A brief introduction to the new RCGP Guide to Supporting Information for Appraisal and Revalidation (March 2016)

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The new Guide
GPs told us that appraisal documentation had become too bureaucratic and burdensome. The RCGP has approved a new *RCGP Guide to Supporting Information for Appraisal and Revalidation* (March 2016) that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations.

Reducing the regulatory burden
GPs told us that some responsible officers (ROs) have been adding layers of detail and complexity that are unhelpful because they make the implementation of appraisal and revalidation guidance more inconsistent. The new Guide is designed to ensure that any areas where there has been a lack of clarity are better understood. The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the GMC, BMA and RO networks to look at reducing the regulatory burden.

What counts as CPD?
GPs told us that it was confusing to have to decide what counted as continuing professional development (CPD). The new Guide makes clear that all learning activities can be counted as CPD, whether they arise from quality improvement activities (QIA), or reflection on Significant Events, Complaints or other forms of feedback.

Defining a CPD credit
GPs told us that there was no clarity about the definition of a CPD credit. The new Guide makes clear that:
One CPD credit = one hour of learning activity demonstrated by a reflective note on lessons learned and any changes made as a result.

All hours spent on learning activities can be credited, even if nothing new was learned and the activity merely reinforced what was already known. There is no need to produce more than one reflective note for a learning activity that has taken several hours.

Demonstrating impact
Appraisers told us that the "doubling" of CPD credits for demonstrating impact was inflexible and arbitrary and sometimes led to disagreements over interpretation during the appraisal. The new Guide makes clear that all time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited. "Doubling" will be removed from 1st April 2016, so any credits achieved in this way before 31st March 2016 will still be accepted. From 2016-17 appraisal year onwards, all time spent on learning and demonstrating impact can be credited.

Stop scanning certificates
GPs and appraisers told us that the scanning of certificates was a waste of time and educationally meaningless. The new Guide makes clear that there is no need to routinely

scan certificates for CPD (although GPs may wish to keep particular certificates e.g. those relevant to statutory and mandatory training defined by their employer).

Documenting reflection
GPs told us that they were overwhelmed, in some cases, by a feeling that they had to document every single time they think about a patient, learn something new or reflect on their work. The new Guide makes clear that the aim in the Appraisal and Revalidation portfolio is to provide supporting information to meet the GMC requirements for revalidation through quality, not quantity. It is unreasonable and disproportionate to try to document everything. The new Guide recommends that GPs provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle.

What is a Significant Event?
GPs told us that they were confused by different interpretations of Significant Events, with some ROs and IT tools requiring GPs to demonstrate two Significant Events every year. The GMC have clarified that their definition of a Significant Event is a serious, or critical, incident, in which you were named or personally involved, and in which serious harm could have, or did, come to a patient. Only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur.

Otherwise, it is appropriate for GPs to state, and celebrate, that they have not been personally named, or involved, in any Significant Events

The RCGP has a long history of promoting significant event analysis - where any trigger event, both positive and negative, can be used as an opportunity to look at lessons learned and any changes that need to be made as a result. This is a form of quality improvement activity and should be documented as such.

Quality improvement activities can take many forms
GPs told us that they did not find clinical audit the most appropriate tool for all their quality improvement activities. The new Guide clarifies that there are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle, although it will obviously be the appropriate tool in some circumstances.

GPs told us that the former guidance about producing two case reviews or two significant event analyses every year was too restrictive. The new Guide recommends that GPs review what they do every year and cover their whole scope of work over the five year cycle. The RCGP has a wealth of resources about possible quality improvement activities and aim to supplement this by capturing and sharing examples of good practice in this area.

Colleague feedback
Some GPs told us that collecting feedback from all their colleagues in a single survey made interpreting the results difficult if the feedback applied to very different roles. The new Guide makes clear that GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors). It also makes clear that other forms of feedback, looking at particular parts of the scope of work, such as feedback from trainees or appraisees, do not need to be GMC compliant in terms of number of respondents or anonymity and may be more appropriate than including them in the main survey.

Patient feedback

Patients, carers and the public told us that it was unacceptable for GPs, who see more than the GMC recommended minimum number of patients for a GMC compliant patient survey in a single day, to only review their patient feedback once in five years. The new Guide makes clear that GPs only need to do a formal GMC compliant feedback survey once in the revalidation cycle (like all other doctors). The new Guide recommends that GPs take the opportunity once a year at appraisal to reflect on the other forms of patient feedback that they receive, which may vary from the informal “throw away” remark, or compliment, to the more formal Friends and Family and National Patient Survey, where available. GPs are not recommended to undertake any additional surveys or seek out additional feedback, just to reflect on the feedback that they already have.

GMC requirements and RCGP recommendations

The GMC has laid out the requirements for all doctors to demonstrate that they are up to date and fit to practise. The new Guide provides recommendations for how GPs can fulfil the GMC requirements in a streamlined and proportionate way. However, there will always be circumstances where the specifics of a recommendation are not applicable in a particular context. The new Guide makes clear that in these circumstances it is a matter of professional judgement between the doctor and the appraiser to decide on the most appropriate recommendation for the individual. Prior advice and approval from the responsible officer is advisable in such situations. One obvious example is where there are not enough colleagues who know about a GP’s clinical work to fulfil the requirements for a GMC compliant colleague survey tool.