
RCGP Example Portfolio: GP with Occupational Medicine 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 Occupational Medicine (FOM) 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.

1. Personal details

Title: Dr First name: B Surname: A

GMC Reference Number: 0000007

2. Qualifications

Primary medical degree: MB BS

Qualifications: MRCGP

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.

<i>Organisation</i>	<i>Location</i>
Warren Medical Centre	Latimer Road, Burton-on-Ouse, Surrey
Civil Flying Agency	Bluesky House, Airport Road, London
Prototype Engineering	Rollingham Circuit, Flatbury

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

I spend three days a week (Monday, Tuesday, Wednesday) working as a sessional GP at Warren Medical Centre. It is a well-resourced, six doctor GP training practice located in an affluent part of Surrey. It provides a full range of general medical services to some 10,000 patients, including the residents of two local nursing homes. We are not a dispensing practice. I do two clinics on each of my three days (0700–1100 and 1300–1600). A significant number of our patients commute into London to work. As I'm an early riser, I volunteered to start my clinics at 0700. The patients like this, and the trade-off is that I don't do the home visits. I also finish my second clinic by 1600 so I have time to go to the gym on my way home each day. I don't have any specific clinical responsibilities within the practice. The two female partners tend to do the family planning, and one of the other partners has FRCS so tends to do all the minor surgery. Although I am not a GP trainer, I sometimes get involved with the teaching of GP registrars and medical students from London University who do undergraduate GP attachments with us. I have been in the practice for five years. I feel settled, well supported and comfortable just focusing on providing the best care I can for patients without having to worry about the additional pressures of being a partner. I don't do any out-of-hours work.

For the last six years, I have spent each Thursday working as an Examiner for the Civil Flying Agency (CFA). I conduct occupational medical assessments of commercial airline pilots, either applying for or renewing their licenses to fly. I normally see 5–10 applicants per day. The standards are set by the European Federal Aviation Authority, and the examinations are recorded in 'hard copy' on standardised medical assessment forms. The assessments involve a general examination, ECG and sometimes blood tests depending upon the applicant's age. The applicants' visual and hearing assessments are undertaken by specially trained optometrists and audiometrists. Nevertheless, I have to decide whether the pilots meet the required visual and hearing standards or not. I work in relative isolation, but can defer to full-time CFA Advisers for advice and support if required.

On Fridays, I provide occupational medicine advice to Prototype Engineering, a family-run business employing 110 people that produces handmade sports cars in 'kit car' form. The kits can either be assembled by the customers themselves, or (for extra cost) can be built on-site at the Prototype factory at the Rollingham motor racing circuit. I mainly provide Health & Safety in the workplace advice to the Managing Director. This includes undertaking workplace assessments of

the production line, and performing Control of Substances Hazardous to Health (COSHH) medicals on some of the employees, such as the painters & finishers who work in the spray bays painting the bodywork panels. I started this role about 5 years ago when the company's order book really took off and they expanded into their current premises at the circuit. I work closely with the local council's Health & Safety Officer. I find it an enjoyable blend of medical work and indulging my passion for motorsport as a confirmed 'petrol head'! Although I watch as many of the race meetings at the circuit as I can, I don't provide any medical cover for the races; the circuit uses A&E and anaesthetics consultants from the local hospital.

Specialty Adviser comments:

GPs who undertake occupational medicine activities as well as conventional general practice clinics face the potential complication of differing definitions between specialties. For example, in general practice, clinical practice is defined as 'face-to-face patient contact'. The Faculty of Occupational Medicine has a broader definition, and recognises clinical practice as meaning 'carrying clinical risk'. Hence, this GP colleague is undertaking clinical practice when assessing the safety of the working environment, as well as when they are in clinic at the Warren Medical Centre.

Doctors are revalidated in the roles that they actually undertake. Hence, it is important that the spread of this doctor's supporting information reflects their three distinct roles. Both the RCGP and Faculty of Occupational Medicine agree that doctors working in both general practice and occupational medicine contexts should have no specific problems obtaining supporting information pertaining to audit/quality improvement activity, Significant Event analysis, and patient and colleague feedback.

Nevertheless, it should be recognised that, in the occupational medicine context, whilst colleague feedback is attainable, respondents are likely to include non-medical, managerial staffs who may not have the same degree of appreciation of a doctor's appraisal and revalidation processes as, for example, a practice manager or practice nurse. Hence, narrative feedback from colleagues may be more output- rather than clinically orientated.

4. Record of annual appraisals

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

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.	<input type="checkbox"/>	Date <input type="text"/>
I have met the health requirements as defined by either the GMC or the Academy of Medical Royal Colleges.	<input type="checkbox"/>	Date <input type="text"/>
I have met the insurance requirements as defined by either the GMC or the Academy of Medical Royal Colleges.	<input type="checkbox"/>	Date <input type="text"/>

Pre-appraisal documentation

An example of pre-appraisal documentation 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

I consider myself to be an experienced GP. I undertook the MRCGP at the end of my GP training in 1992 and have undertaken regular GP clinics ever since. I enjoy being a ‘generalist’ but have an increasing interest in occupational medicine, and now undertake the two distinct occupational roles described above. I am conscious that I don’t do much family planning or minor surgery work these days, as my colleagues have specific skills in these areas. Nevertheless, there is more than enough work to keep me busy and all my clinics are always fully booked. I see my role as being there to support the partners by ‘clearing the waiting room’. I generally run to time, and am comfortable using the EMIS and Choose & Book software. I don’t mind helping with the training and supervision of medical students and GP registrars, but have no specific desire to become a GP trainer – it seems to involve an ever increasing amount of work! I attend all the usual practice meetings and feel that, although I am not a partner, I am given a fair hearing. I consider myself lucky: my agreement with Warren Medical Centre includes one session per month of self-directed Protected Time for Learning, and one session per month of group CPD where the out-of-hours provider covers, and all the GPs from Burton-on-Ouse get together at the hospital Postgraduate Centre. Sessions usually involve topic-based learning in the form of updates from the hospital consultants (e.g. palliative care, asthma, diabetes, hypertension, etc.).

