

**Welcome to the latest edition of Revalidation Matters for NHS England, South (South West)**

### **Revalidation update**

We would like to take this opportunity to say a big thank you for all of your hard efforts and dedication to the appraisal and revalidation process.

- In the past year we have recommended 1037 doctors for revalidation
- We have deferred 44 (the lowest % rate for the south of England)
- 2 doctors have failed to engage, both of whom have now left the performers list.

### **Important News:**

Over the summer RMS will switch on an automatic email to doctors whose appraisal is due in 2 months. You will get a reminder if your appraiser has not entered a booked date of the appraisal system.

If there are exceptional circumstances why an appraisal date needs changing (maternity leave, health etc) please inform the admin team to stop these emails.

### **The New MAG 4**

For a copy and guidance on changes of the new MAG please see our website <http://www.gpappraisals.uk/mag-form.html>

### **Clarity**

If you notice that you have the incorrect appraiser matched to you on Clarity, please contact the Clarity team directly on 0845 113 7111 or [doctors-appraisals-enquiries@clarity.co.uk](mailto:doctors-appraisals-enquiries@clarity.co.uk) and they will be able to rectify this for you. Please could you ensure that you are aligned to the correct appraiser.

## Resilience and Appraisal

Nearly everyone agrees that GPs are currently working under more pressure than ever before, and we are certainly aware that many GPs struggle to cope with the strain. Many things contribute to this – constant changes, shifting goal posts, increasing expectations from our patients, increasing complaints, negative press, criticism from politicians, increasing workload, etc etc.

Resilience is something that is being talked about for doctors, and can help us to deal with some of these pressures.

I used to wonder if resilience was something we were born with (or not), or that we could acquire in early childhood if our upbringing was right, but it now appears that it is something we can learn, cultivate and foster throughout our lives.

Resilience can be defined in various ways. Here are 2:

- **Resilience** is a set of flexible cognitive, behavioural and emotional responses to acute or chronic adversities
- Psychological **resilience** is defined as an individual's ability to properly adapt to stress and adversity.

Doctors have a tendency to be competitive and achievement orientated. We are often self critical and perfectionist, and have an exaggerated sense of responsibility. We may feel we need to be needed or important. We can be demanding of others.

If we can help our appraisees develop their own resilience (and foster ours as well!) then this can be very helpful.

Resilience depends on 4 domains:

- Attitudes and skills. This includes:
  - Being self aware and accepting our imperfections.
  - Being tolerant of demands put upon us even if we cannot meet all of them
  - Finding our work interesting and meaningful
  - Being good problem solvers
  - Maintaining a sense of perspective
  - Seeing adversity as an opportunity for growth
- Healthy practices. These include:
  - Prioritising effectively, and having clear boundaries
  - Doing what we are good at and enjoy
  - Addressing CPD needs
  - Debriefing after difficult situations or experiences
  - Valuing and looking after ourselves – and having meaningful enjoyable activities outside work, including taking holidays and exercise, and looking after spiritual needs.
- The work environment:
  - Working in a well organised practice, with good dependable staff.
  - Having a workload that is manageable and over which you have some control.
  - Being part of a well functioning team
- Supportive relationships
  - Good support from peers and the wider team
  - Support from partner/friends/family – unconditional acceptance, someone to listen, someone to help me face and address problems, and people to let off steam with.

It is worth considering each of these areas for ourselves, and asking what we can do to strengthen some of them.

As appraisers we can help guide our appraisees, suggest areas where they may be vulnerable, or question which areas may need developing.

### **RCGP guidance**

The RCGP have issued new guidance on supporting information. We have attached a synoptic presentation about this – we are grateful to Dr Di Jelley, Appraisal Lead for NHS England (N) for the slides. The main changes are:

- No fixed volume of QIA now but the accent on driving reflection
- CPD– no impact, no doubling now, reflective note at bare minimum to accompany all CPD claimed
- Reflections on surveys count as QIA
- All scope of work to have some reflection every year, appraisers may facilitate the recording of a reflective discussion in the summary.

These are headlines only– please review detail on RCGP Website <http://www.rcgp.org.uk/>

### **Revalidation Assessment for Doctors without a Responsible Officer**

This year the GMC have introduced an assessment as part of the revalidation for doctors who do not have a connection to a Responsible Officer or Suitable Person. This is relevant for those doctors who are not meeting Performer list requirements and who are considering resigning from the Performer list. Doctors will choose a multiple choice knowledge test (from a selection of 12) that best matches their current practice. The assessment will cost £1,100. These doctors are now required to pay £250 for the annual return.

### **Confidentiality Statement**

Attached to this newsletter is a position statement on the confidentiality of appraisal summaries. Different parts of the South region have had differing stances on this area– until now. As you may be aware, certain individuals can access appraisal summaries for specific reasons. The attached statement clarifies who has access in our area. This is particularly relevant if you are based in the Somerset where uploading the whole portfolio has not been established practice in the past. This statement is being adapted by the national team for use across the whole of NHS England. Please find a copy attached.

### **Recruitment**

We have been overwhelmed with applications for the role of Medical Appraiser and have shortlisted 38 candidate for interview. These interviews are took place at the end of June and beginning of July, with new appraiser training happening in the Autumn months for the successful candidates.

### **Where to meet for appraisals**

We expect appraisals to occur normally in a place of work– be it the appraiser's or appraisee's surgery. On occasion the venue can be the home of either party as long as both the Dr and the appraiser feel comfortable with this. Please note, though, the admin team can book rooms in NHS premises for you if you anticipate difficulties.

