RCGP Example Portfolio: GP with a Medico-legal Role

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Introduction

The RCGP has developed a range of example portfolios to demonstrate how GPs in a variety of professional contexts can demonstrate that they are meeting revalidation standards set by the GMC. The portfolios have been authored by RCGP Specialty Advisers, clinical experts on revalidation with specialist areas of knowledge. The documents should be treated as 'hypothetical' portfolios in that the supporting information contained, the GP and the GP's working environment are fictional.

These are not full portfolios, but instead contain samples of supporting information, with emphasis on items which are of particular relevance to the GP's role. Neither are they 'exemplar' portfolios. The Specialty Adviser, who provides commentary throughout, identifies where there is opportunity for the GP to develop their supporting information. The portfolios take a 'snapshot' of a portfolio at the end of the fourth year in a five-year cycle, enabling the Specialty Adviser to suggest any areas for the GP to concentrate on in the final year of their cycle.

Although the portfolios have been written by the RCGP Specialty Advisers, they do not represent the method by which advisers will give advice to Responsible Officers and others. Advisers will not comment on individual portfolios, and requests for advice will be made through the RCGP central helpdesk.

If there are specialty elements to the role, the RCGP would strongly advise that the GP refers to the guidance produced by the relevant College or Faculty.

The RCGP would like to acknowledge and thank the Faculty of Forensic and Legal Medicine (FFLM) for its input into the development of this example portfolio.

General information

This area is blank unless there is information specifically relevant to the subject GP.

At a minimum, relevant to the 12-month period prior to your last appraisal before your revalidation date.

1. Personal details

Title: Dr **First Name:** John **Surname:** Doe

GMC Reference Number: 007

2. Qualifications

Primary medical degree: MB BS

Qualifications: MRCGP

Specialty Adviser comments:

Has this doctor any qualifications that relate to the sub-speciality of medical law such as an LLM, a diploma in legal medicine, an MA in medical law or membership of an expert witness professional body?

3. Scope of your work

This area is blank unless there is information specifically relevant to the subject GP.

Please list the organisations and locations where you have undertaken work as a doctor.

Organisation	*Location*
Dr Brain and Partners	Harrogate Health Centre

Please provide a comprehensive description of the scope and nature of your practice.

I have spent on average one session a week as a locum in Harrogate Health Centre. In addition to this I spend most of my time working as a medico-legal expert. I do personal injury work as well as clinical negligence cases, criminal cases, professional conduct cases and advise coroners. For my personal injury work, I see clients in my home where I have facilities to perform a physical examination.

I am often asked by coroners to advise on circumstances leading to death in cases where there has been a perceived problem in the provision of primary care and as a result of these cases I work closely with the coroner and may appear in court to give oral evidence.

Over the past four years I have been contacted over five times by the police when they are investigating a case where the doctor is accused of criminal assault. These cases often involve accusations of inappropriate touching by doctors in the course of a clinical examination. My reports help the Crown Prosecution make a decision on whether to take the doctor to court. If they do so, I may be asked to appear as a witness in the court case.

I am on the panel of accredited experts used by the GMC. As a part of this process, I have registered with the information commissioner and given assurances to the GMC about the safe and confidential handling of documents. In GMC cases I am asked to look at complaints made by patients about their medical practitioners (almost always GPs) and provide an opinion on whether or not the doctor's conduct may have been seriously below a reasonable standard.

I am also instructed by solicitors in clinical negligence cases. As part of this work, I do screening reports, enabling solicitors to get a rough idea of whether or not their client may have a case. Following this, I may be asked to do a full report on liability. I am sometimes asked to also give a report on causation, condition and prognosis, although the causation part is usually done by a specialist. These reports very rarely if ever result in a court appearance because they are almost always settled outside of court.

I confirm that in these cases, I never pay referral fees and that I never work on a contingency basis (payment being based on the success of the case).

I have recently done work for the medical and devices agency who wanted my opinion on the probity of bringing thousands of tablets of Viagra into the country for alleged personal use.

I have also been asked in the past year to advise the Ministry of Justice on its proposals to limit the ability to claim for personal injury compensation for whiplash injuries.

Three years ago, I used to work for the MDU as an expert witness but ceased this work in order to concentrate on the work mentioned above.

Four years ago I worked as a medico-legal adviser for the MDDUS. I did this one day a week and ceased this job when I started my work as medical expert witness.

Specialty Adviser comments:

This seems an enormous variety of different roles. There are some high-quality organisations here that use quality control, e.g. the Crown Prosecution Service, the GMC and coroners. It would be good to see feedback from these people as part of the appraisal. I am also aware that people who work as expert witnesses for medical defence organisations are often in high demand by claimant witnesses so it is possible that he stopped being instructed because he was not very good and his comments below (regarding typographic errors) possibly bears this out. If this is true, his lack of reflection and insight is a little worrying.

4. Record of annual appraisals

This area is blank unless there is information specifically relevant to the subject GP.

Appraisal Year	*Appraisal status*
2012 - 2013	Not Submitted

5. Probity declaration

This area is blank unless there is information specifically relevant to the subject GP.

I have met the probity requirements as defined by either the GMC or the Academy of Medical Royal Colleges.		Date
I have met the health requirements as defined by either the GMC or the Academy of Medical Royal Colleges.		Date
I have met the insurance requirements as defined by either the GMC or the Academy of Medical Royal Colleges.		Date

Specialty Adviser comments:

It would probably be a good idea to mention whether this doctor complies with section 35 of the Civil Procedure Rules and practice directions and protocol (updated 2012).