Aspirations/achievements/challenges

I believe I have sound GP knowledge honed by many years of practical experience. I see Occupational Medicine as both a natural extension of my generalist skills, and a new professional challenge. I enjoy exploring both the impact of health on work (Civil Flying Agency), and work on health (Prototype Engineering), and the variety of challenge within each of my working weeks keeps me fresh. I believe I am well-organised and able to effectively compartmentalise my responsibilities in each of my three roles. I believe I have strong communication skills, important when dealing with pilots in high-stakes medical assessments and when dealing with everyone from the ‘shop floor’ to the Managing Director at Prototype Engineering. I am proud of the quality of service I provide to my general practice and occupational patients, and enjoy the differing responsibilities that each of my roles conveys.

Specific areas for discussion with your appraiser

I feel I am approaching something of a crossroads in my career. Occupational medicine is a standalone specialty and the opportunities for GPs to become involved in occupational medicine are increasing. Although I believe I am competent to undertake my aviation and motorsport roles, I am not specifically qualified in occupational medicine. With the introduction of revalidation, I

wonder whether I will need to be? I have some ideas about diploma courses, and would like to discuss these to inform my PDP.

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

No.

Knowledge, skills and performance

I have always enjoyed keeping up-to-date and I don't feel that I have too much problem achieving an appropriate amount of CPD. I read quite widely, now mainly online journals and magazines on my iPad. With my full working week, I tend to spend my self-directed learning sessions undertaking e-Learning modules. I do, however, try to attend at least one Clinical Update event in person every six months. I fund these myself. I always attend, enjoy and benefit from the monthly group CPD sessions run at the hospital. I also enjoy attending the annual RCGP Conference, and the annual Civil Flying Agency Examiners' Conference (the latter is compulsory for continued accreditation as an aviation examiner).

Safety and quality

I undertake regular Clinical Audit at the Warren Medical Centre. Whilst I am familiar with eight-point audit and can demonstrate how my audit activities improve the care of my patients. However I find it difficult to demonstrate positive change through audit in my occupational medicine work. My sessions at the Civil Flying Agency are interesting, but formulaic. I tend to make binary decisions about whether pilots meet the required Federal Aviation Authority standards or not. If there is any uncertainty, I refer the cases on to the full-time Civil Flying Agency Advisers. Similarly, it is difficult to audit my clinical work at Prototype Engineering. Thankfully, we haven't had any accidents. I can demonstrate that the factory has achieved all the statutory Health & Safety accreditations, and have received a letter of commendation from the council's Health & Safety Adviser. I also contributed to the factory's ISO 9001 Quality Management accreditation. I've collated databases of the employees' COSHH medical status, but am conscious this constitutes data collection rather than true audit activity.

Communication, partnership and teamwork

I regard my written and verbal communication skills as strengths. I submitted a 50-patient survey and 360-degree feedback from 20 colleagues as part of the supporting information for last year's appraisal (undertaken by the PCT's Appraisal Lead). I was pleased that the feedback from my patients and my colleagues was very positive.

Most of my engagement with GP registrars and medical students involves the teaching of communication skills. I am outgoing and am not phased by videoing of my clinics (with the patients' consent) or role-playing, and have participated in the Burton Faculty's production of a consultation skills DVD. I think it is important for GPs to be interested in their patients, and I enjoy 'letting patients tell their stories'. Nevertheless, with ever-increasing workloads, I do think that it is important that new GPs learn how to consult not only effectively and in a patient-centred way,

but also to time. Although I am not a GP trainer, I am happy to help in this regard and feel that by doing so, that I can add a little bit of extra value to the practice that supports me so well.

Although I work in relative isolation at the Civil Flying Agency, I know I have the complete support of the full-time advisers should I need it. As well as providing me with advice when I need it, they also quality assure my work and, on the rare occasion that I have missed placing a tick in a box, they are not judgmental and do not criticize me. I think they realise that we are all human, but it is important that the assessments are conducted diligently. The pilot could be the one flying my family away on our next holiday!

I really enjoy my role at Prototype Engineering. It's great to be part of a growing enterprise, but also to be part of a team that (with the exception of the council Health & Safety Officer and me) is exclusively non-medical. Being family-run, the stakes are high and everyone 'goes the extra mile' for each other. Nevertheless, the Managing Director accepts that I have a duty of care to follow statute and help him to ensure that he effectively discharges his duty of care to his employees. Sometimes I have to 'break bad news'. For example, shortly after they moved into their premises at the circuit (so not long after I had started working for Prototype Engineering), I identified that the old extractor fans in their paint spray bays were not working as efficiently as they should be. The cost of replacing the fans and filters was substantial and came at a relatively bad financial time for the company as they had recently incurred all the relocation costs. Not only was I able to convince the company to replace the fans, but I was also successful in encouraging the Managing Director to upgrade the company's Individual Protective Equipment to better protect his paint sprayers from the potential adverse effects of isocyanide paints.

Maintaining trust

Complaints and compliments – required every appraisal cycle

I have a small collection of 'Thank you' cards from patients at Warren Medical Centre. Our practice is in an affluent area, our patients are busy people and they expect a high level of service from the practice. Generally they don't feel the need to thank people 'just for doing their job properly' but, on the other hand, that makes the cards I do receive even more special.

Our patients can be quite demanding, and I am aware from discussions at our practice meetings that the Practice Manager receives complaints fairly frequently. These tend to be related to matters of process rather than clinical care though, and often concern issues over which the practice has little control (such as waiting times to be seen at the hospital or delays in getting repeat prescriptions dispensed in the local pharmacies). To my knowledge, there have been no formal complaints about me at Warren Medical Centre, the Civil Flying Agency or Prototype Engineering during the past year.

I enjoy regular exercise (gym and swimming). There are no issues to do with my health that impact upon my ability to work. I am registered with a GP at Millbank Surgery (the other practice in Burton), although I have had no reason to see him in the last year. I neither prescribe for myself nor my family.

I have no concerns about my own probity. I do not handle money myself. Instead, I have an accountant who handles all my business and tax affairs.

