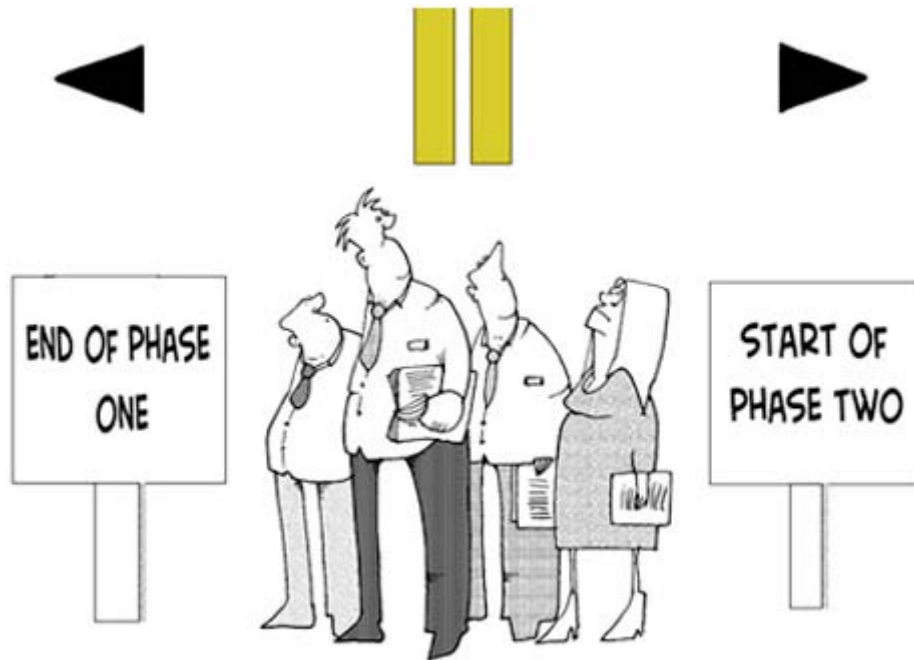




Professor Paul Knight  
Secondary Care Appraisal Lead

## **Appraisal and Revalidation Update**

[medical.revalidation@ggc.scot.nhs.uk](mailto:medical.revalidation@ggc.scot.nhs.uk)



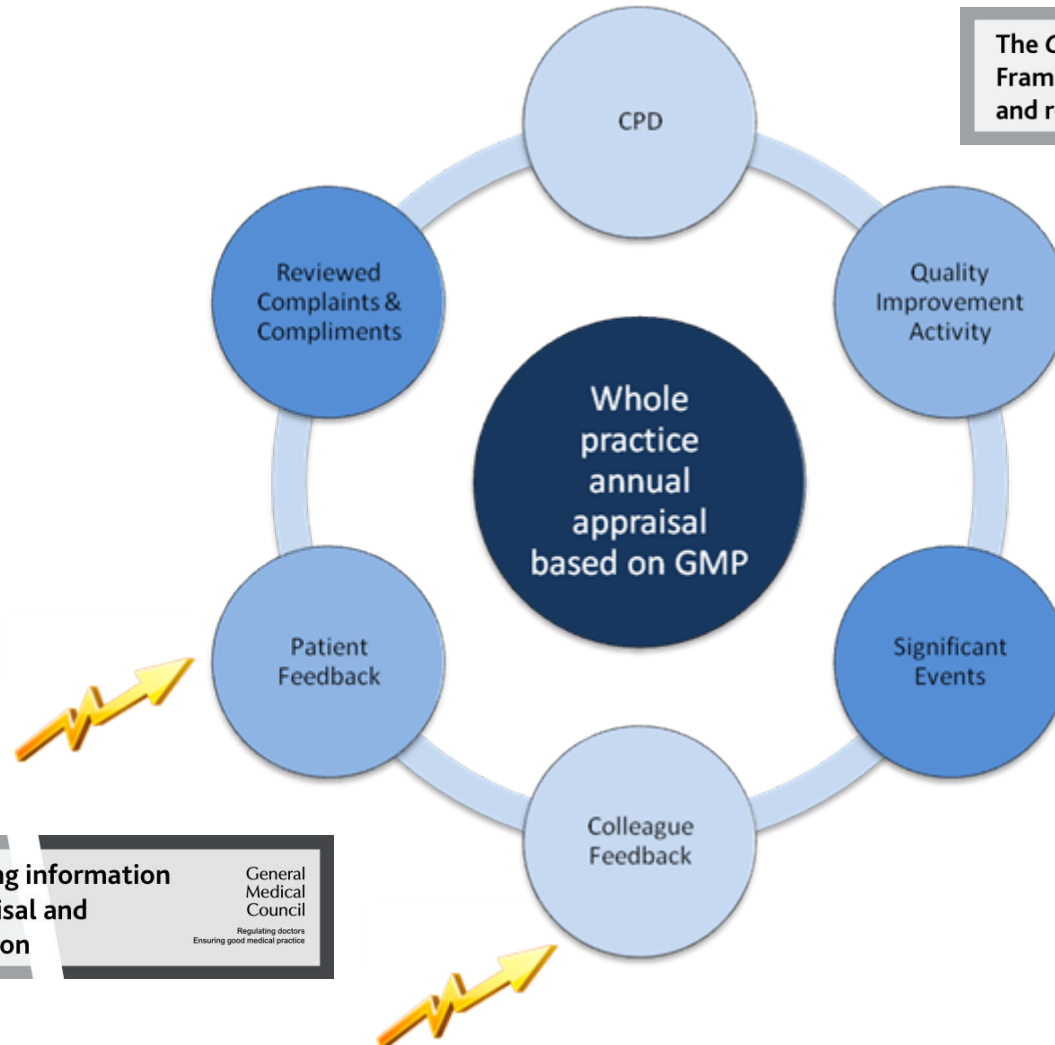
# What did we recommend in 2012?