Pre-appraisal documentation

One example of a pre-appraisal document is provided.

In preparation for your appraisal you should consider how you are meeting the requirements of the domains of Good Medical Practice. *This reflection will help you and your appraiser to prepare for your appraisal and will help your appraiser summarise the appraisal discussion. Sections 1– 4 and the declaration at the bottom are mandatory and sections 5–8 can be optional.*

General background/context

As a GP I try to keep a record of my learning needs and how I am meeting them. It is quite difficult to keep up to date as I do not do much clinical practice nowadays. In the fields above, I have set out the scope of my medico-legal work. I trained for this role by doing a Master's degree in the subject and found that I was fascinated by the opportunity for reflection and analysis that it offered me. I have made sure that I am properly trained in report writing and presentational skills and have sought formal feedback from those that instruct me.

I am currently struggling with the workload and have recently put my fees up in order to slow down demand. This has not worked.

I work without a secretary and two years ago started to become concerned by the number of simple grammatical and typographical mistakes, which had been creeping into my work. I now employ a proof reader and (with the benefit of a formal confidentiality agreement) I am much more confident about the quality of my work.

Aspirations/achievements/challenges

I am reaching the last few years of my career; my aspiration is to keep my licence to practise and concentrate on my medico-legal work over the next five years. With regard to my medico-legal practice, my aspiration is to cut down on the 'bread and butter' work I do and concentrate on the 'higher quality' work which has been screened by solicitors who are experts in their field. This means phasing out personal injury work.

Specific areas for discussion with your appraiser

How to keep up to date and safe whilst doing little general practice. How to fulfil the need for audit, multisource feedback and patient satisfaction.

With regard to my medico-legal work, my dilemma is how to keep the quality of work high and deal with the anxiety about turning work down. How not to work in isolation so much. Sorting out the life work balance with the practice. I would like to be able to offer my medico-legal expertise to the RCGP.

Have you been requested to bring specific information to your appraisal by your organisation or RO?

No.

Knowledge, skills and performance

My general knowledge and skills are recorded in the meticulous log I make in the RCGP Revalidation ePortfolio after each opinion that I have written. This means that I have clocked up over 200 hours of learning in the past year and this is a modest estimate. I recently went on a medico-legal skills update course for two days which included an analysis of an anonymised report and a mock court appearance. There was also an excellent discussion of the latest update to the Civil Procedure Rules.

I note that I have not done a colleague feedback in this area of my work for some time.

Safety and quality

Because of my extensive experience of what can go wrong and because of my good knowledge of NICE guidance and the importance of red flag symptoms and prompt referral, I believe that I am safe and offer a high-quality clinical service albeit very part time.

With regard to my medico-legal work:

I note that since I have been working with a professional proof-reading service, the numbers of queries coming back from instructing solicitors has dramatically reduced.

I have had several compliments on the clarity of my reports and the skill used in analysing the materials given.

Communication, partnership and teamwork

Medical report writing is a fairly isolated role with not much in common with other medical colleagues. It takes courage to decide that colleagues have made mistakes which could affect their livelihoods. It also takes courage to stand up to claimants and solicitors who aggressively want you to do something that you do not think is right. All this makes me feel fairly alone. I work with different solicitors, coroners etc. and often do not do enough work with an individual in order to build relationships. My medico-legal work is also making me feel more and more distant from my partners in the practice who do not understand my interest in this work and feel that it detracts from my involvement in the practice as senior, albeit half-time, partner.

Maintaining trust

It is vital to maintain integrity in this role and there are constant pressures to compromise this. A particular problem is solicitors asking you to waive your fee because the claimant was unsuccessful as a result of an unfavourable report or being asked to modify your report as a result of client dissatisfaction with what you have said.

I have worked hard on this and the most important thing that I have done in the past year is to produce terms and conditions of business that I send out on receipt of new instructions. Using a proof reader has also helped improve the accuracy of my work which therefore maintains trust in what I do.

Specialty Adviser comments:

What comes through are concerns about whether the doctor is doing enough clinically and issues relating to the quality of their medico-legal work.

It is always hard for part-time doctors to demonstrate the quality of their clinical work and this doctor should work with their appraiser to find ways of doing relevant audits, together with patient and colleague feedback on their clinical work.

I note the use of a proof-reading service. What arrangements have been put in place to give assurances about confidentiality?

There can be no compromises even though this doctor does not do more than 40 clinical sessions a year.

I note the concerns about the potential to have one's integrity compromised. This doctor is showing insight in recognising the problem. However, I would be happier if a coherent action plan was produced with SMART (specific, measurable, attainable, relevant and time-bounded) objectives – which would allow this doctor to demonstrate how he was moving towards his plan of increasing the quality of his work by taking on different cases.

The fact that he had problems with typographic errors could be considered to be a problem for an expert witness whose opinion is dependent on accuracy and the precise use of words.

It should be noted that although this doctor says that he wants to improve the quality of the work that he was given, the fact that he gave up working for medical defence organisations means that he may have had difficulties that he has not been open about or reflected on as this is usually regarded as high-quality work and it is possible that the MDOs stopped using his services for an undisclosed reason.

Being a nervous doctor is not the same as being a good doctor. Perhaps this doctor needs to audit his referral rate or prescribing behaviour to see if there is any objective evidence he can bring to this. This is a common problem for medical expert witnesses.