Specialty Adviser comments:

GPs with interests in occupational medicine may well work in a variety of settings. Like general practice, occupational medicine is a broad church, so activities may range from working in relative isolation (such as this doctor's experiences at the Civil Flying Club) to working within well-managed, highly structured third-sector providers. Working patterns may be either regular or ad hoc, so appraisers may need to adopt some flexibility when considering the doctor's appraisal portfolio. The provision of supporting information to cover the full scope of an occupational medicine-interested GP's practice may be more challenging and time consuming than for a colleague who only undertakes one sort of clinical role in one practice setting. Although narratives will tend to be longer for GPs who undertake several clinical roles, it is important that appraisers diligently seek robust supporting information across the full scope of that doctor's practice, and don't base their opinions solely on an appraisee's personal opinions or reflections.

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

Year 1

Year 1 – CPD Activity 1

Type: Start date: End date:

Brief description of the activity

Review of obesity management in primary care and costs of health diets.

Time: 2 hours **Impact:** Yes **Credit claimed:** 3 (2 activity; 1 impact)

Impact comment

A primary care-based clinic for childhood obesity may provide better access than a hospital clinic and is capable of delivering equivalent benefits. Although perhaps not appropriate for our practice we have increased the health information available for patients, and I feel I am now more up to date as a GP as a result of this reading.

Learning need addressed

I regularly see children in my Warren Medical Centre clinics. In an affluent part of the South East, childhood obesity in our area is increasing. I wasn't confident about current thinking in the management of childhood obesity.

Method used

2 hours reading of themed edition of BJGP.

Outcome of activity

I raised the article at a practice meeting. Although a survey of our patients (undertaken by the Practice Manager) indicated that our patients did not perceive the need for a bespoke childhood obesity clinic, we did increase the healthy eating literature in the waiting room, and put up some dietary awareness posters around the building. A repeat patient survey will be undertaken to see if the parents have found this additional information useful.

Outline any further learning or development needs highlighted by the activity

None.

Year 1 – CPD Activity 2

Type: Start date: End date:

Brief description of the activity

Masterclass for GPs: General Update.

Time: 10 hours **Impact:** No **Credit claimed:** 10

Impact comment

N/A.

Learning need addressed

I need to keep up to date as a generalist for my clinics at Warren Medical Centre.

Method used

A mixture of lectures and small group work, covering:

Day 1: Cardiology, Women's Health, Musculoskeletal Medicine, Haematology, Dermatology.

Day 2: Mental Health, Respiratory Medicine, Men's Health, Emergency General Practice, Diabetes.

Outcome of activity

Refreshed my generalist skills and reassured that I am now better aware of the latest guidelines across a range of topics. Nothing had changed too significantly! Certificate of attendance provided for both days.

Outline any further learning or development needs highlighted by the activity

None.

Year 1 – CPD Activity 3

Type: Start date: End date:

Brief description of the activity

COPD in Primary Care.

Time: 4 hours Impact: No Credit claimed: 4

Impact comment

N/A.

Learning need addressed

I regularly see patients with COPD at Warren Medical Centre.

Method used

E-Learning module.

Outcome of activity

I am now more aware of the evidence behind the primary care diagnosis of COPD; reversibility in COPD; demographic differences in COPD; treatment options; and patient education regarding COPD.

Outline any further learning or development needs highlighted by the activity

I intend to speak to the practice nurses about undertaking a practice audit of our COPD management.

Year 1 – CPD Activity 4

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

Brief description of the activity

Annual Civil Flying Agency Examiners' Conference.

Aviation medicine update to enable continued accreditation as a Civil Flying Agency Examiner.

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

Impact comment

N/A.

Learning need addressed

Compulsory annual aviation medicine update.

Method used

One-day conference at Gatwick Airport.

Outcome of activity

Re-certification as Civil Flying Agency Examiner for next 12 months.

Outline any further learning or development needs highlighted by the activity

None.

Specialty Adviser comments:

With the exception of the Civil Flying Agency compulsory conference, the CPD activities in Year 1 are all in support of general practice activities at Warren Medical Centre. There is no activity specifically associated with the doctor's activities at Prototype Engineering. The appraisee could be guided about ensuring an appropriate balance of CPD activity congruent with his full scope of practice and balanced according to how much time is spent undertaking each activity.

Year 2

Year 2 – CPD Activity 1

Type: Start date: End date:

Brief description of the activity

Lecture: Decision-Making at the End of Life.

Went for interest as one of the speakers was the Archbishop of Canterbury.

Time: 1 hours **Impact:** Yes **Credit claimed:** 2 (1 activity; 1 impact)

Impact comment

(A comment must be included if impact credits are to be claimed with reference to appropriate evidence.)

Learning need addressed

An interesting discussion about ethics (especially autonomy) in end of life decisions.

Method used

Lecture, sponsored by a Cancer Care Trust.

Outcome of activity

Feel better informed about ability to discuss palliative care options with patients in future.
Some interesting ethical issues to consider in terms of how I would wish my own life to draw to a close in years to come....!

Outline any further learning or development needs highlighted by the activity

None.

Year 2 – CPD Activity 2

Type: Start date: End date:

Brief description of the activity

Control of Substances Hazardous to Health Training Course.

Time: 8 hours **Impact:** No **Credit claimed:** 8

Impact comment

N/A.

Learning need addressed

I am now familiar with the legal processes required when conducting health surveillance of individuals who work with isocyanate paints.

Method used

One-day training event run by the National Safety Executive.

Outcome of activity

Hands-on training has equipped me with the skills to conduct painter & finisher occupational medicine assessments in accordance with National Safety Executive guidelines.

Outline any further learning or development needs highlighted by the activity

None.

Year 2 – CPD Activity 3

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

Brief description of the activity

Doctors.net e-Learning

Time: 2 hours Impact: No Credit claimed: 2

Impact comment

N/A.

Learning need addressed

Update on dealing with asthmatic patients.

Method used

Online learning module.

Outcome of activity

Re-familiarisation with British Thoracic Society Guidelines. Better able to deal with asthmatic patients.

Outline any further learning or development needs highlighted by the activity

None.

