

**Welcome** to this first Peninsula wide Revalidation newsletter.

## **First the big news!**

REVALIDATION IS STARTING IN APRIL 2013

The first doctors considered for revalidation will be having recommendations made to the GMC very soon. This is a process that for the vast majority of us will be a paper exercise— data from appraisals and clinical governance streams will inform the Responsible Officer's recommendation to the GMC. This body will in turn make its decision and inform each GP accordingly.

## **and the equally big news....**

Devon, Torbay and Plymouth have now combined with Cornwall to form the **Peninsula Medical Appraisal and Revalidation team**. Although there has been much in common in terms of approach there will obviously be differences which will need some time to iron out.

The team will now be based in Saltash and Exeter. Most of the key members have been confirmed in post. Contact details can be found on the final page.

## **Preparing for Revalidation**

All GPs should have received their revalidation date from the GMC. If you have not done so already please register with GMC online. You can then check your revalidation date and that you have the correct Responsible Officer, Dr Graham Lockerbie. You will also receive confirmation of your revalidation through GMC online.

For some time now, we have been refining a Revalidation Checklist to aid doctors' preparation for the process. Simply put, this is a means of recording what evidence has been produced in the areas required for Revalidation year on year. See later for exact details of supporting evidence required for revalidation.

Having used the checklist for some time Devon's GP appraisers and GPs have found this a useful tool. Any doctors can request a copy of a previous year's checklist to establish where they are in terms of progress towards revalidation. These forms are new to Cornwall, Torbay and Plymouth so this will only be relevant to GPs in these areas on a prospective basis. We would ask each doctor to share this in turn with their appraiser. A copy can also be provided to the doctor's appraiser particularly where a revalidation recommendation is due.

The team will be in contact with every doctor whose revalidation date is due during the next 12 months to clarify all evidence completed and the dates, and to advise on any outstanding evidence required for their next appraisal. Their appraiser will be copied in to the email if there is still any outstanding evidence required at their next appraisal so both are clear what must be completed in order for a Revalidation recommendation to be considered. Advice will be available for individual enquiries and we will do our best to support doctors and help them get ready for revalidation

## The Revalidation Advisory Group (RAG)

The Revalidation Advisory Group has been established to review recommendations for revalidation with the intention of identifying potential difficulties in advance. Following each meeting we plan to contact doctors by email to inform them of the Responsible Officer's intention to recommend them for revalidation to the GMC, although they will be contacted directly by the GMC to confirm their decision by email. The membership of the RAG includes the Responsible Officer, both Assistant Medical Directors, Senior Appraisal Manager and Appraisal Clinical Leads.

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### Revalidation Recommendations

There are three potential recommendations that the Responsible Officer (RO) can make to the GMC: The most common will be a positive recommendation.

The second is deferment for inadequate evidence (note, not lack of engagement). This can be because of illness, maternity leave etc. It is anticipated that a few GPs across the Peninsula may lack just one piece of evidence. **In these circumstances the doctors will be asked to submit this single piece of evidence with their reflection on it (e.g. MSF) to the Appraiser to confirm after their appraisal and before their revalidation date.** This could be done via email, but will need to be confirmed with the Appraisal Manager, Lynne Bradshaw. Please note that appraisals can be brought forward to 9 months after the last appraisal to allow an appraisal to be completed in preparation for Revalidation. **The doctor cannot choose to defer their revalidation date; this must be approved at the Revalidation Advisory Group** and a review date allocated with an action plan agreed. Action plans will be monitored.

The third option for the RO is to inform the GMC that the doctor has failed to engage with the appraisal process.

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### Medical Appraisal Form and Medical Appraisal Guide

We view this as the tool of choice for Appraisal summaries. A blank copy and a worked example is available on the NHS Devon website currently (see link below) and will be available on the new Peninsula GP Appraisal Website when it is up and running. As you will see this is a PDF document that works like a toolkit but is held by the GP and can be attached to an email to allow easy transfer between GP and appraiser. It allows documents to be attached but does have a maximum capacity of 10MB, so large image based things like power-points should be avoided as attachments. It is not web-based. Electronic forms are mandatory from 1st April 2013. We appreciate that this represents a considerable change for some Doctors but this is a national requirement reflecting the professional nature of the process. Your appraiser can help you through this process (but the worked example is very good).