## Guidance for Appraisers on Appraisal Inputs

You may be interested to know what your appraiser is looking for in an appraisal: Appraisal inputs are the information that the doctor submits in their appraisal portfolio that demonstrates they are fit to practise across the whole scope of their work.

### Scope of Work

Supporting information (CPD, QIA, Colleague and Patient feedback etc. with reflection on each item) should be provided for **all the roles** but not necessarily every year during the revalidation cycle if the role is quite minor. The doctor should also include details of the other roles (esp. contact details, to enable the RO to access further information or concerns if necessary) and any review they have in these other roles (e.g. an in-house appraisal or review, completion of the structured reference).

It is important that a doctor declares all their roles that they undertake as a doctor even if they are small or occasional roles. If during the appraisal it becomes apparent that there are other roles that have not been included it would be appropriate not to sign off the appraisal to allow time for the doctor to add in further information afterwards. Of course if it is apparent before the appraisal meeting the appraiser could ask the doctor to add in information beforehand.

Some roles where the doctor does not have appropriate managerial input (and in some that do!) a doctor may struggle to submit an in-house review or a completed structured reference. In these circumstances it would be appropriate to accept the doctor's reflection on how they keep up to date and assure themselves they are fit to practise in this role e.g. demonstrating adherence to conditions stipulated in membership of a Society; reflection on achieving a balanced CPD portfolio for this role over 5 years.

As a **minimum** the doctor should provide this individual reflection annually (and include details of their CPD in this role) and demonstrate how they would achieve feedback in this role. This could also be included in the PDP.

### Volume of work

While there is no longer a specific number of sessions required to undertake in a role (including a clinical role) a doctor who is undertaking a smaller volume of work in an area may need to specifically reflect on how they remain up to date and fit to practice in that role.

This is especially important if a doctor carries out fewer clinical sessions. It may be that a higher proportion of CPD needs to be submitted for this clinical role than would be expected from the sessions undertaken.

You may need to have a specific conversation with the doctor when the volume of work is low and address how the doctor remains fit to practice. You should have a lower threshold for discussion with your senior appraiser who may raise this at the next RAG meeting.

If you have concerns about the suitability of supporting information from outside the UK and how this can be validated, please raise it with your senior appraiser who will discuss this with the revalidation team and the RO.

## **Guidance for Appraisers on Appraisal Inputs Continued...**

### **Doctors working abroad**

Some doctors complete very few sessions in the UK while they are working abroad in a clinical role. Some of these doctors only return to the UK to complete a handful of sessions and to have their appraisal.

It is now appropriate to consider supporting information achieved while working as a GP abroad, providing this complies with GMC requirements and is accompanied by adequate reflection. It should also be verifiable and relevant to the doctor's practice in the UK so should relate to work in a healthcare system broadly comparable to the NHS.

## **www.gpappraisals.uk**

Our website covering the whole SW team is now housed in one place- please have a look and don't forget to signpost it to colleagues. Please let us have any suggestions for improvements.

Please click on the following link to see what's new on our appraisal website...  
<http://www.gpappraisals.uk/whats-new.html>

## **CQC and Appraisal**

We have received various reports from the appraiser support meetings of CQC inspectors requesting to see appraisal documentation. Please note, you are under no obligation to show them this information.

## **Indemnity**

In section 13 of MAG version 4 there is a section on indemnity. Your appraiser will ask you whether you have suitable indemnity to cover full scope of work before ticking this box. Please note, we advise doctors not to stop their indemnity whilst on maternity leave or Sabbatical as this can sometimes lead to an increase in charge.

## **And Finally.....**

A big congratulations to our North Devon Appraiser Robin Buckland on his recent MBE for his children's charity work.

Please find below the contact details for all Medical Appraisal Team staff members:

### Medical Appraisal Team contact details

#### Appraisal Leads:

Dr Peter Saunders - email: [peter.saunders2@nhs.net](mailto:peter.saunders2@nhs.net) or tel: 0113 824 7466

Dr Jill Millar – email: [jill.millar@nhs.net](mailto:jill.millar@nhs.net) or tel: 07928 322447

Dr Peter Wood – email: [p.wood2@nhs.net](mailto:p.wood2@nhs.net) or tel: 01647 433320 (work) or 07905 093877

#### Appraisal and Revalidation Manager:

Lynne Bradshaw - email: [lynne.bradshaw2@nhs.net](mailto:lynne.bradshaw2@nhs.net) or tel: 0113 824 8951 / 07976 961909

#### Administration team:

##### North:

Generic email address: [England.gpappraisalsw@nhs.net](mailto:England.gpappraisalsw@nhs.net)

Maria Campus - tel: 0113 824 7466

Lesley Phillips — tel: 0113 824 8819

##### South:

Generic email address: [England.gpappraisalsw@nhs.net](mailto:England.gpappraisalsw@nhs.net)

Lesley Phillips – tel: 0113 824 8819

Sarah Appleby - tel: 0113 825 3145

Vanessa White - tel: 0113 824 8806

\*\*\*\*\*

***For any performance concerns***, please contact

Dr Liz Thomas (Deputy Medical Director) [liz.thomas2@nhs.net](mailto:liz.thomas2@nhs.net)

Tracey Cabbage – Head of Professional Performance [tracey.cabbage@nhs.net](mailto:tracey.cabbage@nhs.net)

Emily Eason—Programme Manager for Performance [emily.eason@nhs.net](mailto:emily.eason@nhs.net)