- Everyone **must have** an Appraisal every year
- These should take place throughout the year but should be completed by December.
- Those undergoing revalidation wait until autumn (October-December) **and include MSF and Patient Feedback**
- Register with SOAR and GMC online
- Contact [medical.revalidation@ggc.scot.nhs.uk](mailto:medical.revalidation@ggc.scot.nhs.uk) if you have questions

# Appraisal

- A contractual obligation
- A method whereby doctors can reflect on their own practice
- Prove that they are up to date and participating in clinical governance
- It is essentially formative
- It is not performance management
- It is your responsibility

# Requirements for doctors...



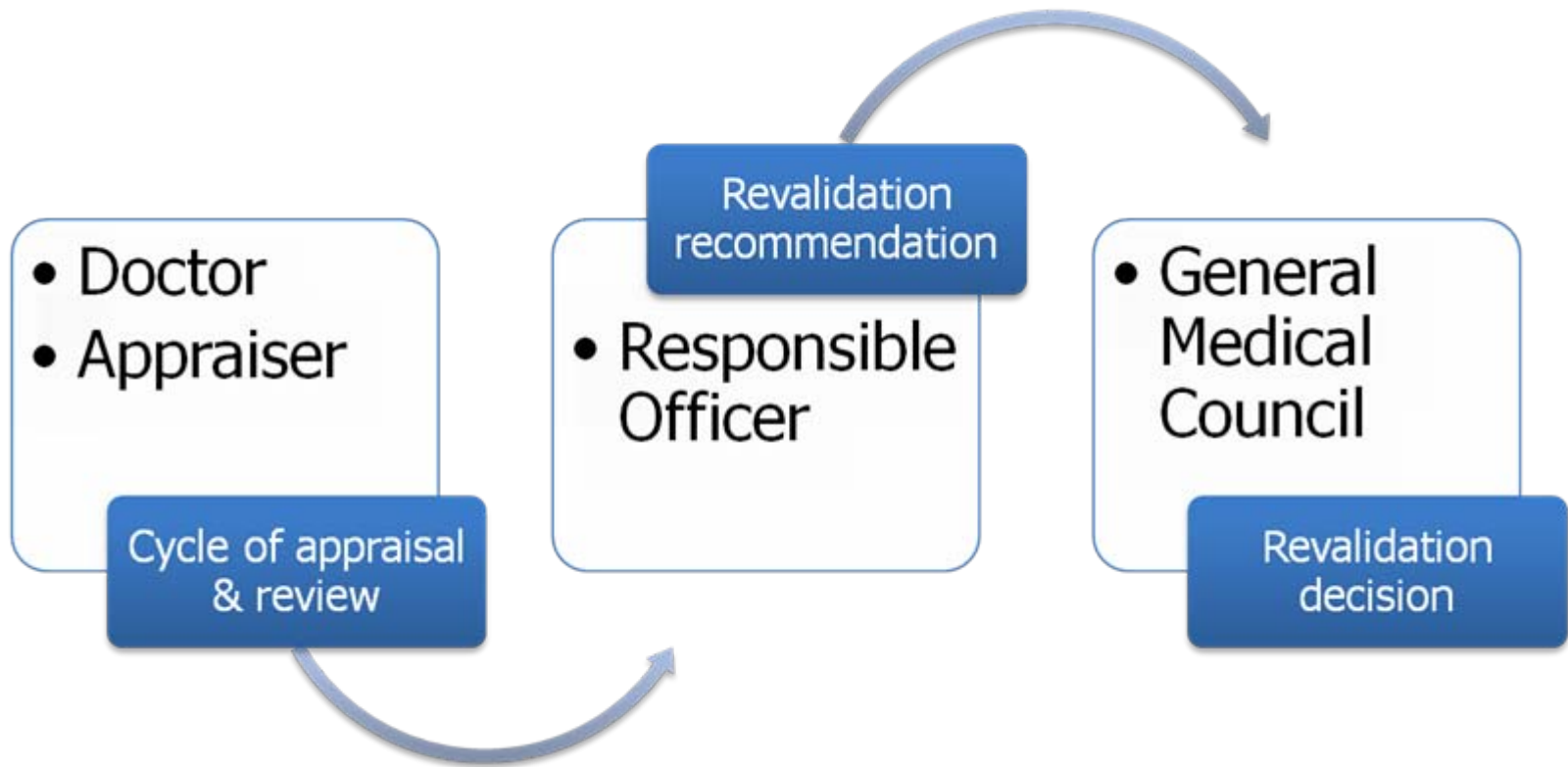
**The *Good Medical Practice* Framework for appraisal and revalidation**

