



Royal College of
General Practitioners

Supporting doctors who undertake a low volume of general practice clinical work

The Royal College of General Practitioners was founded in 1952 with this object:

‘To encourage, foster and maintain the highest possible standards in general practice and for that purpose to take or join with others in taking steps consistent with the charitable nature of that object which may assist towards the same.’

Among its responsibilities under its Royal Charter the College is entitled to:

‘Diffuse information on all matters affecting general practice and issue such publications as may assist the object of the College.’

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Published by the Royal College of General Practitioners 2018
30 Euston Square, London NW1 2FB

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Low volume of clinical work structured reflective template (SRT)

The aim of this tool is to allow you to demonstrate with confidence that you are safe, up to date and fit to practise in your clinical role(s). You should use this tool if you do a low volume of general practice clinical work (defined as fewer than 40 sessions per 12 months), but you may also use this tool even if you do more than 40 sessions if you find it helpful. The tool highlights areas of risk and asks you to consider ways to mitigate those risks. Further guidance may be available from your responsible officer, the Royal College of General Practitioners (RCGP), the British Medical Association (BMA) and the General Medical Council (GMC).

	Factors affecting the perception of potential risk to patients for each scope of practice	Appraiser comments/narrative
Volume	<p>How many sessions of clinical work have you done over the last 12 consecutive months of clinical practice (or the period since your last appraisal)?</p> <p>Exclude any significant breaks such as maternity or sick leave.</p>	
Spread	<p>Is your clinical work evenly spread throughout the year or do you regularly have significant breaks (e.g. > 6 weeks)?</p> <p>Please describe your arrangements.</p>	
Previous experience	<p>How long have you been working as a qualified GP? What previous experience do you have?</p>	
Overlap in relevant experience with other roles	<p>Please describe any non-general practice clinical work, and any non-clinical roles, you currently have. To what extent do they overlap with your GP clinical role(s)?</p> <p>Describe any experience that helps maintain your general practice clinical skills.</p>	
Duration of low volume of general practice clinical work	<p>How long have you been working at your current low volume of general practice clinical work?</p> <p>What are your plans to continue to work at this low volume of general practice clinical work?</p>	

Factors affecting the perception of potential risk to patients for each scope of practice		Appraiser comments/narrative
Scope of practice	<p>What is the nature of your low volume of general practice clinical work?</p> <p>Do you carry out the full scope of undifferentiated general practice clinical work or is your general practice clinical role in any way restricted?</p> <p>If your general practice clinical work is restricted, what safeguards are in place to ensure that you are not asked to do clinical work that you have not kept up to date?</p>	
Benchmarking, integration and support	<p>Are you able to compare your own clinical practice with that of your peers?</p> <p>For example:</p> <ul style="list-style-type: none"> ● Do you receive organisationally generated data on your clinical activity that compares you with your peers? ● Do you meet regularly with your peers to discuss your clinical work? ● Do you have easy access to support and advice from your peers (either through work or through networks outside work, e.g. learning groups)? 	
Personal approach to clinical risk management	<p>How do you limit the impact of your professional working arrangements on clinical risk to your patients?</p> <p>For example:</p> <ul style="list-style-type: none"> ● If you work to a restricted scope of clinical practice, what arrangements do you have in place to stay within the boundaries of your competence? ● If you move around, what actions do you take to ensure that you have access to adequate induction and systems information? ● How do you report significant events in the organisations you work in? ● How do you ensure that you are informed promptly of complaints and significant events in which you are named or involved? 	

Factors affecting the perception of potential risk to patients for each scope of practice		Appraisee comments/ narrative
Continuing professional development (CPD)	<p>How does your approach to CPD help to ensure that you remain up to date across the whole scope of your clinical work?</p> <p>How well does your CPD give you an ongoing exposure to the breadth of your potential caseload, such as to mitigate any reduction in experience?</p> <p>Do you access any vicarious clinical exposure, such as through peers, learning groups or social media discussion forums?</p> <p>How do you access up-to-date, authoritative factual information about clinical issues most of the time? Do you have access to peers on site? Do you have access to authoritative online information?</p>	
Personal development planning (PDP)	<p>Going forward, what actions do you feel are necessary to support your development and ensure that you retain your competence across your whole scope of clinical work?</p>	

Overview

This guidance provides a framework for the support and management of doctors who are undertaking a low volume (defined as fewer than 40 sessions per annum) of general practice clinical work. There are three areas of focus intended to achieve a consistent, transparent and supportive approach for GPs across the UK:

- 1 Setting out the professional responsibilities of a doctor undertaking a low volume of general practice clinical work
- 2 Defining a threshold for the definition of a low volume of general practice clinical work and a template for the subsequent discussion during appraisal
- 3 Providing support for doctors undertaking a low volume of general practice clinical work and those appraising them.

This guidance is the product of collaboration with input from key stakeholders, including responsible officers, the RCGP, the BMA and the GMC. It is intended to provide clarity and reassurance to doctors with regard to their professional requirements when undertaking a low volume of clinical work and to aid those appraising such doctors. There are significant benefits of adopting a consistent approach across the UK, supporting the management of doctors working across geographical boundaries and reducing duplication of effort.

All stakeholders are keen to promote the appraisal system as a supportive and formative process that should help all doctors to demonstrate their continued competence and plan their professional development. To this end doctors are encouraged to discuss openly their professional aspirations and to incorporate appropriate professional goals in their PDP.

The professional responsibilities of a doctor

All doctors have a professional responsibility to maintain their skill sets and knowledge bases to ensure that they remain up to date and safe to practise.