Year 2 – CPD Activity 4

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

Brief description of the activity

Annual Civil Flying Agency Examiners' Conference.

Aviation medicine update to enable continued accreditation as a Civil Flying Agency Examiner.

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

Impact comment

N/A.

Learning need addressed

Compulsory annual aviation medicine update.

Method used

One-day conference at Gatwick Airport.

Outcome of activity

Re-certification as Civil Flying Agency Examiner for next 12 months.

Outline any further learning or development needs highlighted by the activity

None.

Specialty Adviser comments:

1. There is no explanation as to why the doctor awarded himself an additional credit for the impact of attending the decision-making lecture. This should be discussed in the appraisal and adjusted accordingly if no further justification can be provided.
2. No further learning or development has been proposed after any of the CPD activities. Follow-up Clinical Audits or other quality improvement activities could usefully demonstrate the value added by the educational activity, and could attract additional credits. This could be suggested in the appraisal, and implemented in future appraisal years.

Year 3

Year 3 – CPD Activity 1

Type: ■■■ Start date: ■■■ End date: ■■■

Brief description of the activity

Civil Flying Agency Ophthalmic Update.

Explanation of new Federal Aviation Authority visual acuity standards for commercial airline pilots.

Time: 3 hours **Impact:** Yes **Credit claimed:** 4 (3 activity; 1 impact)

Impact comment

■■■ (A comment must be included if impact credits are to be claimed with reference to appropriate evidence.)

Learning need addressed

Update on regulations that are directly relevant to my aviation medicine examiner role.

Method used

Half-day training session at Gatwick Airport.

Outcome of activity

Familiarity with new visual acuity standards (corrected and uncorrected) and implications of laser eye surgery for commercial airline pilots.

Outline any further learning or development needs highlighted by the activity

I shall need to ensure that the forms I use for the aviation medicals reflect the new standards, and liaise with the optometrists to ensure that they are also familiar with the new Federation Aviation Authority standards.

Year 3 – CPD Activity 2

Type: ■■■ Start date: ■■■ End date: ■■■

Brief description of the activity

Annual Civil Flying Agency Examiners' Conference.

Aviation medicine update to enable continued accreditation as a Civil Flying Agency Examiner.

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

Impact comment

N/A.

Learning need addressed

Compulsory annual aviation medicine update.

Method used

One-day conference at Gatwick Airport.

Outcome of activity

Re-certification as Civil Flying Agency Examiner for next 12 months.

Outline any further learning or development needs highlighted by the activity

None.

Year 3 – CPD Activity 3

Type: Start date: End date:

Brief description of the activity

Reading articles on the drug treatment of hypertension.

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

Impact comment

N/A.

Learning need addressed

Update on antihypertensive drugs.

Method used

Reading – BJGP, Bandolier, GP Cardiovascular Update, British National Formulary.

Outcome of activity

Refresher on first-line medications for hypertension, and variations in therapy appropriate to varying ethnic groups.

Outline any further learning or development needs highlighted by the activity

None.

Year 3 – CPD Activity 4

Type: Start date: End date:

Brief description of the activity

Attendance at RCGP National Conference.

General update on matters of interest in general practice.

Time: 18 hours **Impact:** No **Credit claimed:** 18

Impact comment

N/A.

Learning need addressed

Annual update.

Method used

Attendance at the whole of the National Conference. Attended lectures and multiple small group sessions.

Outcome of activity

It is always nice to spend time with likeminded people from a variety of outcomes. The annual conference is invigorating and a welcome opportunity to learn from others and share experiences.

Outline any further learning or development needs highlighted by the activity

None.

Specialty Adviser comments:

For successive years, the appraisee has made reference to compulsory Civil Flying Agency training. Despite attracting credits, no reference is made as to how this training is improving the quality of his aviation medicine work. In the current appraisal year, the appraisee has also claimed 18 credits for attending the RCGP Conference without any supporting information as to how this has led to an improvement in the quality of patient care. Although there is an appropriate balance between occupational and general practice-oriented development activities, the appraiser should highlight that attendance in itself is less important than active reflection on the educational activity undertaken, and encourage an overt demonstration of the impact of that educational activity on patient care.

Year 4

Year 4 – CPD Activity 1

Type: [REDACTED] Start date: [REDACTED] End date: [REDACTED]

Brief description of the activity

Attendance at a council-led Health & Safety workshop.

The requirement to complete this training was identified during my colleague survey. Prototype Engineering use automated sheet metal cutting and grinding equipment. This course covered technical requirements about safety guards, clearance areas around the machinery, eye protection for machine operators etc.

Time: 6 hours **Impact:** Yes **Credit claimed:** 12 hours (6 activity, 6 impact)

Impact comment

[REDACTED] *(A comment must be included if impact credits are to be claimed with reference to appropriate evidence.)*

Learning need addressed

Unfamiliarity with specific regulations concerning metal-manipulation machines.

Method used

On-site council-led course held at Burton-on-Ouse steel foundry.

Outcome of activity

I feel more confident now about how best to mitigate the risk of operating metal-manipulating equipment. I shared the recommendations from the course with the Managing Director. Safety guards have been installed around the machines. 'Safe areas' and 'Hazard areas' have been described in appropriate coloured paints on the factory floor. Warning signs have been sited around the operating areas and training sessions have been held with all staff about the importance of wearing ballistic eye protection to mitigate against the risk of penetrating eye injuries from metal shards.

Outline any further learning or development needs highlighted by the activity

Although we had not sustained any injuries or accidents prior to these interventions, I have also been advised to establish and maintain a log of machine usage and any adverse occurrences.

Year 4 – CPD Activity 2

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

Brief description of the activity

One day RCGP Revalidation Conference.

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

Impact comment

N/A.

Learning need addressed

Better understanding of process, and the required supporting information ‘reflecting the jobs that I do’.

Method used

One-day RCGP course.

Outcome of activity

Gained appreciation of the requirements for revalidation.

Signposted towards RCGP’s *Guide to the Revalidation of General Practitioners*.

I’m much more structured now in the way that I shall approach my next appraisal. My focus will be on the domains within *Good Medical Practice*, and I shall structure my CPD activities to reflect the balance of the clinical services that I deliver in my GP and occupational medicine roles.