General Medical Council  
Regulating doctors  
Ensuring good medical practice

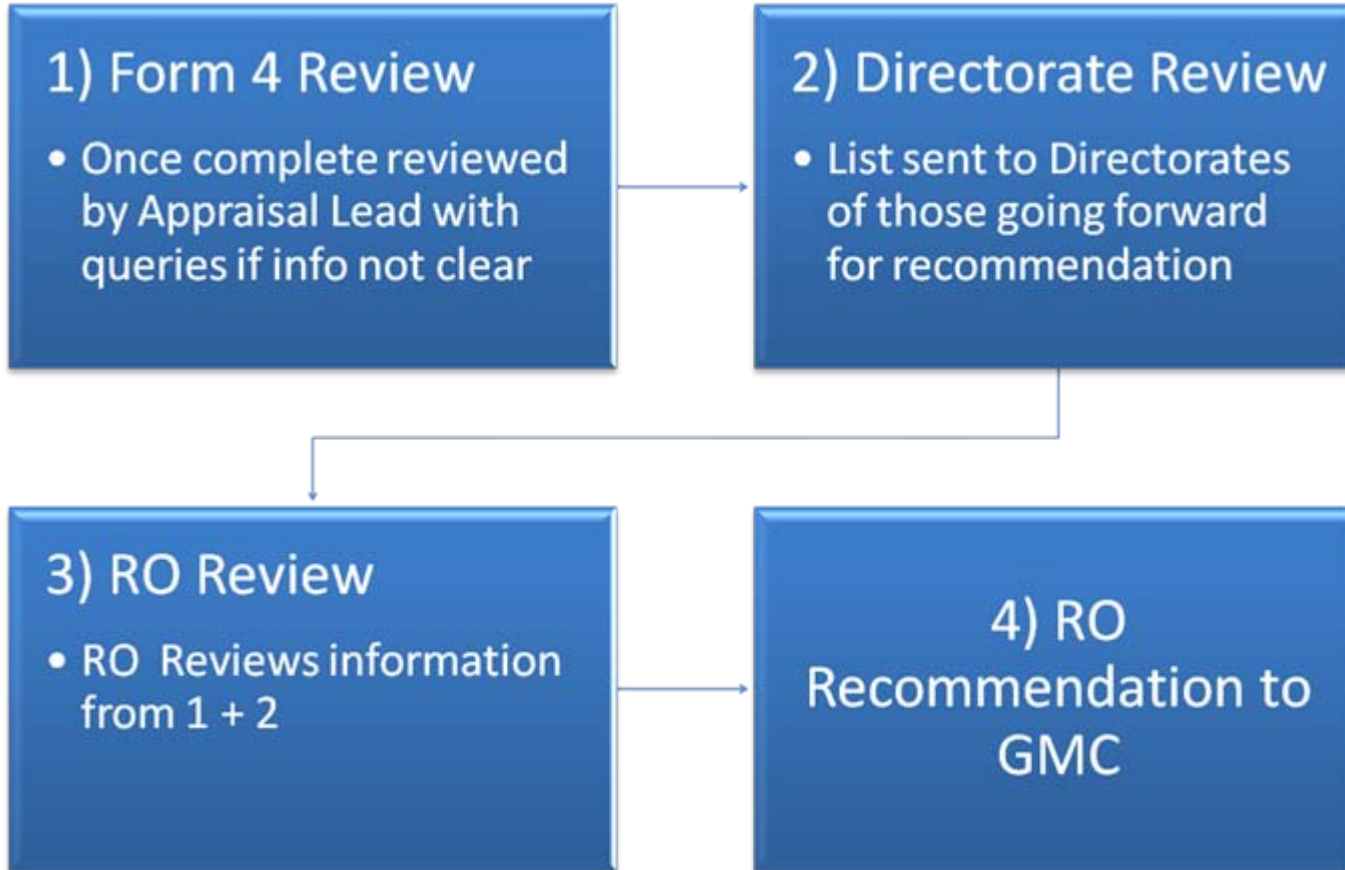
**Supporting information for appraisal and revalidation**