The fact that this doctor feels isolated in his medical work may also mean that solicitors and claims handlers are not coming back to him and this may possibly be a reflection on the quality of his work and may be worth exploring.

Keeping up to date

Continuing Professional Development (CPD)

Some key points about the RCGP credit-based system for CPD:

- The expectation is that GPs will collect at least 50 credits per year covering the full scope of their practice.
- Credits are self assessed and verified at appraisal.
- At its simplest, each recorded hour spent on a CPD activity, which can include planning, accompanied by a reflective record will count as a credit.
- A GP can double their points if they can demonstrate impact, i.e. that learning has resulted in positive change for patients, the service or others e.g. NHS locally or nationally.
- The RCGP Impact Toolkit describes the ways in which impact can be evidenced.
- The RCGP Revalidation ePortfolio contains a field in which GPs are required to record a comment if they have claimed impact credits. If no impact comments have been claimed in the examples below, this field will be marked N/A.
- A common query around conferences is whether these should be recorded as a single learning episode. We would suggest that GPs record the parts of the conference that they consider useful learning separately with the appropriate time factor, reflections and evidence. This will enable them to allocate impact credits to the relevant CPD entries.

Four or five examples of key learning activities are provided in each year (Years 1 to 4).

YEAR 1

CPD Activity 1

Type: **Start date:** **End date:**

Brief description of the activity
Reflective learning after writing medico-legal opinions.

Time: 25 hours **Impact:** No **Credit claimed:** 25

Impact comment
N/A.

Learning need addressed
Each opinion presents its own set of clinical challenges and clinical authorities have to be researched and documented. I have claimed 25 hours because I have included the learning from 10 opinions that I wrote about from which I identified my own learning needs.

Method used
I tend to focus on GP notebook and patient.co.uk as this is available to GPs in the consulting room and this references the appropriate NICE guidance. I keep a log in GP notebook and for each set of learning, I have reflected on how it has change my practice.

Outcome of activity
This makes me more confident in the consulting room.

Outline any further learning or development needs highlighted by the activity
This attention to detail makes me very cautious indeed and my GP colleagues think I refer too many people I suspect.

CPD Activity 2

Type: **Start date:** **End date:**

Brief description of the activity
Attended a resuscitation course run by the out-of-hours co-operative. This covered both paediatric and adult life support.

Time: 2 hours **Impact:** No **Credit claimed:** 2

Impact comment
N/A.

Learning need addressed
I need to keep up to date in this area for both in-hours and OOH work.

Method used
Hands-on teaching, practice on dummies for ‘kiss of life’ and cardiac massage, use of the defibrillator machine.

Outcome of activity
Gained certificate of satisfactory performance.

Outline any further learning or development needs highlighted by the activity
Find out where the defibrillator machines are kept in all the practices I work in.

CPD Activity 3

Type: **Start date:** **End date:**

Brief description of the activity
Expert witness, medical law and report writing skills update.

Time: 6 hours **Impact:** No **Credit claimed:** 2

Impact comment
N/A.

Learning need addressed
Subjected an anonymised report for peer review and critique. Also was tested on courtroom skills and subjected to hostile cross examination. Two-day course. Learnt a lot.

Method used
Run by solicitor with help from a barrister.

Outcome of activity
I'm now up to date with section 35 of the civil procedure rules and feel confident that I could cope with cross examination.

Outline any further learning or development needs highlighted by the activity
Need to understand how to market my services better.

CPD Activity 4

Type: **Start date:** **End date:**

Brief description of the activity
General GP Update

Time: 4 hours **Impact:** No **Credit claimed:** 1

Impact comment
N/A.

Learning need addressed
Attended a GP update course in Cambridge and given their handbook which I have used throughout the year.

Method used
Learnt that I needed to improve my knowledge of diabetes, which I then did with an online course (see certificate).

Outcome of activity
More confident in diabetes.

Outline any further learning or development needs highlighted by the activity
Would like to do this type of course more often because it tells me what I need to know.

CPD Activity 5

Type: **Start date:** **End date:**

Brief description of the activity
Invited to a medico-legal meeting by a UK-wide law firm to update on new developments in corporate manslaughter.

Time: 4 hours **Impact:** No **Credit claimed:** 2

Impact comment
N/A.

Learning need addressed
Thinking of applying for non-executive director post and, as a medico-legal specialist, I wanted to understand more about this.

Method used
Lectures based on a case discussion by solicitor and barrister.

Outcome of activity
It was not that interesting but helped me decide that a non executive role was not for me.

Outline any further learning or development needs highlighted by the activity

Specialty Adviser comments:

It was good to see the general update course there, otherwise there was quite a focus on medical law. No evidence of learning needs discovered whilst looking after patients. Not sure that the corporate manslaughter course helped him develop his skills as an expert witness.

YEAR 2

CPD Activity 1

Type: **Start date:** **End date:**

Brief description of the activity
Learning from medico-legal opinions.

Time: 25 hours **Impact:** No **Credit claimed:** 25

Impact comment
N/A.

Learning need addressed
This year I did 70 clinical negligence opinions and for each I studied a clinical condition and wrote notes. For 10 of them, I filled in a reflective template.

Method used
Using GP notebook and NICE guidance, I identified the conditions which I felt most confident about and wrote a reflective template.

Outcome of activity
I am trying hard to incorporate this learning into my clinical practice.

