



Warm greetings to Thames Valley GPs. It has been a time of change for the Appraisal Team as we lost our links with the western part of the South Central Region on 1st September. Dr Shahed Ahmad is now RO for Thames Valley, Hampshire and Isle of Wight and so we are aligning the processes that support appraisal and revalidation such as GMC Connect. There will be changes to the way we manage appraisal.

As Interim Appraisal Lead I am hugely grateful to the Appraisal Team in the office and the wonderful appraisers who deliver such a brilliant service and last, but not least, the superb Thames Valley GPs.

Happy Christmas

Honor

The good news is that appraisal is getting easier to prepare for and the feedback is that it is helping GPs in their work. Doctors are now more aware of what's required, appraisers are certainly feeding back that on the whole submissions are good and there is plenty of information available. The support we GPs get from appraisal can be significant. We have heard of doctors changing their roles, doing something additional, different or even taking up new hobbies or avenues of work as a direct result of appraisal discussions.

It's all in the preparation!

The last newsletter tried to help inform people in our area about the changes and highlighted 2 documents that are helpful summaries to refer to when preparing:

1. Appraisal Preparation Guide

2. ROAN Information Sheet 15; minimising paperwork

<https://portal.yhcs.org.uk/web/gp-appraisal/roans> numbers 1a and 15

- Keep recording things as you go along
- Use a toolkit and get the apps
- Fill in your pre appraisal section of your toolkit carefully reflecting on your year and thinking about how you would like to use your appraisal for the maximum benefit
- Let the office know of any change in your circumstances as soon as you know so you can be advised of how to proceed

Changed guidance from the GMC and RCGP

A summary of changes in guidance this year:

<https://www.guidelinesinpractice.co.uk/your-practice/key-learning-points-gp-revalidation-guidance/454292.article>

Good websites that help in preparation especially with specific questions...

NHSE revalidation site has all the detail you will need <https://www.england.nhs.uk/medical-revalidation/doctors/>

RCGP mythbusters helps with advice if you are stuck <http://www.rcgp.org.uk/training-exams/practice/revalidation/mythbusters-appraisal-and-revalidation.aspx>

NHSE South has formed a great website with lots of links <http://www.gpappraisals.uk/>

RCGP has done audio podcasts you can listen to <http://www.rcgp.org.uk/training-exams/practice/revalidation/appraisal-and-revalidation-support.aspx>

Advice for sessional GPs with particular emphasis on QUIP

<https://www.bma.org.uk/advice/employment/appraisals/appraisal-tips-for-sessional-gps>

Timing your appraisal so it fits with your revalidation date

You need to have had your appraisal at least 8 weeks before your revalidation date to give everyone time to check it and make sure you have been assessed as “revalidation ready”. Leaving it to the last minute will not allow this process to take place.

You can check this on the GMC website using your GMC number <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/gmc-online> do not go by the date on the toolkits e.g. Clarity, as they are often inaccurate

Pre- revalidation Appraisal – this is the appraisal directly before your revalidation. Usually it will be your 5th appraisal unless you have had time out for a particular reason. Revalidation can take place before your revalidation date. Sign off promptly to avoid delay

Don't leave surveys until year 5- ideally do them year 3 or at the latest year 4 so they can be discussed and reflected on and any issues ironed out in good time <http://www.rcgp.org.uk/training-exams/practice/revalidation/guide-to-supporting-information-for-appraisal-and-revalidation.aspx>

REFLECTIONS

Many of you will have seen the notice from the BMA that the court of appeal handed down its judgment reversing the erasure of Dr Bawa-Garba from the medical register and restoring the decision of the MPT (Medical Practitioners Tribunal).

Guidance from the GMC on reflection April 2018 ...