General Medical Council  
Regulating doctors  
Ensuring good medical practice

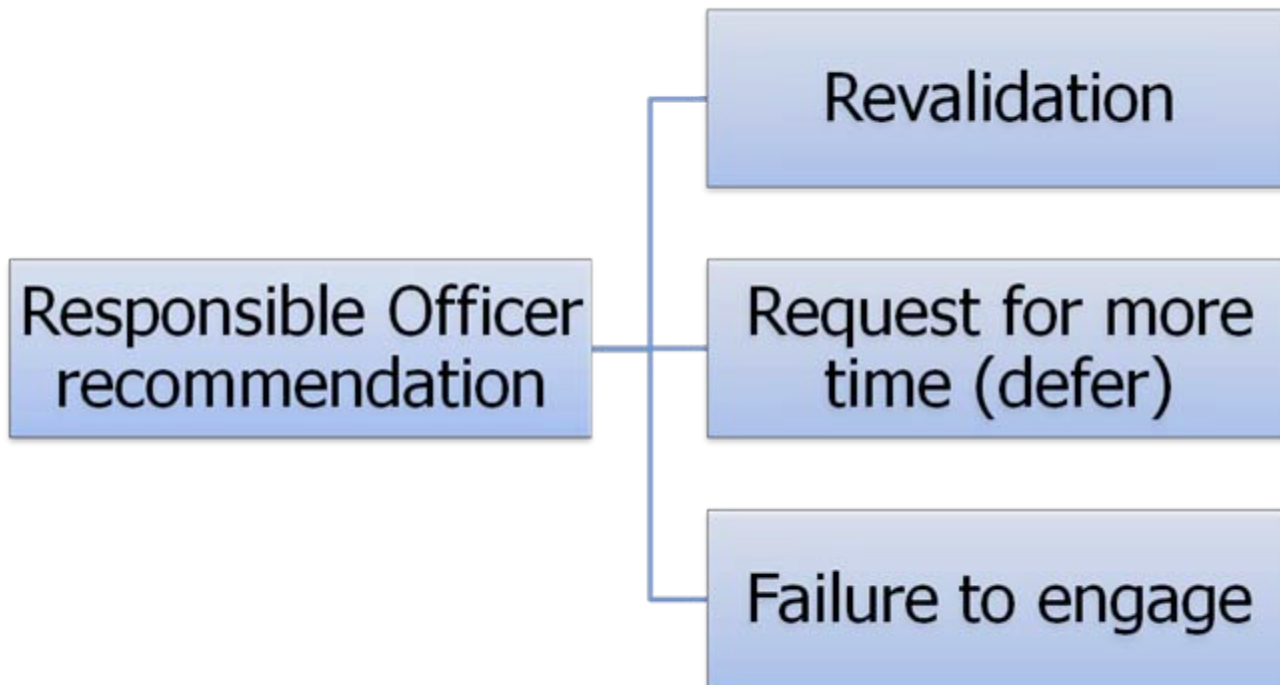
# The recommendation...



# GGC QA Process



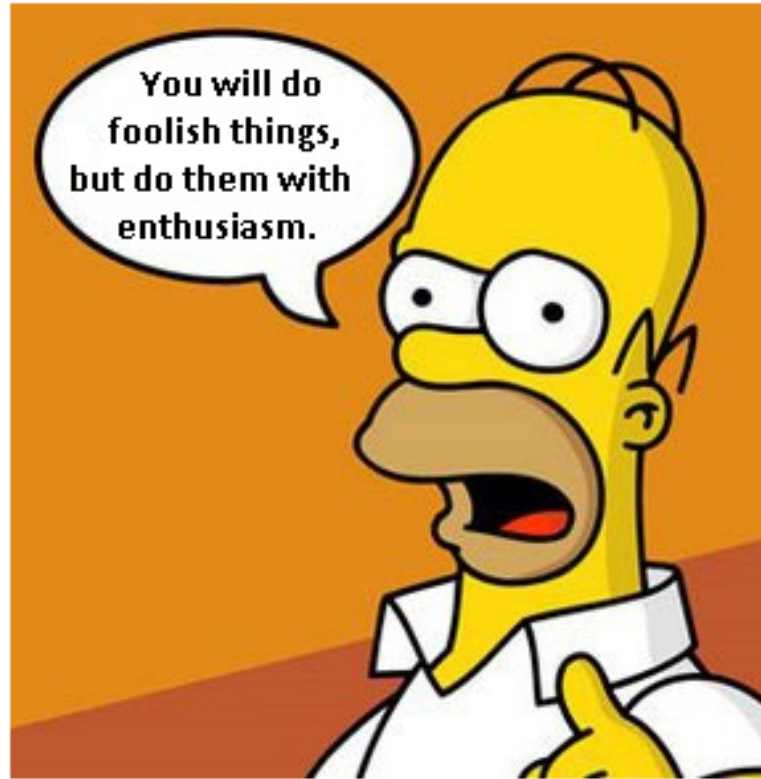
# Recommendation options...



