

# Appraisal and Revalidation Team GP Newsletter

North Midlands  
August 2018

Welcome to the Appraisal and Revalidation GP Newsletter for August 2018. This newsletter is very much a part of sharing good practice, information about events and anything you feel your fellow colleagues should know about in the North Midlands area. If have any questions or comments, please contact:

[england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net)

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## APPRAISAL FIGURES 2017/2018

We are getting more appraisals completed on time and signed off within 28 days – thank you. We are getting even fewer Drs seeking exemption (and if we link that with the positive comments we received earlier in the year – maybe during this period of high stress in the GP community, more Drs are appreciating the chance to sit down and have a discussion with a peer)

If you feel that an appraisal has had a positive impact for you please let us know.

	2015/16	2015/16 %	2016/17	2016/17%	2017/18	2017/2018 %
1a – complete	2342	86.48%	2461	89.1%	2511	91.64%
1b – complete, but not meeting all requirements e.g. 28 day sign off	165	6.10%	175	6.34%	127	4.64%
2 – approved missed	199	7.35%	125	4.53%	101	3.69%
3 – unapproved missed	2	0.07%	1	0.03%	1	0.03%
Total	2708	100%	2762	100%	2740	100%

## SURVEY MONKEY

We would still like to receive your input to this newsletter and would like to make sure that it is tailored in future to meet your needs in terms of content and format. Therefore we would appreciate if you could take a minute to respond to a very short five question survey:-

<https://www.surveymonkey.co.uk/r/9V9D239>

## RECRUITMENT FOR MEDICAL ADVISERS

You will have all received an email recently notifying you of the opportunity to apply to become a medical appraiser. If you have missed this; the attachment outlines the process for submitting your CV.

We are looking to add to our excellent team of dedicated GP appraisers and are now recruiting new Medical Appraisers to cover Derbyshire/Nottinghamshire/Staffordshire and Shropshire.

**Dates :**

Interviews: 4<sup>th</sup> October 2018 (Birch House - Derbyshire and Nottinghamshire,)

12<sup>th</sup> October 2018 (Anglesey House – Shropshire and Staffs)

Residential Training: 29<sup>th</sup> and 30<sup>th</sup> November 2018 (Burton on Trent)

Closing date 31<sup>st</sup> August 2018

Please see attached advert for more details.

## GP RETENTION

### Are you a GP thinking of leaving clinical practice?

The GP Retention Scheme is a package of financial and educational support to help doctors thinking of leaving the clinical workforce to remain. The scheme supports both the retained GP and the practice employing them by offering financial support in recognition of the fact that this role offers greater flexibility and educational support than a 'regular' part-time salaried post. Please see attached document for further information. There are also individual locality schemes available. Information on Derbyshire and North Staffordshire schemes are below and we will bring you other information as we get it.

**Derbyshire** - 'GP Aspire Project' are looking at how support can be given to enable GP's to stay in practice.

**North Staffs GP Federation** – 'Careers Plus' pilot scheme targeted as supporting locums working in North Staffordshire. Please see link for contact details and further information.

<https://www.england.nhs.uk/gp/gp/fv/workforce/retaining-the-current-medical-workforce/gp-career-plus>;

## KEY REMINDERS FOR APPRAISAL AND REVALIDATION

The new GMC guidance on supporting information for appraisal and revalidation was published on the 9<sup>th</sup> April 2018. The aim is to demonstrate that you remain up to date and fit to practise as a doctor for the whole scope of your practice in the UK.

