

NHS England All England Appraisal Network Medical Appraisal Position Statement

Reference: MAPS S9

Scope of work and appropriate supporting information for a General Practitioner

Relevance

This Medical Appraisal Position Statement is relevant to NHS England in its role as a designated body. It may also be of interest to other designated bodies.

Position Statement

Annual GP appraisal should cover all of a doctor's roles. Appropriate supporting information is required to be provided by a doctor to achieve this. The RCGP provides guidance for extended roles for GPs.

It is the responsibility of the GP to demonstrate that they are fit to undertake any extended roles and also that they are maintaining their skills appropriately.

It is anticipated that the GP should undertake a separate review with an appropriate clinical supervisor or manager to facilitate the demonstration of their fitness to practice within any extended role which is likely to fall outside of the expertise of the appraiser.

The review should focus on the following:-

- 1) How did you qualify to take on this role? This should include prior experience, education and qualifications.
- 2) How do you keep up to date in this role? This should include reference to all new and refresher education or development and refresher education and training undertaken for this role in the revalidation period, including any learning credits recorded.

- 3) How can you demonstrate that you are fit to practise in this role? This should include appropriate audits of care delivered, and reflections of service outcomes as appropriate.

It is not expected that the doctor will provide extensive information for the appraisal, but rather confirmation that this review has been undertaken by population of the Medical Practitioner Information Transfer (MPIT) form. This should include a summary and confirmation of the above. This may be complemented by the Dr capturing reflections on their credits or SEAs for e.g. within the relevant sections of their supporting information within their appraisal documentation.

Rationale for position statement

Description and background

For GPs there is a mixed understanding of SOP and this may be compounded by a residual limited understanding by some commissioners and employers re scope of the MRCGP and the requirement to support the doctor within an appropriate appointment and on- going clinical governance framework.

Extended practice is described by the RCGP as follows:

- An activity that is beyond the scope of GP training and the MRCGP, and that a GP cannot carry out without further training
- An activity undertaken within a contract or setting that distinguishes it from standard general practice (such as work as a GP with a Special Interest (GPwSI))
- An activity offered for a fee outside of care to the registered practice population (teaching, training, research, occupational medicals, medico-legal reports, cosmetic procedures, etc.).

Annual GP appraisal should cover all of a doctor's roles. Appropriate supporting information is required to be provided by a doctor to achieve this. Below are some common examples of extended practice and suggested supporting information which should be complemented by the GP's reflections as appropriate:

- 1) Undergraduate teaching
 - a. Student feedback
 - b. Results of Peer Review if done in the year
 - c. MPIT SOP form [desirable]
- 2) GP trainers
 - a. Last approval/ re-approval letter and relevant information from that process
 - b. Evidence of development in this role (e.g. attendance at Trainer's workshops, TQA seminars, Deanery workshops)- can be recorded as CPD credits

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- 3) Appraisers
 - a. MPIT SOP form from RO
 - b. Collated doctor feedback
 - c. Any feedback/ review with Appraisal Lead [desirable]
- 4) Out-of-hours
 - a. Performance data
 - b. Performance review/ appraisal with provider
- 5) Prison work:
 - a. If GP role only: confirmation that no extended role and confirmation no performance concerns from employer
 - b. If extended role: MPIT SOP form
- 6) CCG
 - a. Clinical exec member: MPIT SOP form from Clinical Chair
 - b. Clinical Chair: MPIT SOP form from Accountable Officer
- 7) GPwSI
 - a. MPIT SOP form
- 8) Substance misuse
 - a. MPIT SOP form

This will enable the appraiser to address appraisal output statements 1 and 2 appropriately and positively. In addition, when the RO makes a recommendation to the GMC regarding a GP's revalidation, the RO must be assured of the GP's fitness to practise in all the roles they undertake. Hence GPs need to provide such SOP information for their appraisal.