Concerns about Fitness to Practise must be raised when they arise



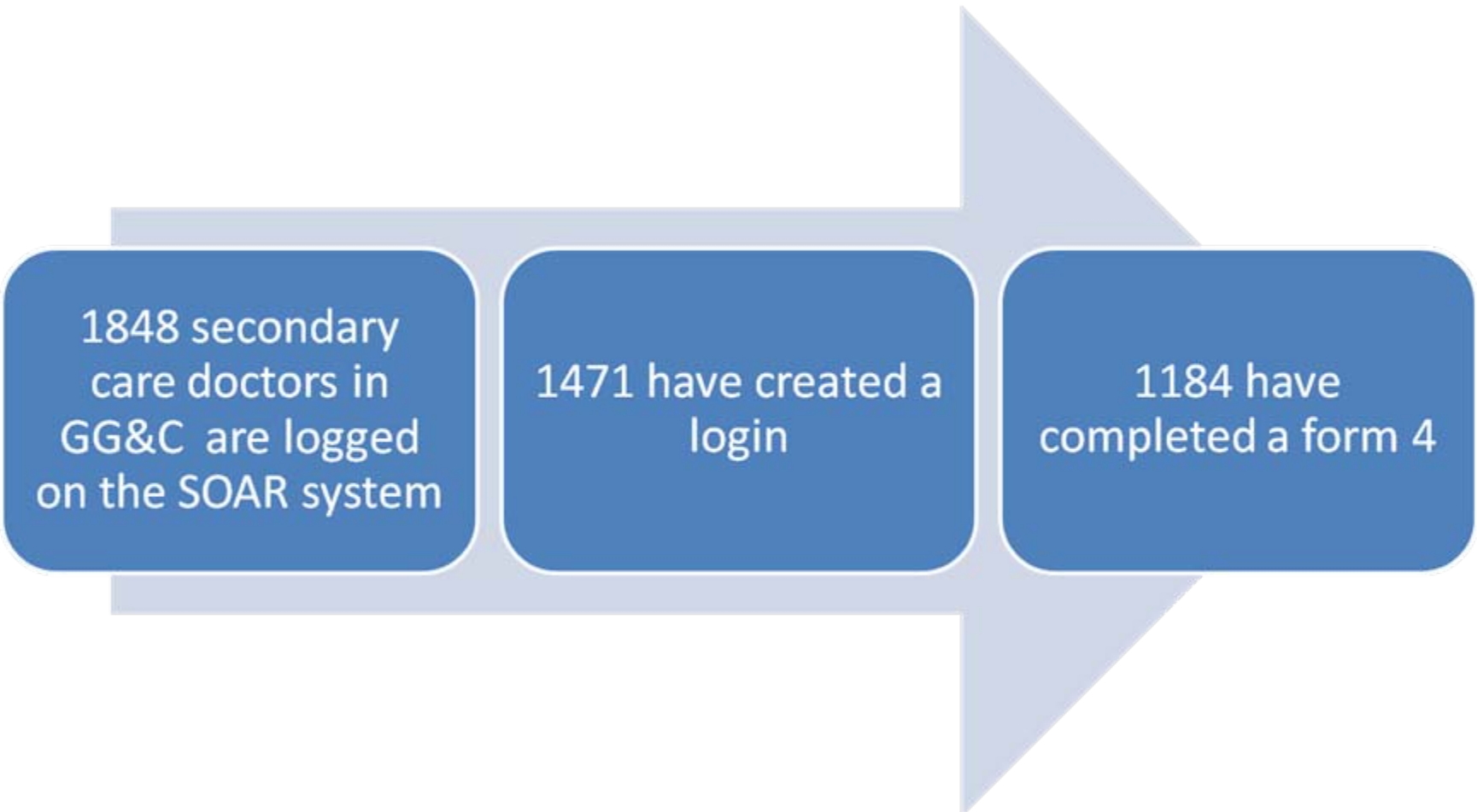
# Lessons from the first round



# Lessons from the first round

- Appraiser/appraisee pairings
- SOAR
- Colleague multi-source feedback
- Patient Questionnaires
- Appraisal recording – Form 4
- PDP

