

**Directorate of Clinical Quality
GP Appraisers Support Meetings May 2010
(North and South Localities)
Minutes**

Thursday 6th May 2010, 7.00 – 9.00pm Littlewick Medical Centre, Ilkeston

Attended

Dr Carl Egdell, Lead GP Appraiser (**Chair**)
Dr Magdy Abdalla, GP Tutor
Dr Bidy Connolly, Locality Lead Appraiser
Dr Juliette Cottrell, GP Appraiser
Dr Chris Holliday, GP Appraiser
Dr Dominic Hewitt, GP Appraiser
Dr Clare Bell, GP Appraiser
Dr Avi Bhatia, GP Appraiser
Dr Fraser Binnie, GP Appraiser
Dr Greg Crowley, GP Appraiser
Dr Lesley Foskett, GP Appraiser
Dr Arvind Mistry, GP Appraiser
Dr Amanda Portnoy, GP Tutor/GP Appraiser
Dr Jennifer Redferne, GP Appraiser
Jayne Stringfellow, Assistant Clinical Director
Dr Katherine Bagshaw, GP Appraiser
Dr Gail Walton, Locality Lead Appraiser
Dr Anne Tompkinson, GP Appraiser
Dr Mona Hannon, GP Appraiser
Dr Joanne Cartwright, GP Appraiser
Dr John Grenville, LMC
Dr Markus Henn, GP Appraiser
Dr Sudhir Ramchandran, GP Appraiser

Thursday 13th May, 1.00pm – 3.00pm, RRR, Scarsdale

Attended

Dr Carl Egdell, Lead GP Appraiser (**Chair**)
Dr Peter Stevens, GP Appraiser
Dr Rachel Tinker, GP Appraiser
Dr Louise Moss, GP Appraiser
Dr Elizabeth Crowther, GP Appraiser
Dr Rosemary Hickman, GP Appraiser
Dr Sudeep Chawla, GP Appraiser
Dr David Riddell, GP Appraiser
Dr Robert Suchett-Kaye, GP Appraiser
Dr Sam Chatterjee, Locality Lead Appraiser

1. Apologies, Introductions, & Welcome

Introductions were made and apologies received from Lisa Perry, Ilona Bendefy, Tom Humphries, Sheila Kinghorn, Helen Tallantyre, Gordon Jones, Graham Todd, & Brian Hands. Dr Egdell welcomed everyone to the meeting

2. Support for Struggling Doctors

Dr John Grenville noted that most health issues doctors encounter fall into two categories, Physical Health or Mental Health/Substance Misuse. Colleagues can equally be affected by the same issues. It is most important to identify whether a struggling GP is having problems in these areas. In a London support scheme for sick doctors, 90% of the work undertaken to help GP's is in the Mental Health/Substance Misuse area. The first question to ask is does the GP have any insight that they have a problem. Are they are struggling to keep up with reading results, completing referral letters? If there are indicators that a GP may be struggling, the Appraiser should probe this further, ask questions; try to open channels of communication offering support and advice. GP's should be referred as you would any patient. The BMA offers a Helpline and also run a charity to financially assist struggling GPs, this is called the Cameron Fund and the LMC donates to this.

If a GP states they have a health problem during their appraisal, the first question to ask yourselves is 'is there a risk to patients?' If there is, you HAVE to report it, if you don't it could have implications on your own registration. Either refers to the PCT and/or directly to the GMC – these organisations are not there to punish doctors but to help them get back to their planned careers. If the GP explains they are taking medication for a health issue, ask if they suffer any side effects and if so what

If a GP is suffering with a Mental Health/Substance Misuse problem, it is quite likely they will have no insight. It is the job of the appraiser to help them to realise they have a problem and to inform them that you will be taking steps to ensure that the matter will be investigated further.

If a programme of support is either recommended or is divulged to already be in place it would be advisable to speak to Jayne Stringfellow or James Gray in confidence and note the discussion contents on the Form 4 – this covers you should any problem or performance issue happen in the future.