Outline any further learning or development needs highlighted by the activity

I intend to explore the range of e-portfolios available as I believe an electronic platform may be a better vehicle through which to collate and present my supporting information than the use of ‘hard copies’.

Year 4 – CPD Activity 3

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

Brief description of the activity

Annual Civil Flying Agency Examiners' Conference.

Aviation medicine update to enable continued accreditation as a Civil Flying Agency Examiner.

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

Impact comment

N/A.

Learning need addressed

Compulsory annual aviation medicine update. This year, I updated my knowledge regarding:

Changes in the Federal Aviation Authority's hearing standards.

New advice regarding colour perception standards for new pilots.

Cautions and contradictions in the use of some medications for pilots.

New co-pilot limitations for pilots returning to flying after coronary angioplasty.

Method used

One-day conference at Gatwick Airport.

Outcome of activity

Re-certification as Civil Flying Agency Examiner for next 12 months.

Highlighted the change in hearing standards to audiometrists who recalibrated the audiogram reporting software accordingly.

Was able to advise an applicant to see his GP and have his medication changed in light of new guidance for pilots.

Outline any further learning or development needs highlighted by the activity

None.

Year 4 – CPD Activity 4

Type: Start date: End date:

Brief description of the activity

Group CPD session: 'From forgetfulness to dementia'.

The transition from early stages of cognitive impairment is not straightforward. Being more informed about the diagnostic 'journey', realistic expectations and explaining the diagnostic process and possible reasons for delays may help patients and their carers to better adapt.

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

Impact comment

N/A.

Learning need addressed

Diagnosis and management of dementia – relevant to seeing patients who reside in the nursing homes that we cover.

Method used

Monthly group CPD session. Facilitated by consultant geriatrician from local hospital.

Outcome of activity

Better appreciation of data from an interview study of patients with memory problems and their carers that identified the desire for an early diagnosis, slow assessment processes, distressing assessment procedures and communication problems between patients, carers and professionals.

Outline any further learning or development needs highlighted by the activity

Share these reflections with other colleagues in a practice meeting as we have a fair number of patients with early stages of dementia on our list.

Specialty Adviser comments:

1. Although the machinery workshop is an appropriate and valuable educational event, and the impact is appropriate, the further activities identified constitute process interventions in the workplace rather than additional learning opportunities for the GP. The appraiser may wish to encourage the appraisee to think more about the machinery operators and any potential risk factors that could be mitigated (e.g. How long do they use the machinery for? Do they get tired/fatigued when using the machines? Do they always use their Individual Protective Equipment? Is the machinery noisy? What training have they had? Is this training refreshed?). Such enquiry could form the basis of a useful audit or other quality improvement activity.
2. More appropriate reflection of this year's compulsory Civil Flying Agency training, with clear documentation of the learning needs addressed and outcome activities.

Personal development plans

Two examples of PDP objectives are provided for each year (Years 1 to 4).

Year 1

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Undertake a GP refresher course	Refresh my GP skills	Ensure my GP knowledge is up to date	Go on a course. Attend compulsory aviation medicine update	12 months	Booking confirmation and receipt
Complete aviation medicine update	Undertake mandatory Civil Flying Agency training	Remain accredited as a Civil Flying Agency Examiner		12 months	Booking confirmation and receipt

Specialty Adviser comments:

Both of these objectives lack detail. The appraiser may wish to advise the appraisee to define objectives that are specific, measurable, achievable, realistic and time-bounded (SMART).

Year 2

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Undertake Control of Substances Hazardous to Health Training Course (occ med)	Acquire skills to conduct printer & finisher occupational medicine assessments in accordance with National Safety Executive guidelines	To be familiar with the legal processes required when conducting health surveillance of individuals working with isocyanate paints	Attend one-day long Control of Substances Hazardous to Health Training Course run by National Safety Executive	6 months	Signed attendance certificate from National Safety Executive
Refresh my knowledge of managing asthma (GP)	Revise British Thoracic Society Guidelines for the management of asthma as we have significant numbers of asthmatic patients on our list	Be able to manage asthma more effectively	Undertake Doctors.net asthma e-learning module	1 year	Printed completion of module certificate

Specialty Adviser comments:

This year's objectives are better defined. The appraisee has identified learning objectives in both occupational medicine and GP domains, and has clearly specified the desired outcomes. Online learning modules are appropriate learning methods, and the IT platforms only provide printable certificates if the modules have been completed satisfactorily. The appraisee has also prioritised the learning activities by setting different anticipated achievement dates.

Year 3

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Refresh my knowledge of managing hypertension (GP)	Revise current guidelines for the pharmacological management of hypertension, especially in different ethnic groups, as we have significant numbers of asthmatic patients on our list	Be able to manage hypertension more effectively	Read review articles on hypertension: BJGP, Bandolier, GP CV update, BNF	1 year	List of articles read and key points from each
Familiarity with new visual acuity standards (corrected and uncorrected) and implications of laser eye surgery for commercial airline pilots (occ med)	Attain an appreciation of recent changes to the Federal Aviation Authority's visual acuity standards	Familiarity with new Federal Aviation Authority's visual acuity standards for commercial airline pilots	Half-day training session at Gatwick Airport	1 year	Attendance certificate

Specialty Adviser comments:

Reading is an appropriate source of CPD, but the accompanying supporting information to demonstrate that the educational objective has been achieved should focus upon the demonstration of measurable, positive patient outcomes not simply that the reading has been completed.

Year 4

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Learn the technical safety requirements associated with metal-manipulating machinery	Gain familiarity with specific regulations concerning metal manipulation machines	Feel more confident in how best to mitigate the staff risk of operating metal-manipulating equipment	Attendance at a council-led Health & Safety workshop	1 year	Confirmation of attendance by council
Better understand the requirements of revalidation	Achieve better insight into the processes and supporting information required for revalidation	Compile an appropriate portfolio to satisfy <i>Good Medical Practice</i> -oriented appraisal and enable my RO to make a positive recommendation regarding my relicensing	Attend a one-day RCGP revalidation conference	1 year	(1) Attendance certificate (2) Production of satisfactory appraisal portfolio (3) Positive relicensing recommendation

Specialty Adviser comments:

In this PDP, the appraisee has identified learning needs related to his clinical occupational medicine work, and a process-oriented objective surrounding the maintenance of his own licence to practise.