# Appraisal Statistics 19/06/13



1848 secondary  
care doctors in  
GG&C are logged  
on the SOAR system

1471 have created a  
login

1184 have  
completed a form 4

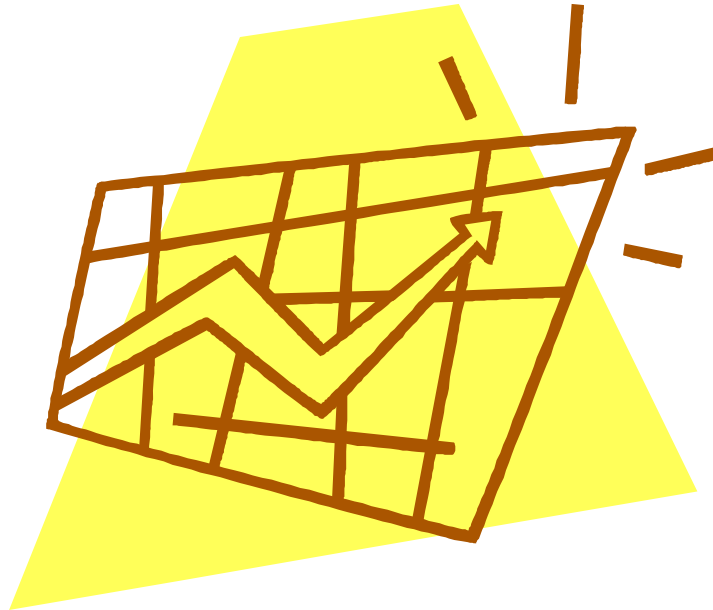


**If people missed out last year.....**

**They will be expected to complete an appraisal by end October 2013 covering 2 years of supporting information**

# NES Trained Appraisers

- 217 both new and experienced



# Lessons from the first round

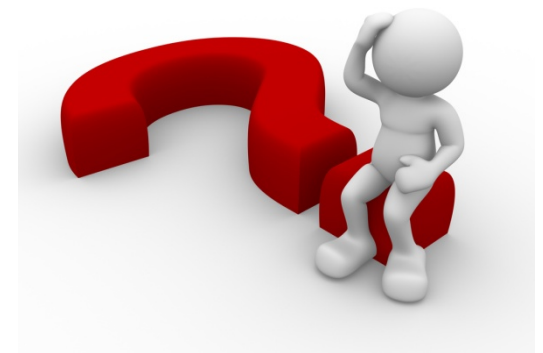
- Appraiser/appraisee pairings
- SOAR
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# Lessons from the first round

- Appraiser/appraisee pairings
- SOAR
- Colleague multi-source feedback
- Patient Questionnaires
- Appraisal recording – Form 4
- PDP

# What do I use the form 4 for?

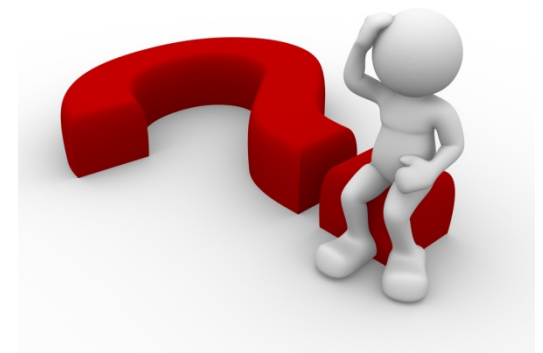
- As a record of the appraisal
  - An audit trail of issues and actions
  - A record of annotated supporting information
  - Including evidence of reflection





# What do I use the form 4 for?

- To inform the Personal Development Plan
- To inform the RO's revalidation recommendation
- To inform the next appraisal



# What does a good form 4 look like to you?

- As an appraiser?
- As an appraisee?



## Section A: Summary of Appraisal Discussion

### Key

- 0 - The doctor has provided no information relating to this domain or the information is insufficient to meet the requirements of the GMC in this area.
- 1 - The doctor has provided supporting information relating to this Core Element. This information is sufficient to meet the requirements of the GMC in this area.

### 2012/2013 Period, Domain 1 – Knowledge, Skills and Performance

#### A - CPD logs

Score  0  1

#### Discussion\*

No issues

#### Issues\*

No issues

#### Actions

Nil required.

