence, David Riddell, Avi Bhatia, Dominic Hewitt, Lesley Foskett, Binay Kumar, Ruth Hewitt, Jenny Redferne.</p>
2.	<p><b>Welcome and Introductions</b></p> <p>Carl welcomed everyone to the meeting and asked if everyone could introduce themselves and say where they were based.</p>
3.	<p><b>New Appointment Medical Director/Responsible Officer – Dr David Black</b></p> <p>David introduced himself as the new RO/Medical Director for the Derbyshire/Derby PCT Cluster. David explained he was originally a trained GP; however his most recent role was as Director of Public Health. David expressed his eagerness and commitment to working with everyone to get Revalidation in place and beyond.</p> <p>David was asked if he felt that as the Commissioning Board/Clusters continue to form will our area become less localised. David felt that we needed to make strong links now with other areas such as Performance/Applications/Complaints etc which should build and ultimately continue the local links.</p>

Agenda Number	
4.	<p><b>Revalidation Update</b></p> <ul style="list-style-type: none"> <li>• General</li> </ul> <p>Carl recommended that everyone reads the most recent documents of Revalidation and the evolving role of GP's. These documents are embedded in the Agenda for the Locality Support Meetings.</p> <ul style="list-style-type: none"> <li>• Medical Appraisal Guide (formerly known as Medical Appraisal Framework)</li> </ul> <p>Carl spoke of Significant Events which are part of the Appraisal process. GP's should be reminded that a significant event does not have to be a bad thing, it can be any event which has ensured they changed their procedures/practice etc. Carl recommended reading the Significant Events Guide for clarification. This information will be in the Newsletter, but also Lisa is happy to email the information out to appraisers.</p> <p>The Revalidation Support Team have updated their website with a Medical Appraisers Guide – this is a very interesting read should you get time.</p> <p>The next version (V6) from the RCGP is due out soon and is expected to be more specific to GP's including the Quality of Practice and is likely to be a mainly formative document.</p> <ul style="list-style-type: none"> <li>• E-Portfolio Toolkit</li> </ul> <p>There will be no uniform electronic toolkit that everyone will use. So far not one single tool can cover all areas and be suitable to cover revalidation. Whatever toolkit or source is used we will keep and expect to see the Form 3 &amp; Form 4 as best practice. Carl does not feel that we will see a definitive toolkit within the next two years.</p> <p>It was suggested that we could put generic templates on the website for appraisal education such as a template for audits etc. This was agreed as a good idea, but getting GP's to access it may be hard.</p> <p>The college have a toolkit at present which they are still improving. They are keen to get the functionality inline with standards and to be able to transfer data, attachments etc. It is not easy to navigate at present, but hopefully this will improve over time.</p>
5.	<p><b>GP Appraisal Annual Report</b></p> <p>Jayne gave us the highlights of the Annual Report. Jayne started by thanking all our appraisers for the sterling job they do for us under various pressures. This year we had a total of 560 GP's on our performers list.</p> <p>553 were appraised</p> <p>5 were genuinely deferred due to sickness/Maternity/Adoption Leave</p>

Agenda Number									
	<p>2 were non-engagers</p> <p>The 2 non-engagers were due to communication problems rather than a wilful desire to decline the appraisal process. This has caused distress to one of the two non-engagers so please tell us if you have any information or need any help with your appraisee's.</p> <p>Finance – the appraisal budget made financial balance.</p> <p>In previous years we have audited every 3<sup>rd</sup> appraisal form, however last year we audited every form. This was in response to the SHA guidance and showing we had quality assurance. Now that we are comfortable about where we are at, and can evidence our quality assurances, we will be reverting back to the 1 in 3 for audits.</p> <p>We had a 61% return rate for the appraisee feedback which is an increase on last year but not hugely.</p> <p>Complaints – We have had no formal complaints over the year.</p>								
6.	<p><b>Organisational Readiness Self Assessment (ORSA)</b></p> <p>We have a new benchmarking tool called ORSA, this is son of AQMAR. Lisa has sent everyone a copy for their information. Our target for appraisals is 100% - which we did not meet this year due to our non-engagers. We are however confident that we can show all processes in place to be ready for Revalidation.</p> <p>We have not declared any other areas of non-compliance with the minimum evidence sets.</p>								
7.	<p><b>Appraisal Position</b></p> <p>On reviewing the Form 4's &amp; PDP's there are some areas which are not being completed. The key areas are as follows: -</p> <p><b><u>Complaints (519 Reviewed)</u></b></p> <table data-bbox="337 1661 824 1808"> <tr> <td>Not detailed</td> <td>61</td> </tr> <tr> <td>No Complaints</td> <td>308</td> </tr> <tr> <td>Complaints received (any no)</td> <td>150</td> </tr> </table> <p><b><u>Additional Roles</u></b></p> <table data-bbox="337 1923 954 1957"> <tr> <td>Detailed in Form 4 &amp; PDP</td> <td>65</td> </tr> </table>	Not detailed	61	No Complaints	308	Complaints received (any no)	150	Detailed in Form 4 & PDP	65
Not detailed	61								
No Complaints	308								
Complaints received (any no)	150								
Detailed in Form 4 & PDP	65								

