

***NHS England Cumbria and NE Area Team***

**Appraisal and Revalidation**

**Newsletter**

**April 2016**

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Dear GP,

This is a newsletter to highlight some important areas :

* The end of the first cycle of Revalidation
* New RCGP Guidance on Supporting Information for Appraisal and Revalidation
* New MAG Form
* Allocations of appraisers - an update
* Updated Career Break Guidance
* The HEE [NE and Cumbria ] website
* Safe-guarding training-child and adult

**The first cycle of Revalidation is complete!**

The vast majority of GPs in the NE and Cumbria have now been revalidated and we would like to thank everyone for their cooperation and engagement in making this happen. The next two years has a significantly reduced number of GP’s due to be revalidated, with the next cycle starting again in 2018.

**New RCGP Guidance on Supporting Information for Appraisal and Revalidation**

This guidance has been simplified and brought in line with GMC guidance to all doctors. The overall aim of the new guidance is to make sure that appraisal is used as a valuable opportunity for facilitated reflection and learning, celebrating successes and examples of good practice, and planning for the future. The guidance stresses that the effort involved in producing appraisal documentation must not become disproportionate – a few examples of reflective practice are sufficient , leaving time to discuss the many challenges inherent in general practice today.

* The specific core changes are as follows:

**CPD credits** –the doubling of CPD credits if impact can be shown has been removed , but you can include within your CPD total any activity that includes learning and reflection Learning activities can include:

* + Learning arising from QIA activities
  + Learning from SEAs and SUIs
  + Learning from MSF, Complaints + compliments
  + Learning from personal reading and professional conversations
  + As well as formal CPD, PDP etc
* All are eligible for CPD credits providing that they are documented appropriately with reflection

**Quality Improvement Activities**

* The requirement to do a full audit once in 5 years and 2 x SEAs every year has been removed.
* Instead GPs are asked to submit at least one QI activity every year, with the aim of producing a range of activities over the 5 year cycle. QI activities , accompanied by some reflection preferably on a template , that are acceptable include:
* review of personal outcome data,
* small scale data searches-personal or practice based with analysis and reflection
* Plan/do/study/act (PDSA) cycles,
* CCG or practice based formal audit
* Case Reviews discussed and reflected on
* GP type SEAs where best practice may not have been followed but the patient has not come to any serious harm are best included in section 8 of the MAG form as a QI activity
* Outcomes of reflection on MSF results, other informal feedback ,any SUIs or complaints and compliments can also be submitted as QI activities if appropriately documented
* New document on HEE website 1.19 gives many examples of acceptable QI activities
* Main aim of doing QI activities is to drive reflection and improve patient care-always think about the following questions:
  + What has been done well?
  + What could be done better?
  + What should I change?
  + How will I know if change has led to improvement?
* Any Significant Event [SE] or Serious Untoward Incident [SUI] where the patient has suffered serious harm , must be written up, discussed and included in section 9 of the MAG Form .It is perfectly acceptable for any GP to declare that they have not been named in any SE/SUI

**The new MAG Form [from April 2016]**

We continue to advise all our GPs to use the MAG Form to submit their appraisal documentation, and there is a new improved version available to use from April 2016 –a copy is being send to every GP with this email along with some information about the new MAG.

The basic format is the same but the newer version is easier to use in terms of navigating from page to page.

There is also a new feature –when you enter the roles in your scope of work, these roles then appear in the drop down menu when you add any item to your CPD log or your QI activities, feedback, complaints etc. This means you can attribute each CPD activity etc to a specific role or identify it as something that is relevant to all your roles.

There is no longer a facility to store your appraisal summary and PDP from previous years in Section 21-your appraiser will be able to view this on RMS –you do not need to upload your previous year’s MAG Form to section 5.