Appraisal is a supportive and developmental forum, giving you the opportunity to reflect on your professional practice over the past year. Reflecting on your supporting information and what it says about your practice will help you improve the quality of care you give your patients and the services you provide as a doctor. You will not meet our requirements by simply collecting the required information. Ongoing reflection on your practice is central to revalidation and should form part of the preparation for your annual appraisal. Your appraiser can facilitate further reflection, as needed, but it is your responsibility to demonstrate examples of your reflective practice.

Full document from GMC on supporting information required for appraisal...

http://www.gpappraisals.uk/uploads/4/5/8/5/4585426/supporting-information-for-appraisal-and-revalidation-march_2018.pdf

Being a reflective practitioner

Dr Honor Merriman writing in Guidelines in Practice (November this year) explores recent guidance on reflective practice for practitioners and students and how this supports learning and patient care.

‘There are no hard and fast rules on how to reflect’: Individuals see events differently and need to develop their own personal templates for capturing their thoughts about both the good and the less good events in their practice.

The process of writing down what has happened and what they feel about it is important; the act of writing crystallises thoughts and facilitates further ideas about what might need to be done in the future. Sharing ideas with colleagues can help necessary changes.

The article suggests that Appraisal is a great place to help with this learning and discussing it together can help identify things that might not have been noted just by writing up an event on one's own. This can also allow more ideas about future actions.

The Academy of Medical Royal Colleagues (AoMRC) has developed useful templates for reflection, check out the whole article for details and follow a worked example using this link

<https://www.guidelinesinpractice.co.uk/non-clinical-best-practice/being-a-reflective-practitioner/454403.article>

or follow the link to the actual article

[http://www.aomrc.org.uk/wp-](http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf)

[content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf](http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf)

Can appraisal play a major lead in highlighting local priorities?

Dr Raj Thakkar a GP in Wooburn Bucks is also Clinical Commissioning Director for Panned Care/ Bucks CCG Cardiac Lead and Thames Valley SCN LTC lead

Raj thinks that by discussing local priorities in appraisal we can help alert each other. This would increase the number of Quality Improvement Projects in these areas and in turn this would help us feel that we are all working together towards a common goal and of course increase our clinical effectiveness.

Could hypertension be your QI project for next year?

It has been predicted that <60% of patients in the TV area with hypertension have been diagnosed. In 2015/16 this equated to 235,200 patients with undiagnosed hypertension across the Thames Valley. Identifying more patients and treating hypertension could avert 100s of strokes and MIs.

- We need to increase identification of hypertension to target (24% of the population)
- We need to treat those patients to a target of 140/90

Raj is currently developing a resource pack and is promising a competition for the most effective change demonstrated by a practice in the area. r.thakkar@nhs.net

Low volume of Clinical Work

NHSE has recently produced guidelines

http://www.gpappraisals.uk/uploads/4/5/8/5/4585426/supporting_doctors_who_undertake_a_low_volume_of_nhs_general_practice_clinical_work_06_2018.pdf

If working less than 40 sessions a year there is a use the structured reflective template in the document in the link above.

If you do less than full time work you still need 50 CPD credits in a year.

If you have done no clinical work in the past 12 months.

Use the exemption form if you don't need an appraisal at all because you have done no clinical work in the last 12 months and notify the office using the exemption form

Having a Sabbatical or Maternity Leave – please let the office know via the exemption form. It may affect your appraisal date.

Absent from the UK for more than 24 months you will be removed from the performers list and then apply on return via <https://gprecruitment.hee.nhs.uk/induction-refresher> through the I&R scheme

Keep in touch If travelling or living abroad please make sure you give the office a correct e mail and telephone number so they can keep in touch if necessary.

Wanting to change the month of your appraisal- you can't officially do your appraisal after the last day of the month you have been allocated so please apply for a postponement.