**Agenda  
Number**

Detailed in Form 4 or PDP	13
Not detailed	4

**Child Protection**

Evidence of discussion	336
Not Detailed	81
Not undertaken any training	100

The group discussed the legal requirements for Child Protection, and although differing sources detail differing refresher timescales, it does come down to professional accountability. CP sessions are funded through QUEST on a yearly basis but for Locum's & Sessional GP's there is a yearly course which is arranged by Sarah Bradley – this information can be accessed on the CPD website, but the dates are as follows: - CPR Booked for 12<sup>th</sup> April 2012 PM session. Child Protection/Safeguarding 23<sup>rd</sup> February 2012 all day. Lisa will also email out the Training Strategy Document for your information. Following discussions the Appraisers agreed to note what training undertaken or needed by an appraisee on the checklist which is completed and returned with the Form 4.

**CPR**

Discussed	325
Not Detailed	90
No Training Undertaken	102

Whilst checking Form 4's Lisa has noticed that there have been occasions where appraisee's are experiencing problems or troubles, whether they are personal or practice based. Please remind them that they can access Resolve at any time. Information & contacts were circulated for information. It is a confidential service which could be of great benefit to any of our GP's.

**• Information – Let us know**

Lisa appealed to all appraisers to ask that you keep us up to date with information and any problems you may be experiencing. We do not want to have non-engagers again like last year, who missed their appraisals due to communication breakdowns. Please tell us when you have dates booked in. If you would like to receive your allocation list as an excel file which you can edit and return please let Sian know and she will send this out for you.

**• Appraisal Checklist**

Lisa drew everyone's attention to the Appraisal Checklist, this has been received

Agenda Number	
	<p>by all appraisers and the appraisee version is currently being sent out. It gives all GP's an insight into what evidence will be required for Revalidation when it comes into place. Please use this information as an educational tool, to explain to appraisee's if for example they have minimal evidence that they would have to increase it to successfully pass revalidation. The checklist is not a requirement, but an informational tool to inform everyone what the minimum requirements for relicensing will be. Dr Tinker on behalf of the LMC raised some concerns about the use of a mandatory evidence set. Assurance was given that this was a development tool and would be used as such.</p> <ul style="list-style-type: none"> <li>• <b>Appraisee Feedback Questionnaire</b></li> </ul> <p>As mentioned by Jayne in the annual report update, we received back a feedback rate of 61% which is not great. To try to improve this we have shortened the questionnaire and also attached a freepost envelope. TO date the no of appraisals that have taken place equals the no of feedback sheets we have received, so we are starting off very positively. Please ask your appraisee's to fill them in.</p>
8.	<p><b>Personal Development Plans – Appraiser Role</b></p> <p>Of the above 20 who did not detail their additional roles, 16 of them were appraisers. It was agreed that appraisers would remember to include their appraiser role in both their Form 4 &amp; PDP, which ensures we are compliant with ORSA.</p>
9.	<p><b>Website – Profiles</b></p> <p>Lisa has received roughly 20 so far, thank you very much. They have all been very positive and informative. Please send yours in if you haven't already.</p>
10.	<p><b>Update on Colleague Survey and Patient Survey</b></p> <p>Sam Chatterjee has completed an excellent piece of work which explains the MSF tools available and their pros &amp; con's. It has been discovered that the GMC approve any of the MSF tools, purely advise which ones are appropriate for Revalidation.</p> <p>Sam has tried a number of tools some of which are better than others. Sam's document was embedded within the agenda, should you require another copy please contact Sian or Sam who will forward you one.</p>
11.	<p><b>GP Tutor Role</b></p> <p>The PCT has changed the way it commissions the GP tutors. We now request specific training at the start of the year and pay for this to be delivered throughout the year. This is a much more streamlined and cost effective way of providing specific training.</p>
12.	<p><b>Sharing Ideas</b></p> <ul style="list-style-type: none"> <li>• Drop Contact Details to your appraisees in a informal email introducing yourself, it breaks the ice and allows the communication to start</li> <li>• Put together a folder of useful forms, anything an appraisee may make use of or need on an annual basis – then all forms/information can be</li> </ul>

Agenda Number	
	<p>accessed at the appraisal meeting.</p> <ul style="list-style-type: none"><li>• If you are appraising for a 2<sup>nd</sup> year, keep a note of suitable days/time from the previous year – this helps with offering dates times but also make your memory look amazing.</li><li>• Steal others ideas – don't be precious about it, if it's useful; and will help you in your practice, make it work for you.</li><li>• Audits – compile a list of what GP's are auditing, this enables you to give ideas to an appraisee who is struggling – if appraisers would like to email good and/or useful audit information to Bidy/Lisa this will be compiled and put onto the CPD website as a resource.</li></ul>

## **Diary Date 2011**

### **GP Appraiser Update Training (Promoting Professional Development)**

**Thursday, 22<sup>nd</sup> September 2011, 8.45am – 4.00pm, B2net Stadium**  
(Chesterfield Football Ground), 1866 Sheffield Road, Whittington Moor,  
Chesterfield, S41 8NZ