Review of your practice

Quality improvement activity, to include: Significant Event Audits

Two examples of Significant Event Audit are provided.

Significant Event 1

Date the event was discussed: 3 months before appraisal.

Description of the event

Collapse of 42yr Personal Trainer in waiting room. He had attended due to a 2-day history of headache. I was first GP 'on scene'. On examination, right pupil dilated compared to left but responsive to light. Right hemiplegia. Hyper-reflexia right arm and leg. BP 150/102. 999 ambulance called. Patient did not wish his wife to be informed of his clinical condition, but consented to her being informed he had been taken to hospital for tests. MRI demonstrated multiple areas of acute ischaemia in left temporoparietal region, and clot in left carotid bifurcation. Discharged from hospital on Aspirin and Clopidogrol, but not warfarinised. Outpatient cardiac ultrasound was arranged to exclude concurrent mural thrombus. Second identical collapse at home 24-hours post discharge, with aphasia and right-sided weakness. Readmitted as an emergency.

What went well or not?

Collapse in waiting room meant medical help was instantly available. Quick and appropriate staff response to emergency. All staff had completed Basic Life Support training. Rapid attendance of 999 ambulance. Patient's wish for confidentiality respected when contacting his wife. Letter of thanks received from family.

Collapse was witnessed by other patients in waiting room. No screens available in practice to shield view. Other patients had to be moved into practice library pending arrival of ambulance.

What could have been done differently?

Review of medical records: full medical 8 weeks for Life Insurance in relation to mortgage application. No problems identified. BP 130/80. Non-smoker. Normal cholesterol. Regular exercise. Healthy diet. No family history.

Roles present

Myself, other GP in practice, practice nurse, receptionist.

Reflections on the event in terms of knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust

Terrible events for young patient and his family, but could not have been predicted. Prompt, effective response in a challenging situation by practice staff, all of whom had completed certified BLS training.

What changes have been agreed for me personally? For the team?

Events discussed at practice meeting – practice agreed to purchase three screens to provide additional privacy.

Changes carried out and their effect

Three screens purchased by practice.

Significant Event 2

Date the event was discussed: 6 months before appraisal.

Description of the event

My colleague survey highlighted that I did not have the necessary level of training about preventative measures to mitigate the risk of injury to sheet metal workers. Prototype Engineering use automated sheet metal cutting and grinding equipment. It was suggested in the feedback that I could be 'failing in my duty of care' unless I addressed this training need.

What went well or not?

Although there had been no accidents or incidents in the family, I undertook a council-led course held at local steel foundry. This course covered technical requirements about safety guards, clearance areas around the machinery, eye protection for machine operators etc.

What could have been done differently?

Upon taking up my appointment with Prototype Engineering, I could have undertaken a more detailed Learning Needs Assessment with a more experienced Occupational Medicine Consultant or Health & Safety Officer to better identify my 'unknown unknowns'.

Roles present

Myself, local council trainer, other local occupational medicine advisers.

Reflections on the event in terms of knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust

I feel more confident now about how best to mitigate the risk of operating metal-manipulating equipment.

Changes carried out and their effect

I shared the recommendations from the course with the Managing Director. Safety guards have been installed around the machines. 'Safe areas' and 'Hazard areas' have been described in appropriate coloured paints on the factory floor. Warning signs have been sited around the operating areas and training sessions have been held with all staff about the importance of wearing ballistic eye protection to mitigate against the risk of penetrating eye injuries from metal shards. I have established and maintain a log of machine usage and any adverse occurrences (thankfully none yet).

Specialty Adviser comments:

Both Significant Events highlight the GP's personal involvement and illustrate the reflection and changes made as a result of events.

Clinical Audit

An example of a Clinical Audit is provided

Background to audit

SMAC guidelines recommend limiting antibiotic prescribing in uncomplicated UTIs in otherwise fit women to three-day courses. 1–3% of all GP consultations in UK are for UTI and 5% women present to their GP each year with frequency and dysuria. A literature review (BJGP 2002 Vol 52 No 482 p752) highlighted the treatment of choice – short-term therapy with trimethoprim or nitrofurantoin – is successful in over 80% of the cases. In women under the age of 65yrs, a three-day course has been shown to be as effective as a longer course, but caused fewer side effects. Compliance is often better, and the adverse effects and damage to the patient’s physiological flora is less than with longer treatment.

The criteria used

Antibiotic courses for adult non-pregnant women with an acute episode of uncomplicated UTI should be for 3 days. This criterion was chosen as a 3-day course of antibiotics is suggested in line with SMAC, DTB, MeReC and BJGP recommendations.

The standards set and their justification (reference to guidelines etc.)

A standard of 100% was chosen as there are well publicised, validated, established guidelines that have been in primary care circulation since 2002.

The results of the first data collection and in comparison with the standards set

59 abnormal MSU results received during audit time frame.

4 patients excluded: 1 retrospective MSU result after emergency admission.

1 EMIS ‘dummy patient’ – Minnie Mouse.

1 sample ‘not labelled’ coded as abnormal.

1 sample ‘not examined’ coded as abnormal.

28 abnormal MSUs treated:

<i>Regimen</i>	<i>Number of patients</i>
Trimethoprim 10 days	1
Trimethoprim 7 days	9
Prophylactic trimethoprim started	1
Augmentin 1 week	2
Ciprofloxacin 1 week	1
Amoxicillin 1 week	5
Cephalexin 1 week	7
Erythromycin 1 week	2

Additional 27 Abnormal MSUs not treated:

<i>Result</i>	<i>Number of patients</i>
Skin commensals cultured	2
Mixed growth on culture	5
Casts on microscopy; no growth	1
Epithelial cells on microscopy; no growth	9
Leucocytes on microscopy; no growth	4
Erythrocytes on microscopy; no growth	6

A summary of the discussion and changes agreed, including any changes to the agreed standards

As no patients received a 3-day course of antibiotics, our current performance is 0% against our 100% standard. Furthermore, 6 different antibiotic were used, rather than only trimethoprim or nitrofurantoin as recommended in the literature.