Surveys still cause the majority of problems in appraisal.:

The GMC requires that a doctor should undertake a minimum of one patient and one colleague feedback survey in a 5 year revalidation cycle. These should cover the doctor's entire scope of work. The GMC would expect a doctor to repeat a survey within the same cycle should there be a significant change in scope of work such that the old survey

is no longer applicable OR if the first survey indicates that significant changes needed to be made to improve a doctor's performance in an area. **As a guide, results that are more than 2 standard deviations from the mean are considered outliers and should prompt reflection and action.**

Surveys should be accompanied by a self-assessment and be benchmarked against other doctors in a similar role.

The survey tool and the manner in which it is processed should comply with GMC Guidance. GMC guidance is the collation of the results should be fully independent of the doctor. For clarification the Responsible Officer has confirmed that the practice manager or other member of the practice team is not considered to be independent to the GP. This is in line with RCGP Guidance which states surveys should be collated by an approved external survey organisation.

Best practice is for colleague feedback to be collected electronically and for patient feedback to be collected on paper. This is to avoid excluding certain patients from responding and is in line with equality and diversity best practice. Rarely GPs will work with patients who all use on-line communication the whole time and can get contemporaneous feedback from sequential patients and in this case online surveys can be used.

The following survey tools have been validated in primary care and are acceptable to the Responsible Officer. Other tools may be acceptable but please discuss with the Appraisal Lead before undertaking them.

Surveys do vary in the minimum number of patients or colleague responses required for completion and benchmarking being completed. As their benchmarking has been approved by the GMC these variations are permissible.

The RO and Lead Appraiser realise that this is not always easy for some GPs and will consider accepting surveys with a lesser number of respondents where a genuine attempt has been made to reach the required number, the responses received are representative of the doctor's scope of practice and there is clear evidence of reflection and learning from the outcome. The appraiser will use their professional judgement in such cases and should seek advice from their Senior Appraiser, the appraisal lead or RO before accepting such a survey as being valid or not.

Where a GP has a portfolio of roles, it may not always be appropriate to use the same survey tool for all roles. GPs may additionally include smaller or more frequent feedback surveys from their other roles that may not meet the GMC requirements but do demonstrate reflective practice.

Edgecumbe health

PSQ – Will convert on 17 patients and can bench mark at this level of responses, psychometric properties of this questionnaire they claim are validated and approved by the GMC.

MSF – Will convert at 12 responses – 6 of which must be peers/clinicians, 6 from support of other roles

Fourteen Fish

Very much follows GMC Guidance and a doctor can use the GMC questionnaires which they will collate.

PSQ – 34 Patient Responses required

MSF – Can close at 12 under special request but usually 15 required. Fourteen Fish states 50% of responses should be from clinical staff.

Clarity

Clarity state that the RO is allowed to decide on the number required for both PSQ and MSF responses and this varies as a result from area to area. In the NHS South (South Central) it is:

PSQ – 34 patient responses

MSF – 15 colleague responses required to benchmark. No differential is made between medical/admin staff with numbers being required.

cfep UK Surveys

Another approved survey supplier.

PSQ – 28 patient responses required for benchmarking to be calculated.

MSF – 12 colleague responses required to benchmark. No differential is made between medical/admin staff with number required.

Notes from the office

england.tv-appraisals@nhs.net

Analysis of the calls and emails coming into the office has shown that many of the queries could be solved by looking on the GMC website or discussing a case with the senior appraiser. Much of the information needed is readily available and to help manage queries we are creating a webpage to host this. The office workload for the next few months will focus on managing appraisal arrangement queries and we shall direct other queries to senior appraisers

For non-payment of invoices and other queries relating to payment please email scwcsu.tvgpappraisal@nhs.net directly

If your query is about revalidation please re-direct your email to england.tv-revalidation@nhs.net

NHS England does not administer the Clarity toolkit. Any queries relating to Clarity must be directed to their helpdesk and **not** to the Appraisals Team. Please either email doctors-appraisals-enquiries@clarity.co.uk or 'phone 0845 1137111

Newsletter by Dr Helen Warwick
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If you would like to contribute to the newsletter or to give feedback then please let me know or reply to Honor on email below.

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