

Appraisal and Revalidation GP Newsletter—September 2019



Welcome to the Appraisal and Revalidation for August 2019. This newsletter is very much part of sharing good practice, information about events and anything you feel your fellow colleagues should know about in the Midlands area. If you have any questions or comments, please contact: England.revalidation-support@nhs.net

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NHS England Reorganisation—Designated Bodies

The next stage of the NHS England reorganisation has now taken place and you will have received emails recently explaining this process to you. Although you will notice no difference to your appraisal and revalidation processes, you have now been realigned to your new Designated Body.

Depending on where you work the two new Designated Bodies, which have been formed from the North Midlands, are NHS – Nottinghamshire & Derbyshire and NHS – Staffordshire, Shropshire, Hereford & Worcester. At the present time there is no change to your Responsible Officer, this remains as Dr Ken Deacon, and your contact for the Appraisal & Revalidation Team and the Professional Standards Team remain the same.

We will keep you updated as and when there are further changes, but in the meantime if you have any questions or concerns please contact us.

Medical Appraisal: Feedback from GPs in 2018-19

A report has been published by NHS England which provides good evidence that medical appraisal is valued by GP's in England. GP's have reported that whilst appraisal preparation can be onerous at times, appraisal meetings have made a difference to personal and professional development and patient care. A full report can be accessed via the link below.

<https://www.england.nhs.uk/medical-revalidation/appraisers/medical-appraisal-gp-feedback/>

TIP– If you are worried about how long it takes you to prepare for appraisal, contact us or ask your appraiser about the Soft Reboot which makes appraisal preparation much quicker and simpler.

Support for locums and doctors in short-term placements

The attached guidance is directed towards all doctors (primary and secondary care) who locum or work within health organisations for short-term placements.

This is a practice guide for healthcare providers, locum agencies and revalidation management services (NHS England 2018) and highlights ways that you will be supported to provide the safe provision of healthcare as a valuable member of the workforce.

https://www.england.nhs.uk/wp-content/uploads/2018/10/supporting_locums_doctors.pdf;

RO Prize for Quality Improvement Award

We all need to demonstrate Quality Improvement Activity in each appraisal. We are delighted to see some great ideas shown in our appraisals. The simplest ideas are often the best. If it is a good idea, big or small, as long as it is inspirational and effective, it will be considered. The attached document includes further information and a template for nomination.



Updated Safeguarding Children and Adults Training Guidance for GP's

GP colleagues are part of an integral team that is responsible for the safeguarding of children, young people and vulnerable adults. There has been a change in the guidance recently with the publication of two documents.

1. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019 (1)
2. Adult Safeguarding: Roles and Competencies for Health Care Staff. First edition: August 2018 (2).

The RCGP have also produced a useful summary for all doctors to refer to <https://www.rcgp.org.uk/clinical-and-research/safeguarding/national-standards-and-policies.aspx>

Safeguarding requirements are not set by NHS England, however the GMC require doctors to complete adequate safeguarding training; adequate is defined as 'consistent with the Intercollegiate Guidelines', and therefore changes whenever the intercollegiate guidelines change.

Each of the documents mentioned above sets out 'levels' of competence and knowledge required, and the training requirement to meet these.

In summary this is :

Adult safeguarding: Normal GPs are categorised as 'level 3'. The update training requirement is 8 hours over a rolling 3 years period

Child safeguarding: Normal GPs are categorised as 'level 3 with role specific additional knowledge, skills and responsibilities. The minimum update training requirement is 12 hours over a rolling 3 year period. (Page 32 of the guideline)

Therefore the total minimum training requirement for any GP is 8 hours for adult safeguarding, and a further 12 for child safeguarding. The College recognises that some of the adult and child safeguarding training may overlap so may count in both areas.

For GPs who are practice safeguarding leads, or who have other specific roles (designated or named doctors) the training requirements are greater, and are set out in the same documents.

The intercollegiate document states that “the learning should be multi-disciplinary and inter agency and delivered internally and externally”.

At your annual appraisal you should consider how you have maintained your knowledge and skills in relation to child and adult safeguarding and reflect on your future development needs. Your appraiser will be interested in your reflection on your learning and how that changes and influences your practice.

Doctors with leadership responsibilities may need to consider implications for staff and the RCGP guidance provides a useful summary of training requirements.



Benefits of becoming a Reflective Practitioner

Reflection is certainly a hot topic at the moment. Many doctors were shocked by the recent Bawa-Garba case and wrongly (though understandably) became concerned about including reflection in their appraisal portfolio.

The GMC, along with the eight other healthcare regulators, have published a joint statement on the importance and benefits of being a reflective practitioner - please see this link

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/benefits-of-becoming-a-reflective-practitioner/our-common-expectations-for-reflective-practitioners>

Reflection is something that we should all be doing in our daily working environment and not simply a function of appraisal.