Key reminders:

1. General information – providing context about what you do in all aspects of your work
2. Keeping up to date – maintaining and enhancing the quality of your professional work
3. Review of your practice – evaluating and improving the quality of your professional work
4. Feedback on your practice - seeking and acting on feedback about the quality of your professional work

The GMC have also kept the same six types of supporting information you must collect, reflect on and discuss at your appraisal; They are:

1. Continuing professional development (CPD)
2. Quality improvement activity (QIA)
3. Significant events (SE)
4. Feedback From patients or those to whom you provide medical services
5. Feedback from colleagues
6. Compliments and complaints

In addition, supporting information must cover any work you do:

- Clinical (including voluntary work) and non-clinical (including academic) roles
- NHS, independent sector and private work

This link will provide additional supporting information: <https://www.gmc-uk.org>;

## CPD OR QIA ACTIVITIES FOR ANNUAL NHS APPRAISALS FOR MEDICAL STUDENTS

As part of the annual appraisal process we are as doctors required to ensure that we demonstrate reflection on all roles we undertake including being a GP Educator/ Tutor to medical students. This has to be demonstrated over the 5-year revalidation cycle.

As stated in the RCGP guide to annual appraisal and revalidation (2016), there should be:

- Annual reflection on continuing professional development (CPD) learning activities across a balanced programme appropriate to your scope of work
- Annual reflection on ongoing review of your work across your whole scope of work

This document has been developed to provide a few ideas of how this could be achieved for our GP Educators/ Tutors. The attached document also includes some further tips on CPD and QIA ideas.

## GP APPRAISAL TOOLKITS

This is more of an update of information for GP's regarding the different types of tools kits used in this area to store and evidence information for appraisals/revalidation. Some have mobile apps available

**Clarity Appraisal Toolkit** <https://appraisals.clarity.co.uk/doctors/toolkit/Account>;

The Appraisal Mobile Portfolios app is now available to download on IOS and Android devices. The AMP allows you to record your CPD evidence and reflection on the go, securely stored on your mobile device. Once created you can sync to your Appraisal Toolkit account and import into your portfolio/appraisal. Whether you are at work, home or on the move, AMP will save you time for appraisal and revalidation preparation and allow reflection to be recorded when it's fresh in your mind. AMP synchronises across your iOS and Android devices so you can be confident your information is accessible and stored securely wherever you are.

**Fourteenfish** : <http://fourteenfish.createsend1.com/t/ViewEmail/y/EA64F5788C0B112C>

**GP Tools** : <https://www.gptools.org>;

GP tools also have an app for both iphones and android app – you can enter you data on the go and sync with your main documentation when you are ready. Subscription includes free MSF and PSQ tools.

**MAGFORM** <https://www.england.nhs.uk/medical-revalidation/appraisers/mag-mod>

## TIER 2 VISA SUPPORTING ORGANISATIONS

Are you struggling to recruit now or are aware that in the future you may have a vacancy which will be difficult to fill? Then becoming a Tier 2 Sponsoring Organisation may be the solution.

Becoming a sponsoring organisation allows you to employ fully qualified non-European Economic Area (EEA) migrant Drs who will generally have completed their training in the UK. A sponsoring licence is valid for 4 years – so you can set the wheels in motion now where you are aware of future vacancies.

At the moment NHS England is reimbursing application costs and offering support. If you are interested please contact [Claire.gooder@nhs.net](mailto:Claire.gooder@nhs.net)

## REGULATION 28: Controlled Drugs (CD) Clear Dosing Instructions

NHS England has received a Regulation 28 report from a coroner and requests that you take further action to help prevent future deaths. The coroner's report is in relation to a patient who was prescribed liquid morphine (Schedule 5 CD) by their GP, and who later died through misadventure. The medication label printed read "*take as directed by your doctor every four hours*". The prescription was sent using the Electronic Prescription Service (EPS) but the concerns apply equally to all prescriptions. The dose to be taken was discussed with the patient by their GP and this understanding was checked further at the point of dispensing. The coroner's concern was that neither the individual unit dose nor the maximum total daily dose was printed on the label of the medication.