Outline any further learning or development needs highlighted by the activity
Will continue to look for new learning needs.

CPD Activity 2

Type: **Start date:** **End date:**

Brief description of the activity
GP refresher course.

Time: 6 hour **Impact:** No **Credit claimed:** 6

Impact comment
N/A.

Learning need addressed
Update on colorectal cancer, Parkinson's, minor operations, consent and new microorganisms.

Method used
Lectures and discussion.

Outcome of activity
I feel my knowledge in these areas has improved.

Outline any further learning or development needs highlighted by the activity
None.

CPD Activity 3

Type: **Start date:** **End date:**

Brief description of the activity
RCGP National Conference.

Time: 10 hour **Impact:** N/A **Credit claimed:** 10

Impact comment
N/A.

Learning need addressed
Attended the RCGP conference and focussed on the medico-legal aspects of the things on offer. Made lots of contacts with the lawyers there. Good session on medico-legal implications of organ transplantation. Good to understand the plans for the reorganisation of the NHS.

Method used
Attending everything that sounded interesting.

Outcome of activity
Great networking, already have had new instructions from it.

Outline any further learning or development needs highlighted by the activity
More aware of the changes in the NHS and glad that I am becoming less and less part of it.

CPD Activity 4

Type: **Start date:** **End date:**

Brief description of the activity
Lecture to Health and Social Care Law Firm.

Time: 3 hours **Impact:** No **Credit claimed:** 3

Impact comment
N/A.

Learning need addressed
Asked to talk to the firm's solicitors on meningitis and clinical negligence.

Method used
Lectured on the clinical aspects of it as well as drawing on cases that I have been involved with.

Outcome of activity
Fairly good feedback from the lawyers – able to answer most of their questions. I think that this might help me get some more instructions from them.

Outline any further learning or development needs highlighted by the activity
Said that I would come back to talk about the particular problems with out-of-hours services.

CPD Activity 5

Type: [redacted] **Start date:** [redacted] **End date:** [redacted]

Brief description of the activity
Course on how to work with coroners.

Time: 3 hours **Impact:** No **Credit claimed:** 3

Impact comment
N/A.

Learning need addressed
I haven't done much with coroners yet so I thought that this would be a good opportunity to learn more about the coroner's system and a chance to meet some with a view to getting instructions.

Method used
An afternoon of lectures relating to the duties of an expert and the issues surrounding a narrative verdict and coroner's right to ask for changes to occur in the system.

Outcome of activity
Much more knowledgeable about what goes on in a coroner's court.

Outline any further learning or development needs highlighted by the activity
Waiting to do my first case.

Specialty Adviser comments:

I note that this doctor went on a GP refresher course for one day. This will help him keep up to date with his current general practice. The rest is focussing on medical law and I note that it is not really concentrating on learning needs, it seems that there is an emphasis this year on marketing and gaining new clients or instructions. It doesn't seem that he made best use of the RCGP conference where there was a wealth of clinical material that he could have incorporated into his learning plan.

YEAR 3

CPD Activity 1

Type: **Start date:** **End date:**

Brief description of the activity
Significant Event analysis.

Time: 2 hours **Impact:** No **Credit claimed:** 2

Impact comment
N/A.

Learning need addressed
I missed a case of infective endocarditis. I saw the patient and diagnosed a chest infection. One month later they came back with a heart murmur and fever – this was spotted by one of the doctors and they were admitted with infective endocarditis. The patient had a dense stroke the next day and a mitral valve replacement subsequently. She was only 35.

I didn't even think about infective endocarditis.

Method used
I discussed it with the senior partner who was reasonably supportive but I didn't listen too much because I was beating myself up too much. I tried to set up an MDT meeting to talk about it but the practice was not that interested. Instead, I have researched the condition and written extensive reflective notes.

Outcome of activity
I didn't even think about infective endocarditis. The family tried to sue me but did not pursue the claim after an expert report commissioned by the MDU was disclosed to the family's solicitors. I am so much more cautious with fevers going on for more than a few days.

CPD Activity 2

Type: **Start date:** **End date:**

Brief description of the activity
Learning from medico-legal cases. I have done 50 cases this year and written formal reflections on 10 of them.

Time: 1 hour **Impact:** No **Credit claimed:** 1

Impact comment
N/A.

Learning need addressed
I realised that I needed to learn more about implied consent, pancreatic cancer and strangulating hernias. I have also learnt a lot about dementia.

Method used
GP notebook and NICE guidance.

Outcome of activity
More confidence in these areas.

Outline any further learning or development needs highlighted by the activity
I am getting more and more cases involving implied consent, so I will focus on this in the future.

CPD Activity 3

Type: **Start date:** **End date:**

Brief description of the activity
Bought *Medicine, Patients and the Law*.

Time: 2 hours **Impact:** No **Credit claimed:** 2

Impact comment
N/A.

Learning need addressed
Needed a medical law update. Had read the previous edition 10 years ago.

Method used
Read the book, took notes and questioned the author at a medico-legal conference.

Outcome of activity
Much clearer about the responsibilities of the GMC and what my role is when I am working for them. Recent important developments in civil case law understood and digested – especially the meaning of the Bolitho case.

Outline any further learning or development needs highlighted by the activity
I still feel a bit confused as to the changes in the standard of proof but will continue to read more about it (although I realise that 'Bolitho' does not apply to GMC cases).