Jayne Stringfellow explained the process at the PCT, that Health matters are tracked and that once an issue has been divulged in confidence to the Trust we will take that issue from you and refer to Occupational Health. All health matters are also brought to the Independent Contractors Performance Support Panel who will look for available support and help, they are not there to cause difficulty or lay blame.

It was made clear that should an appraiser hear of issues or concerns via a third party, the appraiser should note it in the Form 4, and note it was received from a third party. Jayne confirmed if it is recorded on the Form 4, the PCT will pick it up. As the PCT is effectively a GP Employer the Trust has a Duty of Care to appraisers and appraisees and can offer help and support should they be affected by anything they are told or hear in the course of their appraisals.

Please always talk to John or Jayne should you have concerns, they can support and advise and are here to be of help. Remember to consider if the supporting evidence is very sparse, is it the right time for an appraisal? If there is a problem, look at deferring the appraisal. Please notify the PCT of the deferment, GP concerned and reason for deferment – this is the appraisers' responsibility.

3. Communication Policy

Carl Egdeell and Jayne Stringfellow are working on a Communication Policy which will include information on engagement etc. Appraisers will be advised when it is completed and this will then be available on the Derbyshire CPD website.

4. Structure of the Locality Leads

GP Tutors were introduced to the group and Carl explained how to utilise them, they are there to be used, helping with educational advise and Clinical Governance with the PCT. They can help with funding applications for long term training.

The learning needs of appraisees used to be collated from the PDPs however this is time consuming and ineffective so the feedback form has been amended to include a learning need question. All GP's are asked to complete their 3 most required learning needs. These will then be collated and forwarded to the PBC's and GP Tutors on a quarterly basis to hopefully shape Quest Sessions etc.

5. Revalidation Update

It is realised that there will not be a 'big bang' date where revalidation is launched. It is more likely to just evolve. The existing Toolkit (as with all the others available) is not ready to support revalidation. The version developed by the RST is to be used as part of the pilot; it will not be used beyond that. At present we are not forcing the use of the appraisal toolkit, however if someone shows an interest in registering we are not discouraging them from using it (as for many it is very helpful for supporting development and reflection). There was a question where we were with CPD Credits Online. This procedure will not change as far as we are aware, we will accept forms from other areas as well as the CPD Credits, it is not necessary to complete your learning in terms of credits at this present time though this is likely what will be required for revalidation as proposed by the RCGP.

It was noted that if any GP works for DCHS at any time during the year, they have to sign to agree that they have completed CPR and Safeguarding training on a yearly basis. However Jayne explained that she had informed DCHS that we could not and would not ask appraisers to request proof of this at appraisal. This was up to DCHS to follow up.

It was queried whether this year was officially year 1. As the GMC and RCGP guidance say different things. It was felt that it was unwise to advise GP's that this was year 1 due to no clarification. We should however continue to encourage GP's to collect evidence; complete MSF and other supportive information etc and show a positive engagement in appraisal as we do already!

Carl was asked if there was any progress with remediation with regard to Revalidation. – There is as yet no agreement & no clarity on how it works in practice or who would pay for it. There is ongoing work to examine how this will work in practice.

6. Appraisal Position

The PCT are looking at investing in a new system called 21C. This is the same programme that Nottinghamshire County use at present although not to the extent we want it to work. This system will bring together appraisal, performance, complaints, feedback and all other supporting information to assist in the Revalidation process, giving the responsible officer all the information they need to make a well judged decision. This is involving significant time and resources, Lisa is making headway and we hope to have an agreement and system in place before September. Interestingly other neighbouring counties and PCT's are also now looking into the same programme.

In 2009/10 appraisers completed 561 appraisals
4 were deferred for a genuine reason
4 GP's were classed as non-engaging GP's which puts us very high up (if not first) in terms of PCT Performance

From 1st April 2010, Sian will be sending out acknowledgement (Via email) that Form 4's have been received complete and that you can delete your copies.