In the absence of any significant concerns, doctors who provide supporting information consistent with their scope of practice, as required by the GMC and recommended by their royal college or faculty, and reflect on it in their annual appraisal will demonstrate that they are up to date and fit to practise and enable their responsible officer, or suitable person, to make a positive recommendation to the GMC about their revalidation.

GPs who are undertaking a low volume of clinical work may lose confidence and need support to assure themselves that they remain up to date and fit to practise in their clinical work. Their annual appraisal provides an opportunity to get that support and reassurance.

Where GPs cannot demonstrate that they remain up to date and fit to practise in their clinical work, even with appropriate support, they should relinquish that part of their scope of practice.

Why define a threshold for a low volume of clinical work?

There is no guidance or regulation that currently provides a figure for a minimum number of clinical sessions below which further reflection should ordinarily be required to provide assurance that this clinical work can be provided safely both for the doctor and for patients. This reflects the complexity of general practice and the multiple factors that may need to be considered including the relevance of other aspects of the scope of practice. The relevant stakeholders have agreed that it is necessary and appropriate to support a consistent and supportive approach to define a benchmark for a low volume of clinical work. It has been agreed that this threshold should be set at 40 sessions of clinical practice for undifferentiated general practice. GPs providing 40 clinical sessions or more per 12 months do not need to reflect further upon their safety purely for reasons of volume of work.

The purpose of this threshold is to act as a trigger for reflection and discussion taking into consideration the circumstances and the doctor's personal development goals. It is explicitly not a pass or fail threshold for the doctor. It is a threshold triggering a process of structured reflective practice for the doctor and support and discussion during annual appraisal.

A consistent, transparent and supportive approach

An explicit framework for reflection and discussion has been designed by the stakeholders to be used in the appraisal of doctors who work fewer than 40 clinical sessions a year. The reflection and discussion should reassure the GP, and the appraiser, of the ability of the doctor to provide safe, good-quality care for patients by considering:

- 1 Patient safety
- 2 Support for the doctor to retain and develop their skills across their clinical scope of practice
- 3 Actions to enable the doctor to flourish within their clinical scope of practice.

This approach focuses on supporting the professionalism and insight of the doctor.

Use of the low volume of clinical work SRT in annual appraisal

- 1 During the annual appraisal, the GP should declare that they have worked fewer than 40 clinical sessions in the 12 months since their last appraisal (or pro rata).
- 2 The GP should include within their discussion of their scope of practice a low volume of clinical work SRT to demonstrate their reflection on their continued ability to provide safe, good-quality patient care in their clinical role, or roles.
- 3 This low volume of clinical work SRT should form the basis of a professional discussion with the appraiser.
- 4 The appraiser should make a record of the reflective discussion relating to the low volume of clinical work SRT in the appraisal summary. The reflection and discussion should provide appropriate supporting information to allow the appraiser to make affirmative output statements at the end of the appraisal.
- 5 In the rare circumstance that the reflection and discussion does not provide immediate reassurance that the GP is able to provide safe clinical care, relevant output statements will be disagreed, an explanation must be given and any issues addressed through appropriate PDP goals. In these cases, the responsible officer will need to be informed. In extreme cases, the GP will need to relinquish their clinical practice.

The factors to consider in the low volume of clinical work SRT

The low volume of clinical work SRT sets out the following criteria to look at relevant factors and the provision of support for the doctor:

- 1 Volume of work in the scope of practice (over 12 consecutive months)
 - GPs performing higher volumes of clinical work (closer to the 40 session threshold) are likely to present a lower risk of raising safety or quality issues than those doing less.
- 2 Spread of clinical work (i.e. breaks)
 - GPs performing low volumes of clinical work that are well spread over a 12 month period are likely to present a lower risk than those taking significant complete breaks within a year.
- 3 Previous experience
 - GPs with long pre-existing clinical experience in the current scope of clinical work are likely to present a lower risk than those with little accumulated prior experience.
- 4 Overlap in relevant experience from a different role
 - GPs having significant additional scopes of practice outside general practice clinical work but demonstrating parallel skill and knowledge requirements (e.g. accident and emergency work, RCGP examiner roles) are likely to present a lower risk than those who do not.
- 5 Duration of period of low volume work to date and in the future
 - GPs in their first year or two of low volumes of clinical work are likely to present a lower risk of having deskilled than those who have been doing low volumes for a longer time.

6 Nature of general practice clinical work

- GPs providing more differentiated general practice clinical work, with a narrower scope of practice to keep up to date, are likely to present a lower risk than those with broad, undifferentiated clinical work – providing that they are able to restrict the scope of their clinical work at all times. For GPs, any significant period spent doing a restricted scope of clinical work would put them at higher risk if they were suddenly asked to return to undifferentiated clinical practice.

7 Integration and benchmarking and access to support

- GPs having ready access to educational and mentoring support and to local benchmarking parameters (e.g. referral comparisons, prescribing benchmarks) are likely to present a lower risk than those working in relative isolation.

8 Personal approach to clinical risk management

- GPs demonstrating an awareness of the potential risks of doing low volumes of clinical work and taking action to mitigate these are likely to present a lower risk than those who do not.

9 Continuing professional development

- GPs undertaking targeted CPD relevant to their whole scope of clinical work to compensate for their lack of experiential learning are likely to present a lower risk than those who do not.

10 Personal development planning

- GPs constructing a personal development plan that specifically addresses any concerns or having a broad ranging personal development plan consistent with their scope of work, including their clinical work, are likely to present a lower risk than those who do not include appropriate PDP goals.

GPs should consider these and any other pertinent factors for themselves. The discussion in the appraisal should help support the doctor to put in place appropriate mitigating interventions (if necessary) to help them achieve their goal of continued safe clinical practice. These mitigating interventions should be agreed with the appraiser and form part of the doctor's PDP.