CPD Activity 4

Type: **Start date:** **End date:**

Brief description of the activity
DEN (Doctor's Educational Need) – update on the guidance around fitness to drive. I went onto the DVLA website, and also completed an e-learning module.

Time: 3 hours **Impact:** No **Credit claimed:** 3

Impact comment
N/A.

Learning need addressed
DVLA guidance on fitness to drive. This is an area that I do not address often but recently I had a medico-legal case relating to it.

Method used
Online learning.

Outcome of activity
I updated myself and regulations surrounding angina, loss of consciousness, seizures, and diabetes.

Outline any further learning or development needs highlighted by the activity
I now more confident in advising patients on fitness to drive, and will feel more confident when writing medico-legal reports on this area.

CPD Activity 5

Type: **Start date:** **End date:**

Brief description of the activity
General update needed – reading BMJ.

Time: 3 hours **Impact:** No **Credit claimed:** 3

Impact comment
N/A.

Learning need addressed
I am aware that my knowledge of new developments in general practice is slipping so I resolved to read the BMJ for half an hour every week.

Method used
I focus on the editorials and make notes.

Outcome of activity
Feel much more in tune with new developments.

Outline any further learning or development needs highlighted by the activity

Specialty Adviser comments:

The Significant Event does not seem to have been adequately addressed. There is no evidence of a MDT meeting. The doctor could have done more than just speak to one other doctor about it.

Reading the editorials of the BMJ is really not enough to keep up to date clinically and there does not seem to be much focus on identifying learning needs and addressing them.

I note that there has been a lot of learning from the medico-legal cases on the other hand. This doctor's apparent lack of interest in staying abreast of clinical developments as a GP puts his credibility as an expert at risk.

YEAR 4

CPD Activity 1

Type: **Start date:** **End date:**

Brief description of the activity
Learning from cases that I do.

Time: 20 hours **Impact:** No **Credit claimed:** 6

Impact comment
N/A.

Learning need addressed
Each case that I do involves researching the clinical topic in question and applying the facts of this case to it. This means that I get to know NICE guidance and guidance in GP Notebook very well. This year, I have included the learning from some rare conditions as well as updates on bariatric surgery, stroke, TIAs and acute coronary syndrome.

Method used
I read the file and then decide on the relevant clinical areas. I write down my own knowledge of the subject and then I use GP notebook to point me towards the appropriate guidance which I then read, incorporate with my own notes and then insert into my opinion with appropriate references. I insert the learning obtained into my RCGP ePortfolio.

Outcome of activity
I feel more confident now in all of the areas which I have looked at this year although it makes me refer more people to hospital than I used to.

Outline any further learning or development needs highlighted by the activity
None as yet.

CPD Activity 2

Type: **Start date:** **End date:**

Brief description of the activity
Asked to speak at a clinical negligence conference for solicitors and doctors.

Time: 4 hours **Impact:** No **Credit claimed:** 4

Impact comment
N/A.

Learning need addressed
Prepared case discussion on how to deal with altered consciousness on gaining consent.

Method used
E-learning, reading. Review of my own case discussion with solicitors.

Outcome of activity
It was nerve wracking speaking to a mixed audience but they were supportive and it gave me confidence in my developing expertise. I spent a long time preparing this and whilst at the conference I made a lot of contacts and attended other presentations.

Outline any further learning or development needs highlighted by the activity
I feel more confident as a speaker.

CPD Activity 3

Type: **Start date:** **End date:**

Brief description of the activity
Child protection update level 1.

Time: 2 hours **Impact:** Yes **Credit claimed:** 4

Impact comment
My appraiser told me that I had been neglecting my basic mandatory training so I did this online course.

Learning need addressed
To fulfil my statutory training obligations.

Method used
E-learning.

Outcome of activity
More confident in this area.

Outline any further learning or development needs highlighted by the activity
I don't see many children so this wasn't that useful for me.

CPD Activity 4

Type: **Start date:** **End date:**

Brief description of the activity
Medico-legal SEA.

Time: 1 hours **Impact:** No **Credit claimed:** 1

Impact comment
N/A.

Learning need addressed
I sent a report back to the police but it was the wrong report and contained lots of personal information about a sexual complaint about a doctor including his name.

Method used
I was horrified by this. I told the GMC who had sent me the complaint what I had done and they had a meeting with the police to discuss the way forward. The police told me and them that they had destroyed the email. The doctor involved was informed of the error.

This damaged my reputation with the GMC and I went to meet them to discuss the measures that I would put into place to ensure that something like this never occurred again. In my portfolio I have entered appropriate reflections.

Outcome of activity
I now have a checklist system and will be using a medical secretary as a double check to see that a slip like this never happens again.

Outline any further learning or development needs highlighted by the activity
I need to continue working on my systems.

CPD Activity 5

Type: **Start date:** **End date:**

Brief description of the activity
Medico-legal case discussion.

Time: 2 hours **Impact:** No **Credit claimed:** 2

Impact comment
N/A.

Learning need addressed
Improve my understanding of medico-legal issues.

Method used
I met with a small group of medico-legal experts in London and we decided to form a peer group to discuss cases and offer mutual support. At the first meeting we each presented a difficult case and reflected on it. Next week we will ask a barrister to join us to experience and learn court room skills.

Outcome of activity

Outline any further learning or development needs highlighted by the activity

Specialty Adviser comments:

In this year, the learning has been entirely focussed on his medico-legal work although I note that some clinical learning has come out of the cases. A doctor needs to show that he is fit to practise in all areas that he works and as he still works as a locum I would have liked to have seen some learning coming out of this.