The changes implemented by the GP

1. The results have been sensitively discussed within a practice meeting.
2. A practice protocol for the management of uncomplicated UTIs has been devised to reinforce the rationale of 3-day treatment with either trimethoprim or nitrofurantoin.
3. This guidance has been entered onto 'Medshare' – an in-house computerised support system.
4. The need for appropriate EMIS Read coding of consultations has been reinforced to make future audit easy.

The results of the second data collection in comparison with the standards set

78 abnormal MSU results received during audit time frame.
2 patients excluded: 1 sample 'not labelled' coded as abnormal.
1 sample 'not examined' coded as abnormal.
30 abnormal MSUs treated:

<i>Regimen</i>	<i>Number of patients</i>
Trimethoprim 3 days	22
Nitrofurantoin 3 days	4
Trimethoprim 10 days	2
Trimethoprim 7 days	1
Co-amoxiclav 1 week	1

Additional 46 abnormal MSUs not treated:

<i>Result</i>	<i>Number of patients</i>
Skin commensals cultured	20
Mixed growth on culture	2
Casts on microscopy; no growth	3
Epithelial cells on microscopy; no growth	12
Leucocytes on microscopy; no growth	3
Erythrocytes on microscopy; no growth	6

Quality improvement achieved

After introduction of the practice protocol, 26/30 (87%) of adult non-pregnant women with an acute episode of uncomplicated UTI were treated with a 3-day course of antibiotics. Although we still did not achieve our standard of 100%, this constituted a significant improvement over the first data collection.

Reflections on the event in terms of knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust

The introduction of a practice protocol for the management of uncomplicated UTIs reinforced the rationale of 3-day treatment with either trimethoprim or nitrofurantoin. Guidance was entered onto 'Medshare' to optimise availability of the protocol to all prescribing staff. Four patients were still treated with antibiotics courses longer than three days. Overall, we were very pleased with the second results though.

Specialty Adviser comments:

The audit is appropriately laid out, with the criteria and standards clearly defined. The 'eight part' format highlights two data collections and clearly illustrates the effect of the intervention (in this case a shared practice protocol and Read coding advice). However, the timeframe is not defined for either the first or second data collections, and there is no indication as to 'what will happen next'. Four patients were still treated outside the agreed practice protocol, but no explanation is offered as to why (e.g. Clinical reason? Was it the same prescriber in each case? Patients' views? etc.) or what strategies might be employed to reinforce the protocol. It is unclear whether this audit will be repeated in future.

Case review

No example is provided.

Quality improvement activity

No example is provided.

Feedback on your practice

One example of both colleague and patient feedback is provided.

Colleague feedback (multi-source feedback)

In this area you can upload electronic versions of feedback received.

Colleague feedback 1

Colleague feedback – online MSF with 20 colleagues run by ‘Tellitstrait Ltd’.

What were the key points arising from the survey from your colleagues?

Friendly and pleasant.

A good communicator – always cheery and never seems too busy for a friendly word.

Makes me feel important, and I’m only the cleaner!

Logs his detailed consultation records carefully on the computer.

Runs to time, and is always happy to lend a hand with extras if required.

Sometimes I forget he is only here three days a week – he’s a key player on the team.

Does his medicals diligently and methodically.

Little interaction with him really, as he seldom needs to ask advice.

The pilots seem to like him.

Enthusiastic addition to the Prototype Team.

Interested and full of bright ideas, but needs to realise that we are not made of money, and we can’t always afford the ‘platinum solution’.

Clearly a seasoned GP but must become familiar with Health & Safety guidance concerning high-risk machinery when working in an occupational role. Ignorance of the law is not a defence!

What changed as a result of the feedback? What were the outcomes/actions?

I was pleased that colleagues seemed to value my contribution. I was somewhat upset by the comments about my Health & Safety knowledge. I pride myself on trying to do a good job, but was very upset by the criticism that ‘I didn’t know what I didn’t know’. However, I recognise that this is an important point and I took urgent action to address this learning need.

Record your personal key learning points

1. Gain familiarity with specific regulations concerning metal manipulation machines.
2. Overtly recognise that the Managing Director has other pressures (e.g. financial considerations). However, I must remain true to my principles and not let external pressures impact upon the quality of the advice that I provide to him. As a doctor, my duty of care remains to my patients, and in the occupational medicine setting, I must do everything I can to ensure the safety of the workers.

How has the experience affected patient care in practice?

I have booked on a council-led Health & Safety course.

Record your next steps in this area

I will learn the technical safety requirements associated with metal-manipulating machinery.

Specialty Adviser comments:

How the MSF feedback is provided is critical. Even though this doctor has principally positive comments, he has acknowledged that some of the remarks made him feel 'very upset' (even if they were justified!). If appraisers are asked to deliver feedback on collated MSF results, this should be undertaken carefully and sensitively. Pendleton's rules may prove helpful.

Patient feedback

Patient feedback (PSQ) 1

Electronic survey benchmarked against UK colleagues, 50 consecutive patients with data collated over two consecutive days.

What were the key points arising from the patient survey?

Caring. Sensitive. Good listener.

Gives me time and never seems to be rushed.

Always offers me choices.

Checks that I have understood.

Encourages me to come back if I am not feeling better.

Sometimes I just wish he would tell me what to do – he's the doctor.

I don't know why he always asks what I'll tell the wife when I get home ...

With whom and when did you discuss the patient survey results?

I discussed the results with the Senior Partner and the Practice Manager. I received the results on Wednesday afternoon. I reflected on them and discussed them the following Monday after completing my two clinics.

What was the focus of the discussion?

We looked at the results and discussed the comments. I was pleased that the patients as a whole seemed satisfied, especially as I am involved in some consultation skills teaching with visiting medical students and GP registrars. We discussed patient-centredness (in light of the comments about offering choice) and checking understanding (talking to the wife upon arriving home). We agreed that such tenets were important and congruent with several academic consultation models.