You will recall earlier this year the Responsible Officer sent you information on the launch of the 'Soft Re-boot' of appraisal which reduces the requirement for reflection on every piece of CPD. It is the quality of reflection that is essential and the move towards reflective practice as a cultural shift.

Many of you will have attended the half day reflection workshop in each County which would have helped to give you more direction. There are also many ways to reflect, including your written reflection but also discussion with peers through formal and informal meetings. Some colleagues find social media may also be a facilitator for reflection-so long as there are no patient identifiable information shared and comments are always professional. See the piece below on a modern twist on reflection.

If you have any concerns or questions about reflection your first point of contact should be your appraiser. If they are unable to give advice they have access to the Appraisal and Revalidation Team or one of the Assistant Medical Directors

A Modern Twist on Reflection

First five groups are a brilliant source of support and group mentoring for GPs, and some lucky people find themselves in a group that goes on for many years. The benefits can extend beyond the professional group and family friendships and extended social networks are sometimes a wonderful by product. I know this first hand. I was lucky enough to have been in one.

Last year I appraised a younger GP who had found herself by pure luck in a small first five group of GP mothers, just through regularly meeting at the primary school gates whilst collecting their children. It worked brilliantly, they were from different practices all lived very local to each other and were managing many shared challenges. Unfortunately the groups activity had started to wane as two of the four were on maternity leave again and so we agreed that a great PDP challenge for her would be to try and "get the band back together again".

When I saw her a year later whilst reviewing her PDP she said that unfortunately it hadn't worked out. In subsequent discussion however she appeared to have found that a closed social media group of GPs was now fulfilling some of the functions previously served by the first five group. It occurred to me that what she was describing was reflective practice, albeit unconventional.

There is no doubt in my mind that reflection undertaken in communication with others is richer and more rewarding than solo contemplation, and although online discussion will surely be second-best, GPs with busy family lives could potentially find this forms part of their portfolio.

It is time for a word of caution though regarding potential hazards before joining online discussions. Most importantly, any characterisation of a group as a “closed group” may in fact not be entirely reliable. Quite apart from the hacking risks it has been known for group members to screenshot and “leak” information. Good moderation should also be a pre-requisite. (It is always safest to consider that anything you put online might eventually end up in the public arena, so no patient identifiable data and always be professional in expressing ideas and opinions, and best to steer away from groups where unprofessional comments are being passed around).

However, what I heard being described in that appraisal could definitely be described as reflective practice, and so I told her there was no reason why these “conversations” couldn’t legitimately form the basis of reflection in her appraisal evidence.

David Partridge
GP Appraiser and Appraisal Lead
NHS England and NHS Improvement (Midlands)

Forthcoming Events

If you would like to promote an event or are part of a group you would like to tell others about please contact the Appraisal Team and we’ll get it in the next newsletter due out in December

Mid-Career Planning Workshop - 13th November 2019 (with lunch from 1pm) 1.30pm to 4.30pm

Derbyshire GP Task Force and LMC are delighted to be developing, through the GP Aspire programme, support networks for GPs at all career stages. Whilst support is often available at the beginning of careers, opportunities to engage in a process of career reflection ten or more years into the job are less common.

You are therefore invited to a workshop which will give the opportunity to take some time out with colleagues to explore what you want from the next phase of your GP career and how this fits together with other aspects of your life.

You will also look at ways to manage energy and wellbeing, reflect on some of the reasons for mid-career dissatisfaction and identify workable solutions.

Facilitation will be by Alexis Hutson, who has been coaching and mentoring medical professionals for over 10 years and has been running her own independent coaching & mentoring practice since 2009.

If you would like to book onto this or similar event please contact the LMC directly on <https://www.derbyshirelmc.org.uk/events/9754>



New First 5 GP group in Derbyshire

Invite to all GPs who qualified in the last 5 years across Derbyshire:

Dr Henna Taimoor and Dr Eilise Brogan invite you to join Derby First 5. First 5 is an RCGP initiative, to support GPs in their first 5 years of qualification. In practice it is often groups of GPs meeting together to support/network and have educational sessions together.

Their first event was a social session at Derby Royal Hospital Education Centre on 18th September, where Simeon Rackham discussed the preceptorship scheme and other plans for First 5 in Derbyshire. Speakers are booked for the coming months so an education timetable will be available soon.

This is open to ALL GPs within 5 yrs of qualifying, you do NOT have to be an RCGP member.

Henna and Elise would like to chat to as many people as possible about what education sessions would be most useful and to see whether anyone else would be interested in creating a Derby First 5 committee.

If you would like to go along or if you would like to join the mailing list, please email: first5derby@gmail.com and please request to join the Facebook group https://www.facebook.com/groups/2986936704712944/?epa=SEARCH_BOX

Promoting Your Local Medical Committees

This month we highlight the good work of Derbyshire, Shropshire & Telford and Nottinghamshire LMCs. Find out all about Staffordshire LMC in our next edition

Derbyshire Local Medical Committee

Derby and Derbyshire Local Medical Committee (DDLMC) and the GP Task Force, Derbyshire connect Derbyshire GPs to a **wealth of free support, education and network opportunities available** thanks to funding from Derby and Derbyshire CCG, NHSE, DDLMC and HEE.