For example, reflections on a clinical case or Significant Event Audit of an event which happened in the practice.

The incident in CPD 4 was very serious and the doctor was lucky not to have been given a warning by the GMC case examiners if not a referral to the MPTS panel (which would probably have been the end of his career as an expert). I am concerned that this doctor did not seek help from his MDO to assist him with this and think that this episode should be explored further to be reassured about his insight into the situation – although I note that seeing the GMC decided not to take this further they probably decided that sufficient insight was present.

Personal development plans

Examples of PDP objectives are provided.

Current PDP objective	*Learning / development need*	*Anticipated outcome*	*Achievement method*	*Anticipated achievement date*	*Achievement evidence*
Keep up to date clinically	To continue to be safe to practice	Continue submitting the learning from my reports	Learn from medico-legal reports	1 year	Reports attached
Keep up to date medico-legally	Went on a course last year so just keep reading going	Continued competence	Keep reading in BMJ etc about medico-legal issues	02/04/2014	Certificate of attendance from last year
Improve quality of medico-legal work	To do less personal injury work	More time to spend on high quality reports	Start saying no to the work I want to do	02/04/2014	Not sure

Specialty Adviser comments:

Is there enough here to demonstrate good clinical practice? The circumstances of clinical negligence reports are quite specific and it would be good to see a better variety. There is not enough evidence of working with clinical colleagues or reflections on own clinical work.

Seeing this doctor spends so much time on medico-legal work, I would like to see more substance to his plans for professional development in this area. For instance, an audit of his work, a survey of what instructing solicitors think of him. Also, there must be other areas he wants to develop such as oral presentation skills.

It would be good to see some SMART objectives for his plan to improve the quality of his work.

As mentioned above, although much of the learning from the medico-legal cases is transferable, this doctor is still in mainstream clinical practice and should therefore be addressing this in his CPD plan. For instance, evidence of discussing Significant Events with colleagues (in addition to the case below which arose from a complaint), audit of clinical work, addressing learning which arose out of difficult clinical problems rather than medico-legal cases.

Review of your practice

Two examples of Significant Event Audits are provided.

Significant Event 1

Start date: 12/01/12 **End date:**

Brief description of the activity
Allegation of missed cauda equina syndrome. I saw a man with low back pain who had pain radiating down his leg but no red flag symptoms. He wanted an MRI scan because his chiropractor had requested it. Because he did not fit the criteria suggested by the PCT, I told him that I could not do this. Three months later, he had a private discectomy and made a complaint. Luckily I wrote excellent notes and am fully aware of the NICE guidance regarding low back pain. Forensic examination of the notes revealed that his deterioration took place one month after I saw him and this was confirmed by the letter from the orthopaedic surgeon. With the help of the MDU I wrote a letter of response and this was the last I heard of the matter. The practice were very supportive of me.

Time: 4 hours **Impact:** No **Credit claimed:** 4

Impact comment
I have done plenty of CPD this year and, although I spent more than four hours on this, I am only claiming for four.

Learning need addressed
Notes could always be improved but I was satisfied with my note keeping. I think that my communication could have been better as the letter of complaint included a lot of misunderstandings arising from the consultation.

Method used
I met with the other doctors in the practice and took part in a Significant Event meeting. They were very supportive of my involvement in this.

Outcome of activity
Slight anxiety about clinical work, overcome in about three months.

Outline any further learning or development needs highlighted by the activity
I will work harder to explain things to patients and document the explanation from now on.

Significant Event 2

Start date: 12/12/11 **End date:** 20/12/11

Brief description of the activity
Because of a very tight schedule, I completed a report and sent it off having checked it myself but did not use my proof-reading service. It was returned by the instructing solicitor with about 15 typographical errors in it including a wrong date. This was an unacceptable quality. Despite having corrected it again myself I paid for it to be professionally proof read and even more errors were detected.

Time: 1 hours **Impact:** No **Credit claimed:** 1

Impact comment
Did not take long to sort out.

Learning need addressed

Method used
Discussed it with colleagues and with the proof-reading service.

Outcome of activity
We agreed that all reports would be proof read, that I would use a standard template and that the turnaround time would be guaranteed.

Outline any further learning or development needs highlighted by the activity
Will try to be more accurate as I write them.

Additional details to be entered for each Significant Event entry.

Date the event was discussed: 12/02/12

Description of the event
Complaint that an MRI scan was not requested for patient who went on to have discectomy.

What went well or not?
Notes were excellent. Clinical demonstration that red flag symptoms were sought and not identified. Evidence of good examination and arrangements for follow up.

What could have been done differently?
A more detailed, evidence-based explanation could have been given about the decision not to go ahead with an MRI examination as it did not comply with the PCT guidance.

Roles present
GPs, District Nurses, Practice Nurses, Practice Manager.

Reflections on the event in terms of knowledge skills and performance; safety and quality; communication, partnership & teamwork; maintaining trust
I need to continue to be vigilant in my note keeping . In this case, the dissatisfaction came from the patient's wife so it was hard to detect dissatisfaction. Nevertheless, I need to discuss difficult cases with the partners more.

What changes have been agreed for me personally; for the team?
Agreement that I could discuss difficult cases with a partner at the end of the surgery.

Changes carried out and their effect
This has happened and happily there have been no further incidents or complaints.