The DCPCT website for appraisers section will take time to get to the same level as the CPD site, so for the present time all minutes and future meeting dates will be put onto the CPD site.

Honorary Contracts were issued last week; you may have noticed that this has 2 amendments. The first being that the contracts are now issued every 2 years rather than yearly, and secondly that an Equality & Diversity statement has been added. If you require Equality & Diversity training, this will be available on the away day. There is online support available at Doctors.org, but also online help from DCPCT in due course.

Just a reminder that backfill has been agreed at a rate of £60 per hour.

7. Feedback / Issues

Carl will be sending appraiser feedback to you all in June, please reflect on the contents either good or bad.

Everyone was reminded that completed appraisal paperwork should be returned to the PCT within 3 weeks of the date of appraisal.

Information that the PCT includes in the end of year report incorporates appraisee feedback, appraiser feedback and the problems with chasing paperwork. We find the feedback information very useful and can identify when feedback is not received. We have a system in place to chase these 3 times to try to get completed forms returned. Please encourage your appraisees to complete the forms as soon after their appraisal as possible.

A member of the Revalidation Support Team will be attending and giving a talk at the GP away day on 30th September 2010.

Lots of appraisals fall into the last quarter. If appraisers agree with an appraisee to bring their appraisal forward, please **notify the office** so we can update the database to accurately illustrate which month appraisals take place.

Plas can any **appraisers who have their appraisal in March** please discuss with their own appraiser the option of moving it forward! (Many thanks).

Sian was asked to produce idiot proof guidelines to be sent via email with regard to the toolkit and digitally signing off the appraisals.

8. Multi Source Feedback

Carl explained that Sam Chatterjee was completing a list of good MSF Sites, both free and cost incurring sites. There is no definitive tool as yet. All appraisers will receive an email when this information has been completed to hopefully encourage uptake.

9. USB Sticks

In order to comply with the Information Governance Code which the PCT has to adhere to we have been looking at issuing all GP Appraisers with an encrypted memory stick. We thought this would be a simple request however as we require a large number the request has to be considered by the Information Governance Committee. It is likely that the request will be approved however only if all appraisers sign up to a specific statement on the use of the equipment. In essence appraisers would be required to complete all appraisal documents on the memory stick not on home or work PC's. We will confirm in due course how these will be issued should you want one.

Post meeting note

Sian received confirmation that the sticks can be issued as long as the GP signs that they agree and will adhere to the statement. Sian will email this statement out to all appraisers, if you are happy please print a copy, sign it and return it to Sian who will then supply you with a memory stick.

10 Useful Websites

There is a list of useful websites and information available from the PCT, if you have not received a copy and would like further information please contact Sian who can email you a copy.

11 Sharing Ideas

Biddy felt that the meetings were an ideal opportunity to share ideas, what works for you, what doesn't. How to get forms signed on time etc. Carl said we may be able to use a session on the away day to exchange ideas, but if everyone could have a think and if there are any ideas that you think would be useful to others, please mention it. This will be a standard item on all forthcoming Locality Lead Support Meetings.

November Locality Support Meetings

Chesterfield & North East Area

Wednesday, 10th November, 1.00pm – 3.00pm (Lunch available 12.30pm)
Trust Headquarters, Scarsdale, Nightingale Close, Off Newbold Road, Chesterfield S41
7PF (*Room to be confirmed*)

North West Area

Wednesday, 24th November, 7.00pm – 9.00pm (Evening Buffet at 7pm)
The Lodge, Whitworth Hospital, 330 Bakewell Road, Matlock, DE4 2JD

South West Area

Wednesday, 17th November, 7.30pm – 9.00pm (Evening Buffet at 7pm)
Swadlincote area – Details still to be confirmed

South East Area

Thursday, 25th November, 7.30pm – 9.00pm (Evening Buffet at 7pm)
Littlewick Medical Centre, 42 Nottingham Road, Ilkeston. DE7 5PR

Please let Sian Myers know which meeting you can attend via email
sian.myers@derbyshirecountypct.nhs.uk or Telephone 0115 9316153