Information can be found on the comprehensive GP TASK FORCE website.

Support includes:

- 1:1 Careers advice including support for those changing roles
- Signposting to wellbeing, mentoring, leadership and mental health support
- Job brokering and help designing your perfect portfolio career
- Welcome to work mentoring for those re-joining the profession or new to Derbyshire
- Help for practices struggling, wishing to merge or looking to innovate

Free sessional GP education and networking via derbyshireeducationnetwork.com

Admin support, mandatory training and clinical leadership for locums resulting in safe, supported 'virtual practice' working via not-for-profit

If you are a **Newly Qualified GP** (CCT in the last 6-12months) you may be able to access our **GP PRECEPTORSHIP SCHEME** which offers mentoring and careers support. If you would like to find out more, apply for support, or have a 1:1 discussion with one of our GP leads please contact ddlmc.gptf@nhs.net.



Shropshire and Telford LMC

Shropshire and Telford LMC provides the core functions in representing local GPs. They provide advice and support to GPs in matters relating to their professional lives, including complaints, disputes and issues with other providers of care. Recent areas of activity include negotiation over non-core work, setting up of primary care networks and working towards the development of STP/Integrated Care solutions.

Currently the LMC is under-represented in Telford and GP's interested in joining the Committee should contact the Secretary.

The LMC supports the work of Paean, an organisation run by local GPs which provides education development and support to doctors.

The LMC also contributes to the Sick Doctor's Trust, Royal Medical Benevolent Fund and the Cameron Fund.

Contacts are:

Chair: Dr Simon Hodson simon.hodson@nhs.net

Secretary: Dr Ian Rummens ian.rummens@nhs.net

Nottinghamshire General Practice Phoenix Programme

In recent years there have been growing concerns about maintaining a sustainable workforce within general practice. Although the initial workforce concerns were primarily about GP recruitment and retention, these issues are now affecting the wider workforce. The Nottinghamshire General Practice Phoenix Programme was created in February 2019 to provide a single point of access for workforce schemes in Nottinghamshire. Various projects are being developed to help tackle the current recruitment and retention dip, as well as providing a 'go to' place for GPs who are looking to develop themselves.

There are nine schemes specifically aimed at GP trainees and GPs:

- Trainee Transition Scheme
- Preceptorship
- Fellowship Lite
- Special Interests
- Clinical Network Leaders
- GP Portfolio Plus
- Legacy Mentors
- GP-Consultant Twinning
- GP-S



For more information about the schemes, visit the Phoenix Programme website:

<https://www.phoenixprogramme.co.uk/>. Any trainee/GP who is studying/working in Nottinghamshire can access the schemes by completing the registration form on the website. You can also contact the Phoenix Programme on 0115 979 6918 or by email Info@phoenixprogramme.co.uk

Frequently asked Questions

What are the implications of not being appraised for 1 or more years? *It all depends on the circumstances – if the Dr is working and doesn't have an appraisal this is classed as non-engagement and could ultimately result in the GMC removing the Dr's licence. If there are exceptional circumstances – mat leave, sick leave, sabbatical then there are no implications as long as the exemption from appraisal is approved – the only issue may be if revalidation is due and the Dr hasn't undertaken an appraisal in the previous 12 months. In this case the revalidation would be deferred.*

Can a GP be appraised by Skype if abroad? *Skype appraisals need to be approved by us and are dependent on a number of things including whether sufficient sessions have been undertaken since the last appraisal, plans to return etc etc – so each case is considered on an individual basis.*

Does a GP have to come back to UK and work 40 sessions each year to be appraised? *Yes generally – although there are some instances when work can be completed remotely and this counts towards the 40 sessions*

Does the work abroad count towards the 40 session? *Only UK NHS GP work counts towards the 40 sessions. CPD / QIA / surveys etc would normally be UK based or at least relevant to UK practice – so for example training completed in Australia on diabetes in general would be acceptable, but training on how diabetes is handled in Australia would not*

APPRAISAL TEAM CONTACTS

Claire Gooder 0773 037 6424	Programme Manager Manages the admin team
Faye Donaghy 0756 843 1767	Senior Project Officer Supporting the Programme Manager
Gill Cotterill 01138 249560	Project Officer Leads on non-engagement
Gaynor Duffell 01138 248848	Senior Administrator Leads on appraisal allocations and all appraisal queries across Derbyshire and Nottinghamshire
Claire Beecroft 01138 255501	Senior Administrator Leads on appraisal allocations and all appraisal queries across Staffordshire and Shropshire
Angela Smith 011382 51195	Administrator Leads on appraisal invoicing and finance
Claire Stanley 01138 254604	Project Officer Leads on revalidation
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