Specialty Adviser comments:

The complaint was well handled. It seems as though the appraisee has been able to use their knowledge of NICE guidance and the required standards of record keeping well.

I can't see from this whether or not the appraisee attends Significant Event meetings normally.

For the second event, I notice that the appraisee discussed this with 'colleagues'. More information would have been helpful, is this something that regularly happens, who were these colleagues etc.

Once again there is an issue with lack of accuracy in an expert report and this is a concern which must be addressed.

Quality Improvement

An example of a Quality Improvement Project is provided.

Quality Improvement Activity 1

Type: Quality improvement project **Start date:** 03/01/11 **End date:** 03/11/11

Brief description of the activity
Improve report writing in terms of content, accuracy and retention of documents.

Time: 6 hours **Impact:** No **Credit claimed:** 6

Impact comment
N/A.

Learning need addressed
As I am now spending half my time on this, need to develop a more professional approach.

Method used
Audit of 10 reports in terms of whether they complied with CRP 35 guidance for content and format, whether the solicitor had to get me to correct typographical errors and how I dealt with the medical records sent to me.

Outcome of activity
I recognised an educational need and went on a course run by a recognised provider that refreshed me on report writing content, which got incorporated into my notes. I worked with a legal proof reading service to agree a format and to improve my accuracy. I set up a contract with a courier company to securely send any medical notes back to the GMC or instructing solicitors so that I could get around the need to keep notes secure.

Outline any further learning or development needs highlighted by the activity
Need to keep this area under regular review.

Additional details (area 7) to be entered for each Quality Improvement project entry.

Reason for the choice of topic
I am now spending over half my time on this sort of work and need to ensure that I do the work to a professional standard.

The standards set and their justification (reference to guidelines etc.)
The GMC clearly sets out the criteria for an expert report in terms of format and content, e.g. not exceeding the terms of engagement. This is set out in the letter of engagement sent to me each time. My own standard is that a professional expert report should not contain any typographical or factual errors. The reports should be received by the instructing solicitors in the agreed time frame and the records should be securely stored or returned to the instructing solicitors.

The criteria used
Does the report comply with GMC guidance. Were there any typos or errors (evidenced by an email from the solicitor pointing it out)?

Did the report go out on time, evidenced by the instructing email and the email from me to say that it had been completed?

Were the records securely dealt with?

The results of the first data collection and in comparison with the standards set
I looked at 10 reports retrospectively in January 2011. All 10 reports had different formats, none were fully compliant with the GMC guidance. Two went out later than the agreed time (although with the agreement of the instructing solicitor). The clinical records had been stored on a shelf in my house, not under lock and key.

In every one of the 10 reports, a solicitor had written back suggesting typological or factual changes and I had been accepting this as normal.

A summary of the discussion and changes agreed, including and changes to the agreed standards
I discussed this informally with three other colleagues doing this sort of work and with an instructing solicitor. The standard was agreed. Suggested changes were implemented.

The changes implemented by the GP
I researched a proof-reading service, agreed terms and found a legal proof reader. A confidentiality agreement was signed. A format was worked out with the proof reader based on the GMC guidance and two templates were produced (one for the GMC and one for the Courts). I also researched and contracted with a courier service who pick parcels up from my house.

Dates of first data collection: 02/02/11

Re-audit: 3/10/11

The results of the second data collection in comparison with the standards set
In the re-audit of 10 reports, there were no typos. All had been accepted without comment. All were compliant with the GMC guidance. No medical records had been retained and all old ones had been shredded or sent back to the instructing solicitors.

Quality improvement achieved
Enormous.

Reflections on the event in terms of knowledge skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust
I believe that I have found a systemic way of building quality into the system. I have discussed this with medico-legal colleagues who are also adopting these methods.

Specialty Adviser comments:

Excellent example of quality improvement in medico-legal practice. It is a bit worrying to think that doctors might enter this area of practice without the proper training as the first reports were clearly inadequate.

Feedback on your practice

One example of both colleague and patient feedback is provided.

Colleague feedback 1

Type: MSF **Start date:** 02/01/11 **End date:** 02/03/11

Brief description of the activity
I was not quite sure how to do this as I do half my work as a medico-legal expert and half as a locum GP. I sent off standard MSF questionnaires to 15 clinical colleagues and 15 medico-legal contacts.

Time: 3 hours **Impact:** No **Credit claimed:** 3

Impact comment
N/A.

Learning need addressed
I needed to understand how others perceived my clinical and legal work.

Method used
I signed up to a recognised survey provider and paid a fee. Because of the expense, I decided to combine the two.

Outcome of activity
The clinical comments were all entirely positive although it was suggested that I could be a little more outspoken at the practice meetings I attend. The medico-legal comments were supportive. However, they highlighted the problems noticed in my audit, in that reports were sometimes incomplete and inconsistent with the full set of instructions sent to me.

Outline any further learning or development needs highlighted by the activity
I plan to re-audit my medico-legal comments as I have put measures in place to improve things.

Additional details (area 9) to be entered for each Colleague feedback and/or MSF entry.

Colleague feedback ref
12349876/v1.

What were the key points arising from the survey from your colleagues?
Clinical: Clinically sound, approachable to staff, good colleague, good listener. Not assertive at clinical meetings.

Legal: Variable quality, sometimes excellent, sometimes incomplete with simple typographical errors.

What changed as a result of the feedback? What were the outcomes/actions?
More confident at clinical meetings. Have put measures in place to improve the quality of my reports.