What changed as a result of this feedback? Were there any outcomes/actions?

We agreed that perhaps it would be useful if I explained a bit more to the patients about why we offer choice and why we check understanding rather than just doing it.

Record your personal key learning points

Overall I am pleased with the comments. I think they indicate that I have established an effective professional relationship with my patients. I shall use the practice videos (with my patients' consent) to watch myself a bit more.

How has this affected patient care in practice?

I mustn't get complacent about my communication skills. I will try to introduce the 'why' into my discussions with patients when forming a shared understanding and management planning.

Record your next steps in this area

To use the practice video and consent forms in next week's clinics.

Specialty Adviser comments:

The comments indicate that the GP is obviously a sophisticated consulter. Nevertheless, he has taken on board the comments and strives to improve his skills even more. He has appropriately shared the results with the Senior Partner and the Practice Manager. However, one senses that the practice already recognises the GP's skills in this area if he assists with the communication skills and consultation model teaching of medical students and GP registrars despite not being a GP trainer. It would be interesting to explore what the GP would have done if there were any overtly negative comments in the patient survey. Who would he have shared these comments with? What strategies would he have employed to address the concerns?

Other feedback

No example is provided.

Complaints/compliments

No example is provided.

Specialty Adviser comments:

The GP has already described that he has a small collection of 'Thank you' cards from patients at Warren Medical Centre, and to his knowledge there have been no formal complaints about him at Warren Medical Centre, the Civil Flying Agency or Prototype Engineering during the past year.

Post-appraisal summary

An example of a post-appraisal summary is provided.

Please use this section to upload your historical appraisals.

Appraiser Responsible organisation

Outcome Date

Attach post-appraisal summary document

1. Background/scope of work/relevant context

Dr A has three separate components to each working week. He undertakes six clinics at Warren Medical Centre spread across three days; he spends one full day each week performing occupational aviation medicine assessments for the Civil Flying Agency. He also spends one day per week at Prototype Engineering delivering an occupational medicine service and providing Health & Safety advice. He does no out-of-hours work. He is not a GP trainer, but does provide communication skills and consultation model advice to visiting undergraduate medical students and GP registrars undertaking vocational training placements at Warren Medical Centre. Although the technical definition of clinical practice varies between the RCGP and Faculty of Occupational Medicine, Dr A appreciates that he will revalidate in the job that he actually does. Hence, he has provided supporting information that appropriately covers both the GP and occupational medicine aspects of his work.

2. Knowledge, skills and performance

Dr A enjoys keeping up to date. He has undertaken an appropriate amount of CPD, and uses different learning techniques. For general practice, these include: reading; online modular learning; attendance at monthly local CPD events; attendance at Update Conferences; and attendance at national RCGP events. He has also continued to attend the annual Civil Flying Agency Examiners' Conference (compulsory for continued accreditation as an Aviation Examiner) and has sought out an attended bespoke occupational medicine and Health & Safety training appropriate to his Prototype Engineering role (e.g. safety measures for metal-cutting machinery operators).

3. Safety and quality

He had provided Significant Event analyses relevant to both his general practice and occupational activities, and has demonstrated appropriate reflection and implemented changes as a result of these occurrences. Dr A has audited clinical activity within Warren Medical Centre, introduced a practice protocol, and demonstrated a resulting improvement in the quality of patient care.

4. Communication, partnership and teamwork

We discussed the process and results of 360° Multi-Source Feedback from 20 colleagues, and a survey of 50 of his patients.

His MSF indicates that his colleagues regard him highly, and value his contribution. He openly expressed his upset at the perceived 'criticism' of his lack of specialist Health & Safety knowledge, but respected the opinion and quickly took active steps to address this learning need.

His patient survey indicates that he has sophisticated consulting skills and enjoys an effective professional relationship with his patients. Nevertheless, he is not complacent, and intends to use the practice video to watch himself a bit more and further refine his style.

5. Maintaining trust

He has received some 'Thank you' letters, and has no knowledge of any personal complaints from patients. He has no known health or probity issues.

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

N/A.

7. General comment not covered above

Dr A highlighted that he feels that he is approaching something of a crossroads in his career. Occupational medicine is a standalone specialty and the opportunities for GPs to become involved in occupational medicine are increasing. Although he believes he is competent to undertake his current aviation and motorsport roles, he is not specifically qualified in occupational medicine. He has attended a CPD event about revalidation, so has evolved a better understanding of the process. However, with the introduction of revalidation, he still wonders whether he will need to hold a formal qualification in occupational medicine. Hence, we have discussed the potential advantages and disadvantages of undertaking the Diploma in Occupational Medicine and/or the Diploma in Aviation Medicine. Both represent a significant investment of time and money, and we discussed the difference between competency and a paper qualification. Dr A intends to liaise directly with the Faculty of Occupational Medicine and the Royal College of Physicians about the courses, then discuss the 'art of the possible' with Warren Medical Centre, his current occupational medicine employers, and his wife! Hence, at present, he has not specifically listed these diplomas as objectives on next year's PDP.

Specialty Adviser comments:

Every doctor will revalidate in the job that they actually do. Revalidation is not concerned with the General Medical Council (GMC)'s Specialist or General Practice Registers, only the doctor's licence. Although many GPs have interests across a variety of specialist areas, they will remain on the General Practice Register. All GPs are expected to derive an annual Personal Development Plan (PDP) from participation in each annual appraisal. The PDP should be signed off by the appraisee and appraiser, and should represent the agreed plan for the forthcoming year. Separate royal colleges, faculties and specialist associations do not require separate PDPs from doctors undertaking diploma or other postgraduate activities that they

administer. The PDP from each appraisal should consist of a number of goals though. Most GPs will set themselves between three and five goals that reflect the breadth of their practice, responsiveness to the health needs of their local population, and their own development needs.

Further information is provided in the 'General Information – Scope of Your Practice' section of *The RCGP Guide to the Revalidation of General Practitioners* available at: www.rcgp.org.uk/revalidation.aspx.