[View History of Summary Discussion for Domain 1 \(expand\)](#)

### 2012/2013 Period, Domain 2 – Safety and Quality

#### B - Quality Improvement Activity

Score  0  1

#### C - Significant Event

Score  0  1

#### F - Health Statement

Score  0  1

#### Discussion\*

No issues

#### Issues\*

No issues

#### Actions

Nil required

[View History of Summary Discussion for Domain 2 \(expand\)](#)

## Section A: Summary of Appraisal Discussion (minimise)

### Key

- 0 - The doctor has provided no information relating to this domain or the information is insufficient to meet the requirements of the GMC in this area.
- 1 - The doctor has provided supporting information relating to this Core Element. This information is sufficient to meet the requirements of the GMC in this area.

### 2012/2013 Period, Domain 1 – Knowledge, Skills and Performance

#### A - CPD logs

Score  0  1

#### Discussion\*

Professor Knight continues to combine clinical work in community and acute geriatric medicine (five sessions per week) with his role as Director of Medical Education (six sessions per week). Although onerous he enjoys both aspects of his job and at present feels it is important to continue to maintain a clinical role particularly given his forthcoming appointment as President of the British Geriatrics Society. Although he undertakes many national roles these are usually directly related to his role in medical education. This year he has taken on the role of Revalidation Lead for Secondary Care in NHB GGC. This will occupy three sessions per week of his time and he recognises the need to review and rationalise some of his activities. He has spent some time reflecting on this and here, in terms of his own development, that the acute part of his clinical post should be reviewed with a view to handing this over to another clinician. He is particularly keen to release clinical sessions to support his clinical colleagues at the Royal Infirmary and allow him to concentrate on his community geriatric sessions. He enjoys this part of his clinical work best as it is more closely reflects the aims and principles of geriatric medicine and allows him to use his time more flexibly. He has developed this role over the past few years and is keen to continue to work closely with the community teams and the Day Hospital. He recognises that given the other pressures on his time it may not be possible for him to make further major developments in this area although he remains keen to be involved at a strategic level.

In Professor Knight's role as Director of Medical Education he has developed a good operational structure, raised the profile of the Scottish group and developed strong links with the management structure of NHB GGC. He remains committed to developing good quality medical education not only in NHB GGC but nationally and to his own professional development in this area.

Professor Knight has exceeded the minimum CPD requirement for the year 2011-2012 which included 85 credits for external clinical activities. Most of these were obtained by at Society meetings. There appears to be an absence of non clinical CPD activity but Prof Knight that some of the listed external clinical activity could have been classified as external non clinical activities. He has completed a number of on line training modules including blood transfusion, child Support and Protection Act, doctors in difficulty, work placed based assessments and There is a good balance in his CPD between medical education activities and clinical activities. He recognises the difficulty in maintaining his CPD given his current diverse roles and rationalisation of his clinical duties.

#### Issues\*

Professor Knight recognises that the workload associated with his appointment as Revalidation Lead for Secondary Care in NHB GGC will increase significantly over the coming year and this will be he and all clinicians in secondary care become familiar with the new legislation and process possible to support this and sustain his current level of clinical activity and range of CPD activities to support his clinical colleagues will be necessary.

Professor Knight is looking forward to his tenure as President of the British Geriatric Society in December 2012. This will involve him attending all BGS meetings and he recognises it support this will be his own.

#### Actions

Professor Knight will discuss his withdrawal from acute geriatric medicine with his colleagues and negotiate a change in his clinical job plan.

Professor Knight will structure his CPD to reflect changes in his clinical, educational and research activities.

Professor Knight will develop his skills in appraisal and knowledge of the new revalidation a more actively involved in this area.

### 2012/2013 Period, Domain 2 – Safety and Quality

#### B - Quality Improvement Activity

Score  0  1

#### C - Significant Event

Score  0  1

#### F - Health Statement

Score  0  1

#### Discussion\*

Professor Knight presented evidence of clinical and educational quality improvement activity using directorate Clinical Governance reports and detailed training reports covering undergraduate and postgraduate training and discussed the Teaching and Training Overview of NHB GGC.

Professor Knight described a personal quality improvement activity in which altering the pathway by which X rays carried out on Day Hospital patients are reported led to some improvement in reporting times. Professor Knight recognised that further improvements were necessary and the issue will be kept under review. This was stimulated by a significantly delayed abnormal X ray report on the cervical spine of a Day Hospital patient which required urgent action. Professor Knight is aware that this could have been classified as a critical incident/significant event. He has shared the details with the multidisciplinary team.

The diversity of Professor Knight's activities and his current substantial commitment to acute geriatric medicine with only brief contact with individual incidents means that finding suitable areas of relevant personal, clinical quality improvement activity can be difficult. He attempted to analyse the admission of patients who attend the Day Hospital but was unable to identify any. He is however aware of the importance of personal quality improvement activity and the more focused clinical role planned over the next year should enable him to achieve this more readily.

No complaints were received and no significant events were presented.