Current approach and associated risks

The lack of understanding and potential ambiguity currently may result in a GP not providing appropriate supporting information consistent with their SOP. This may not enable their appraiser to answer appraisal output statements 1 and 2 positively and place the RO in a position where they do not have the necessary supporting information to enable a positive recommendation to the GMC with regards to their medical revalidation on their behalf.

It will also compromise the delivery of all 4 purposes of medical appraisal. In addition, it may limit the support received by the doctor with regard to appropriate clinical governance framework to ensure they are appropriately qualified to undertake the role, and supported to maintain and where appropriate develop their skills.

References:

NHS England Medical Appraisal Policy (NHS England Oct 2013):
<http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/04/med-app-policy-1013.pdf>

Medical Appraisal Guide (NHS Revalidation Support Team, 2013)
<http://www.england.nhs.uk/revalidation/ro/info-docs/>

Medical Appraisal Guide Model Appraisal Form (NHS Revalidation Support Team, 2012) <http://www.england.nhs.uk/revalidation/ro/info-docs/>

The Medical Profession (Responsible Officers) (Amendment) Regulations 2013
<http://www.legislation.gov.uk/uksi/2013/391/made>.

The Medical Profession (Responsible Officer) Regulations 2010 (Her Majesty's Stationery Office, 2010) www.legislation.gov.uk/id/ukdsi/2010/9780111500286.

Good medical practice framework for appraisal and revalidation (GMC, March 2013)
http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf

Supporting information for appraisal and revalidation (GMC, March 2012)
http://www.gmc-uk.org/static/documents/content/RT_-_Supporting_information_for_appraisal_and_revalidation_-_DC5485.pdf

The National Health Service (Performers Lists) (England) Regulations 2013
<http://www.legislation.gov.uk/uksi/2013/335/contents/made>

The RCGP Guide to the Revalidation of General Practitioners. Version 9 (RCGP September 2014) <http://www.rcgp.org.uk/revalidation-and-cpd/new-revalidation-guidance-for-gps.aspx>

RCGP Guide to the Credit-Based System for CPD Version 3 (RCGP August 2013)
<http://www.rcgp.org.uk/professional-development/cpd-credits-and-appraisal.aspx>

Specialty Guidance for Appraisal and Revalidation. (Academy of Medical Royal Colleges, July 2014) <http://www.aomrc.org.uk/revalidation/specialty-advice.html>

NHS England medical appraisal position statements

NHS England medical appraisal position statements are a means by which issues pertinent to consistency and quality are captured, discussed and developed, so as to develop an agreed approach across all relevant parties. Issues are passed to the All England Appraisal Network (National) group in the first instance. The network develops an initial position statement based on preliminary discussion. This statement is shared for wider discussion as appropriate, then re-drafted and re-circulated. Depending on the nature of the issue, formal approval may be obtained from various bodies or relevant individuals. The degree to which a position statement has been shared and/or approved is detailed in the governance table at the end of the document.

A position statement should be seen as a fluid document to facilitate discussion and debate. It aims to capture current thinking on an issue and describe the best agreed approach available at the time. Incremental levels of sign off and approval occur after appropriate consensus-building efforts have occurred. A position statement may therefore eventually be consolidated as policy, but while it remains a position statement it remains a vehicle for debate and discussion.

NHS England medical appraisal position statement relevance

NHS England has a dual function in relation to revalidation and appraisal: firstly as a designated body in its own right, and secondly as Senior Responsible Owner for the revalidation programme in England as a whole. A NHS England medical appraisal position statement may therefore be relevant to NHS England only or to all designated bodies in England. The relevance of an individual position statement is indicated in the title of the statement. Position statements which are NHS England-only may still be of interest to other designated bodies.

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Governance table

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Status	Draft
Document narrative	XX/07/2014 (PT): Initial draft 15/12/2014 (JK): Shared with ROCON on 11/12/14 for comment. 31/12/2014 (JK): Re-formatted in NHS England style by Jenny Kirk 31/12/2014 (JK): Revised version number to indicate still draft document 31/12/2014 (JK): Distributed to responsible officers and appraisal Leads via regional offices for comment