NHS England would like to remind all relevant health care professionals of the guidance contained in the BNF and NICE guideline 461, "Controlled Drugs, Safe Use and Management" that it is considered best practice to include:

- clear dosing instructions on the prescription
- clear dosing instruction on the corresponding medicine label, such as the individual unit dose and maximum total daily dose to reduce the risk of confusion or misunderstanding at a later date, particularly when terms such as 'as directed', 'when required' or similar phrases are used.

## GP HEALTH SERVICE

The NHS GP Health Service (GPH) is a service for GPs or GP trainees across England, with issues relating to mental health concerns or addiction problems, often where this might be affecting their work. This is a confidential service which seeks to protect doctor-patients from the stigma associated with mental ill health and addiction. Attached is a leaflet which gives more about the service and what it provides along with contact details.

## NHS ENGLAND PRIMARY CARE WEBSITE

The Primary care website (PCWT) at [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) has been redesigned to provide improved functionality, user experience and has been updated.

As part of this update we have taken the opportunity to launch a new General Practice Indicators (GPI) module. The new module brings together and replaces the General Practice Outcome Standards (GPOS) and General Practice High level indicators (GPHLI) modules, creating a single unified indicator set. This development removes the overlaps that existed between the two datasets and uses a single methodology to assess variation of the 46 indicators contained within it. This new module and methodology draws on the strengths of the GPOS and GPHLI approaches and reflects the valued feedback from users and stakeholders to ensure a greater consistency of approach.

The attached document also outlines the key features within the website

For any queries about the GPI module please contact [primarycareweb@nhs.net](mailto:primarycareweb@nhs.net).

Furthermore, the General Practice IT (GPIT) indicator set has also been updated. If you have any queries about the GPIT module please contact [england.digitalprimarycare@nhs.net](mailto:england.digitalprimarycare@nhs.net)

## HANDI app – To support children with common illnesses

This app has been developed by paediatric consultants and gives users access to home care plans as well as GP and hospital guidelines, to help parents provide the best support to their children and improve confidence in caring for them when they are unwell. The app describes care plans and gives guidance for childhood illnesses like abdominal pain, chestiness, diarrhoea and vomiting, high temperature. It can be downloaded for free for Android phones on Google Play or for iPhones search the Appstore for Handi App.

## Finding Meaning in Medicine Groups Why did you get into medicine in the first place?

These groups may be useful to GP's who would like some additional peer support. The attached documents give general guidance on how these groups are run, together with the experience of a GP who has been part of one of these groups. We hope that you will find this of some use.

### What is a Finding Meaning in Medicine group?

An FMM group is a group of like-minded physicians and/or residents who come together in a warm and supportive environment to explore the personal meaning and values which are inherent in the practice of medicine. The format is simple and no special group leadership skills are required other than the ability to run an even-handed meeting where everyone has the chance to speak.

## APPRAISAL TEAM UPDATE

<b>Claire Gooder</b> Programme Manager 01138 254613	Manages the admin team and can either answer your questions or signpost to the correct person
<b>Faye Donaghy</b> Senior Project Officer 01138 54690	Supporting the Programme Manager
<b>Gill Cotterill</b> Project Officer 01138 249560	Leads on non-engagement
<b>Gaynor Duffell</b> Senior Administrator 01138 248848	Leads on appraisal allocations and all appraisal queries across Derbyshire and Nottinghamshire
<b>Claire Beecroft</b> Senior Administrator 01138 255501	Leads on appraisal allocations and all appraisal queries across Staffordshire and Shropshire
<b>Angela Smith</b> Administrator 0300 4042 999 Ext.1643	Leads on appraisal invoicing and finance
<b>Claire Stanley</b> Project Officer 01138 254604	Leads on revalidation
<b>Sue Saville</b> Project Officer 01138 255516	Leads on revalidation

Most of the team members are part time, but you can contact them either on their individual phone numbers or via the team email address – [england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net)

We would like to welcome Faye Donaghy to the team. Faye will be supporting Claire Gooder on a secondment basis for 12 months.