Record your personal key learning points
Must treat medical report writing as a serious job and not just 'fit' it.

How has the experience affected patient care in practice?
I have had my approach reaffirmed and I feel much more confident working in the practice. I have subsequently had a lot of good comments from medico-legal colleagues and instructing solicitors.

Record your next steps in this area
I will re do the audit with legal colleagues but will leave it a year as I need to approach them sensitively.

Specialty Adviser comments:

Acceptable evidence for revalidation. Again it is a matter of concern that the solicitors said that instructions were not fully followed but at least this doctor is now aware of this.

In order to gain a better insight, I would be interested to know the breakdown of this doctor's work, the aim should be to get a balance.

How many personal injury opinions on behalf of patients, how many on behalf of insurers or employers, how many clinical negligence opinions for claimants and how many for respondent doctors?

How many opinions were challenged by an expert from the other side and what was the nature of the challenge?

How many original opinions were changed as a result of that challenge?

How many meetings were there with experts on the other side and what was the outcome of those meetings?

Patient feedback

Patient feedback (PSQ) 1

Start date: 01/02/12 **End date:** 1/3/12

Brief description of the activity
Undertook patient survey in the two practices I work in.

Time: 4 hours **Impact:** No **Credit claimed:** 4

Impact comment
N/A.

Learning need addressed
Need to know whether I am meeting patient's expectations.

Method used
Downloaded questionnaire from GMC website. Receptionists gave it to 30 consecutive patients in each practice.

Outcome of activity
Forty questionnaires filled in. Thirty-nine were very satisfactory indeed. One patient was dissatisfied with the outcome of the consultation and felt that I had not listened to her. I took this on board and I think that I could have done better in this consultation. I discussed it with the practice manager and the senior partner. They told me that the feedback from patients was overwhelmingly supportive, which is why they kept asking me to come back. I will nevertheless try to improve my listening skills.

Outline any further learning or development needs highlighted by the activity
Improve my active listening skills and repeat the survey in a year's time.

Additional details (area 8) to be entered for each patient feedback entry.

Patient feedback ref
12349876/v2.

What were the key points arising from the patient survey?
Supportive, good listener, knowledgeable and competent. One patient out of 40 replies said that I did not listen to her adequately and that she was dissatisfied with the consultation.

With whom and when did you discuss the patient survey results?
Practice manager, senior partner, locum group.

What was the focus of the discussion?
The one adverse comment. They encouraged me not to dwell on it as they considered it unrepresentative.

What changed as a result of this feedback? Were there any outcomes/actions?
I will actively listen to patients and try to check that everything is satisfactory before they leave the consultation room.

Record your personal key learning points
Confidence that I am doing ok. Attention brought to seek out the patient's agenda.

How has this affected patient care in practice
I think that I am trying to establish their agenda more.

Record your next steps in this area
Will continue to seek informal feed back from clinical colleagues and staff.

Specialty Adviser comments:

Demonstrates appropriate reflective behaviour.

Other feedback

No example is provided.

Complaints/compliments

No example is provided.

Post-appraisal summary

An example of a post-appraisal summary is provided.

Please use this section to upload your historical documents.

Appraiser Responsible Organisation

Outcome Date

Attach post-appraisal summary document

One example of a post-appraisal summary is provided.

1. Background/scope of work/relevant context

Dr Doe has decided to concentrate on his medico-legal work and is now only seeing patients about one session a week. Due to the low number of clinical sessions vigilance will be needed to make sure that his knowledge and skills remain current.

He is doing a wide variety of medico-legal work.

2. Knowledge, skills and performance

Dr Doe is using the medico-legal work that he does to keep his clinical knowledge up to date and in this appraisal I saw evidence of effective and reflective learning. He recorded more than 200 hours of learning (at least 50 with a reflective template attached) and although this appeared to be focused and to address his clinical needs, I asked him to record 50 hours of reflective learning for next year. He plans to carry on with this.

This year he has made an effort to improve the quality of his medico-legal reports and I saw evidence that this had happened.

Is keeping up to date with medico-legal developments.

3. Safety and quality

A quality improvement activity took place with his medico-legal reporting changes were put in place and the cycle was completed.

I saw evidence that he practised safely and he demonstrated an excellent knowledge of NICE guidance.

4. Communication, partnership and team work

Despite the difficulties of being a locum, Dr Doe achieved a 360 degree feedback and included legal colleagues as well as clinical colleagues. In the appraisal discussion we discussed the insight gained from this and the changes introduced as a result.

5. Maintaining trust

Fully aware of confidentiality issues and puts measures in place to keep legal documents secure. Has obtained confidentiality agreement from proof readers and anonymises reports whenever appropriate. Fully aware of probity issues and no problems identified.

6. Summary of discussion around any material required by the RO/organisation to have been brought to the appraisal

As an appraiser, I am happy that this doctor is fit to practise clinically and in his capacity as a medico-legal expert.

7. General comment not covered above

None in addition to above.

Specialty Adviser comments:

As much of his medico-legal expertise is based on his knowledge and experience of current clinical practice, it is important that this doctor focuses on keeping up to date clinically. I would have liked to see some other update activities in the PDP such as a GP update course or RCGP online clinical learning. Further evidence from an audit of his medical expert work would be helpful. This would have to be undertaken with care so as not to be perceived as breaching legal privilege. Verification of such an audit will be a challenge because of legal privilege. Advice on individual cases may be sought from an MDO.