The CPD log template in section 7 has been improved and you can now use this to record your CPD through the year, or you can attach any other log within this section

The other main change is the addition of a check list in section 17 –you do not have to complete this but you may find it useful as an aide-memoir to make sure everything that is needed has been submitted

For appraisers, there is now a facility to add comments in a box at the bottom of each section, which are automatically brought forward to the top of the appraisal summary page –section 18

We hope you find this new version easier and better to use –we encourage you to start using it as soon as possible but we will obviously accept appraisals done on the old MAG form for the next few months or so if you have already started completing the form for your 2016/17 appraisal.

IT is still acceptable to use the Clarity/RCGP e-portfolio.

**Allocations of appraisers-an update**

All GPs on the Performers list in the NE and Cumbria should now have received notification of their appraiser for 2016/17 2017/18 and 2018/19.

A re-allocation can be made if your appraiser is not suitable due to a conflict of interest, this can be requested by contacting the Appraisals Team.

We hope that once the allocations have all been accepted, this will make the process simpler for GPs.

**Updated Career break Guidance and GPs working very few clinical sessions [<40 per year].**

We have recently updated the Career Break Guidance that is on the HEE website [Document 1.22]

The most important thing for GPs who want to take a career break for reasons such as maternity/paternity leave , sabbatical, planned elective surgery , study leave or travel abroad, is to read the guidance and to plan ahead as much as possible.

**Career breaks of less than 2 years**

These are managed by deferring one annual appraisal, and supporting the GP to return to practice if needed [especially if they have not been doing any clinical work] by contact with a GP tutor. In these situations, the GP remains on the NPL and does not need any formal re-entry assessment

**Career breaks of over two years**

In this situation the GP is advised to resign from the NPL and apply for re-entry when they return to the UK or are fully recovered from illness or return from prolonged maternity leave etc. The RO is not able to recommend that a GP stays on the NPL is up to date and fit for UK practice, if they are not doing any clinical work in the UK.

**GPs working less than 40 clinical GP sessions per year**

The GMC does not give any clear guidance in this area but ROs across the country have agreed on a ‘ball-park’ figure of 40 sessions per year being around the minimum needed to maintain competence in UK practice. Any GP working less than 40 sessions annually will be flagged to the admin team by their appraiser. We consider each case individually, including whether the GP does other related clinical work or if their other roles are wholly non-clinical.

**Finding the documents you need –the HEE website**

This is currently being updated and all document numbers apply to the new website which will be in use by May 2016

All the documents you need for your appraisal are on the Health Education England [North East and Cumbria] website.

If you enter HENE and GP appraisal into your search engine you should get the correct page as the first hit-or you can folow this link

<http://www.northerndeanery.nhs.uk/NorthernDeanery/primary-care/continuing-practice/appraisal../appraisal>

**Child and Adult Safeguarding training**

All practices in England will have had a CQC visit before the end of 2016. Safeguarding is one of the key areas the visit teams focus on, and visit teams ask for evidence of child and adult safeguarding and mental capacity act training. Child safeguarding requirements are unchanged [see below]. Later this year we will be offering guidance to GPs about including some specific adult safeguarding training/education in your annual CPD [likely to be 2 hours total per year with a range of acceptable formats such as reading, e-learning, courses, case reviews etc ]. This is in response to the publication of Intercollegiate Guidance on Safeguarding Adults training.

**Appraisal and revalidation – Supporting Information checklist April 2016**

Updated templates are now available on the Health Education England [HEE] North East and Cumbria website put HENE and GP Appraisal into your search engine the link is:

<http://www.northerndeanery.nhs.uk/NorthernDeanery/primary-care/continuing-practice/appraisal../appraisal>