#### Issues\*

Professor Knight's diverse activities can make identifying areas of personal, clinical quality improvement difficult.

#### Actions

By focusing on liaison with the community teams and his role in the Day Hospital Professor Knight should be able to undertake personal, clinical quality improvement activities more readily.

## 2012/2013 Period, Domain 3 – Communication, Partnership and Teamwork

### D - MBF

Score  0  1

### D - Patient Surveys

Score  0  1

### E - Complaints / Critical Incidents Statement

Score  0  1

#### Discussion \*

No Issues

Satisfactory completion of MBF. Very positive comments.

Satisfactory patient survey evidence from [REDACTED]

#### Issues \*

No Issues

#### Actions

Nil required

[View History of Summary Discussion for Domain 3 \(expand\)](#)

## 2012/2013 Period, Domain 4 – Maintaining Trust

### G - Probity Statement

Score  0  1

#### Discussion \*

No Issues

#### Issues \*

No Issues

#### Actions

Nil required.

## 2012/2013 Period, Domain 3 – Communication, Partnership and Teamwork

### D - MBF

Score  0  1

### D - Patient Surveys

Score  0  1

### E - Complaints / Critical Incidents Statement

Score  0  1

#### Discussion \*

Professor Knight has undertaken both an inpatient and outpatient survey involving 10 and 15 patients respectively. These were performed prior to NHS GGC producing guidance on how these should be undertaken. Professor Knight took no part in the administration of these surveys with CARE questionnaires being issued and collected by nursing staff and results collated by his secretary. Professor Knight is very satisfied with the feedback he has received with no patients rating him below good in any area. Most areas attracted a rating of very good and many an excellent grading. The slightly higher ratings of outpatients at the Day Hospital was thought to reflect the greater time available to communicate with patients in this setting. The ratings of good to excellent in responses from inpatients in a busy, acute medical admissions unit with the significant time pressure of receiving ward rounds was felt to be particularly impressive.

A MBF from colleagues has been undertaken using the NEB system and the report has recently become available. Professor Knight selected a wide range of colleagues to reflect his professional contact with individuals in a large variety of disciplines including clinical and management colleagues in both the NHS and NEB. Only one person failed to complete the MBF. Professor Knight has had time to reflect on the MBF report and is encouraged that his colleagues rated his performance higher than he did in all domains. He was also delighted by the many positive comments made by several individuals. The slightly negative comments that some people find his seniority and position intimidating did not come as a surprise. He is well aware of this and feels he makes a conscious effort to make junior colleagues feel at ease. Professor Knight was surprised by a single comment that he sometimes does not encourage more junior colleagues to develop their leadership skills. In his role as Director of Medical Education Professor Knight is committed to the development of junior colleagues and feels this comment may have been made by someone who did not know him very well.

#### Issues \*

Professor Knight's seniority and achievements may cause colleagues, particularly those at a more junior level, to feel intimidated.

#### Actions

Professor Knight will continue to make efforts to put more junior colleagues at ease.

[View History of Summary Discussion for Domain 3 \(expand\)](#)

## 2012/2013 Period, Domain 4 – Maintaining Trust

### G - Probity Statement

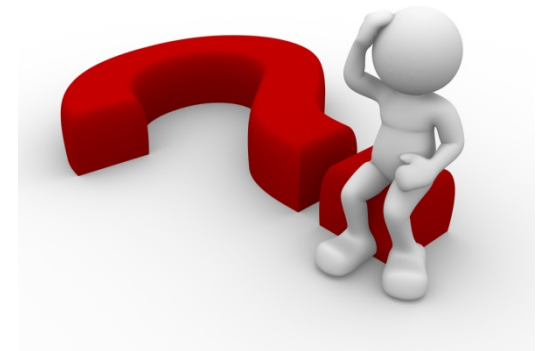
Score  0  1

#### Discussion \*

Professor Knight has completed the probity statement and no issues were identified or discussed.

# What's good for me?

- Not too much or too little
- Easy to read
- Covers all the bases
- Appears stretching and not formulaic
- Links to PDP



# Ideally the form 4 should

- Link the spread of the CPD to the job
- Annotate what the clinical governance and quality improvement activity actually is
- Say what the reflection has been (on complaints or SCI's)
- If there aren't any complaints or incidents say so
- Link issues/actions to the PDP
- Be able to succinctly refresh your memories



# Lessons from the first round

- Appraiser/appraisee pairings
- SOAR
- Colleague multi-source feedback
- Patient Questionnaires
- Appraisal recording – Form 4
- **PDP**

# Personal Development Plans







Helpful  
Tips

# Suggestions

- Don't leave it to the last minute – some things take time
- The Kitchen Sink is not always helpful
- Take it seriously
- Make sure the form 4 does the appraisal justice