#### Web based information

All documents relating to appraisal and revalidation for the time being can be found on either the NHS Devon Website link [http://www.devonpct.nhs.uk/GP\\_Appraisal/GP\\_Appraisal.aspx](http://www.devonpct.nhs.uk/GP_Appraisal/GP_Appraisal.aspx)  
Or in the Primary Care Section on the Peninsula Deanery Website <http://peninsuladeanery.nhs.uk/>

We will set up a page on the Devon and Cornwall Area Team website as soon as it is up and running. It would pay to look at the GMC <http://www.gmc-uk.org/> and RCGP (free to non members) web pages relating to Revalidation. <http://www.rcgp.org.uk/>

## Evidence for Revalidation

In advance of your annual appraisal discussion every year you will need to:

1. Provide last year's PDP so that you can discuss this with your appraiser and chart progress with.
2. Produce evidence of feedback/audit/complaints/SEA's relating to all your roles (e.g. GP trainer, GPwSI work, medical student teaching) at least one piece for each other area worked over the revalidation cycle would be considered a minimum.
3. Produce evidence of CPD and reflections upon this with an intended average of 50 learning credits per year.
4. Produce evidence of Quality Improvement Activity (QIA) e.g. 2 SEA's / case reviews.
5. Make declarations about your health and probity.
6. Declare, detail and record reflections upon any complaints or seriously untoward incidents if you have been involved in any during the year.

Every Revalidation cycle (i.e. in the 5 years up to your first revalidation then every 5 years after that) you will need to:

1. undertake a colleague feedback questionnaire
2. undertake a patient satisfaction questionnaire

There is guidance on the GMC website about acceptable tools- the most important feature is that they should be administered by a 3rd party and the results reflected upon prior to a discussion with your appraiser.

For revalidation recommendation to be possible all required evidence needs to be have been produced. You may need to discuss this in some detail and possibly plan elements taking into account both your appraisal and revalidation dates- especially in the 1st cycle. Whilst there is some flexibility at the discretion of the Responsible Officer simply not organising your evidence is generally not viewed as sufficient reason to defer a decision. Please take your preparation seriously as this may have serious implications on your licence to practice.

## Outcomes of appraisal

Following your appraisal:

- 1: a summary should be agreed
- 2: a PDP for the ongoing should accompany the summary
- 3: the previous year's PDP should have been reviewed and this documented
- 4: your appraiser should complete the 5 MAG statements (agree/ disagree) **see page 4**

## Medical Appraisal Guidance (MAG) Statements

<b>MAG statement 1</b>	An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in <i>Good Medical Practice</i> .
<b>MAG statement 2</b>	Appropriate supporting information has been presented in accordance with the <i>Good Medical Practice Framework for Appraisal and Revalidation</i> and this reflects the nature and scope of the doctor's work.
<b>MAG statement 3</b>	A review that demonstrates appropriate progress against last year's PDP has taken place.
<b>MAG statement 4</b>	An agreement has been reached with the doctor about a new PDP and any associated actions for the coming year.
<b>MAG statement 5</b>	No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise. The appraiser and the doctor should both confirm that they agree with the outputs of appraisal and that a record will be provided to the responsible officer.

### Revalidation - Supporting Information

The RCGP has a good document (available free to non members) detailing their guidance – <http://www.rcgp.org.uk/>

Please note that this is guidance only - the GMC requirements are somewhat less exacting. The guidance on Quality Improvement Activity (QIA) has altered recently and this is reflected in the checklist. A full cycle audit is expected for most doctors once in a revalidation cycle (within the 5 years before your first revalidation then every 5 yrs) but if this is not possible then reflective case reviews (for instance) would be acceptable as a demonstration of engagement in QIA.

### Interested in appraising?

Please let us know if you are interested in becoming an appraiser - we would be happy to receive expressions of interest or to discuss what the role might entail. We plan to recruit and train more appraisers across Devon and Cornwall during the spring/summer. Please email [lynne.bradshaw2@nhs.net](mailto:lynne.bradshaw2@nhs.net)

## GP Appraisal Team — contact details

**Tracy Mallinson**, Appraisal/Revalidation Coordinator Devon based in Exeter 01392 356104 until end April

**Lesley Phillips**, Appraisal/Revalidation Coordinator Devon based in Exeter 01392 356106 until end April

**Vanessa White**, Appraisal/Revalidation Coordinator Cornwall to be based in Saltash 01752 434937 until end of March

All contactable by Email: [Appraisals.devcorn@nhs.net](mailto:Appraisals.devcorn@nhs.net) During April we will all be moving offices and do not yet know the new telephone numbers.

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