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| **Topic** | **Core information** |
| **Supporting information**  **Scope of Work** | Scope of work, list of all the roles undertaken and how these are reviewed would include all clinical work (NHS and private), managerial, teaching, appraisal, CCG, GPwSI’s and all other roles. Include any documentation relating to performance review in these roles.  If no formal review then expect your appraiser to ask in relation to all other roles:   * How did you train for this role? * How do you review your performance in this role? * How do you update in this role? |
| **Quality improvement**  **Activities** | The requirement to do a formal audit once in the 5 year cycle and 2 x SEAs every year has been removed  You should aim to submit 1-2 QI activities per year , using the QI template on the HEE website from the following list   * review of personal outcome data, * small scale data searches-personal or practice based with analysis and reflection * Plan/do/study/act (PDSA) cycles, * CCG or practice based formal audit * Case Reviews discussed and reflected on * GP type SEAs where best practice may not have been followed but the patient has not come to any serious harm * Outcomes of reflection on MSF results, other informal feedback ,any SUIs or complaints and compliments can also be submitted as QI activities if appropriately documented |
| **Serious Significant Events [SEs] or Serious Untoward Incidents [SUIs]** | If you involved in a SE or SUI in which serious harm came to a patient, this must be discussed , reflected on and written up.  It is completely acceptable for a GP to declare no such events in a given year |
| **PDP** | You must review your PDP for the past year and indicate any items not achieved and why. |
| **CPD** | At least 50 credits per year recorded in a learning log giving core learning points and actions (personal or practice) that have been taken if needed. |
| **Patient and Colleague feedback**  **You MUST do this using an approved tool ONCE in the 5 year Revalidation cycle** | CFEP approx. £105 code is DJ8482 [http://www.cfepsurveys.co.uk/products/general-practice/360.aspx](http://www.cfepsurveys.co.uk/products/general-practice/360.aspx" \t "_parent)    Edgecumbe approx. £75 code is nucapf  http://www.edgecumbehealth.co.uk/services/medical-appraisal-and-revalidation/colleague-and-patient-feedback-/  If you are using Clarity or the RCGP, you can collect feedback using these websites, which both include the GMC feedback questionnaires. Use the feedback template to reflect on learning from your feedback and read the FAQs on patient and colleague feedback available on booking website. |
| **CPR and Child safe-guarding**  These are mandatory training requirements from NHSE that are monitored via the appraisal process  Other local safe-guarding events or in –practice activities, audits are also t acceptable | CPR update is every 18 months.  Please note that ONLINE CPR Training is now acceptable every 3 years , with ‘hands-on’ updates at least every 3 years  Child safe guarding is over a three year period-aim to do something each year which can include :  **One module of e-learning (IT training)** The following websites have suitable modules:  [www.learning.bmj.com](http://www.learning.bmj.com/)  [www.e-lfh.org.uk](http://www.e-lfh.org.uk/)  [www.virtual-college.co.uk](http://www.virtual-college.co.uk/)  **One session of single-agency training** (SAT)  This is often provided ‘in-house’ by the Named GP or Nurse for Child Protection visiting the practice and delivering training to the PHCT, but may also be accessed at other educational events e.g. ‘timeouts’ 0r NE Sessional GP Group events  **One session of multi-agency training**.  This is usually provided by the Local Safeguarding Children’s Board (LSCB) for the area in which the GP works. Put this into your search engine followed by your local area to get details of courses  **Or other activities such as a safe-guarding case review or annual review of safe-guarding cases in the practice** |

Document 1.16 on the HEE website gives updated guidance on Appraisal especially for Sessional GPs

**CORE CONTACTS**

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| **Post** | **Area** | **Name** | **Contact details** |
| Medical Director and  **\*** Responsible Officer | NHSE Cumbria and NE | Dr Craig Melrose | [C.Melrose@nhs.net](mailto:C.Melrose@nhs.net) |
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| Clinical lead for appraisal and revalidation | NHSE Cumbria and NE | Dr Di Jelley | di.jelley @nhs.net |
| Admin Team | NHSE Cumbria and NE | Wendy Hooper  Beth Summerson | [england.cnegpappraisals@nhs.net](mailto:england.cnegpappraisals@nhs.net) |

**\*** Please note that from 20/6/16 Dr Jonathan Slade will replace Dr Craig Melrose to work as interim MD and RO for NHSE Cumbria and NE

**Updated List of GP tutors employed by HEE [North East and Cumbria] April 2016**

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| **Name** | **Email** | **Cluster** | **Area** |
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\* Dr Gerry Murray is also a GP Tutor but is employed by NW Deanery . He helps out with the QA reviews and GP support in South Cumbria