

NHS Greater Glasgow and Clyde

Revalidation Newsletter – September 2018

Secondary Care – Consultants and Specialty Doctors

Medical Revalidation Webpage

If you need guidance on any of the aspects of medical revalidation, including patient questionnaires, complaints or significant clinical incident certificates, you will find it on the medical revalidation page on **HR Connect** by following the link below.

<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/medical-and-dental-policies/medical-revalidation-and-appraisal/>

New Personnel

Professor Paul Knight, who steered NHS Greater Glasgow and Clyde through the first five years of revalidation, has now demitted from his post as Secondary Care Appraisal Lead and Deputy Responsible Officer. We are fortunate that he has left such a solid platform on which to support doctors through appraisal and revalidation. I had deputised for him for the last four years and have now taken on the role as Deputy Responsible Officer. Andrew Harvey who has been Appraisal Lead for the North Sector for the last couple of years has taken on the role of Secondary Care Appraisal Lead. We can be contacted on the e-mail addresses below. The HR team that support medical revalidation are a key part in our success in supporting everyone to complete all the elements required for satisfactory revalidation and are a valuable source of advice if there are any problems with accessing information.

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The second cycle of revalidation

We have completed five years of reviewing annual appraisal and making recommendations to the GMC about revalidation and now in our second five year cycle. We have seen significant improvements in the numbers of doctors having annual appraisal. Within Secondary Care in Greater Glasgow and Clyde we have over fifteen hundred consultants and over three hundred and fifty SAS/ other grade doctors who all undertake annual appraisal. Last year's appraisal rates for consultants was ninety three percent with an overall appraisal rate of ninety one percent taking into account SAS grade doctors, locums on our staff bank and clinical fellows. We are extremely grateful to the work done by our appraisers in supporting doctors in having a helpful and developmental annual appraisal and are keen to maintain the good work. The quality of the summary within the form 4s has improved steadily over the five year period. We are continuing to find that a few appraisal records are incomplete and we need to go back to the appraiser/appraisee for further information. I repeat that the guidance we have given previously is repeated below.

- **Give a short thumb sketch of the appraisee's job and link this to the spread of CPD in Domain 1. This gives us a feel for workload and any stressors that might arise.**
- **Likewise, a short description of quality improvement activity is helpful and the appraisee should be able to present a "complaints certificate" regarding the number they have been involved in. It is helpful to us to know how many people are using this process. If the appraisee has not been involved in a significant clinical incident please say so.**
- **Colleague and patient feedback should give some indication of the returns and spread of replies and in the case of the MSF, it is worthwhile noting how the appraisee scored themselves and their reflection on the results.**
- **In the probity reply, private practice should be annotated in addition to things like the management of research funds.**
- **Lastly, it is really helpful if issues and actions flow into the PDP. The PDP should be very personal and be time specific and should not relate to service development, unless there is a need in so doing to acquire another skill.**

Hot topics

- **Patient questionnaires**

Patient feedback is regarded by the GMC as an essential component of the revalidation process and should be undertaken once in a five year cycle. The Board recommends the use of the NHSGGC Patient Feedback Questionnaire (a version of the Care Measure questionnaire) or one of two variations of this questionnaire for use by Radiologists and Child Health Specialists. The link through the HR connect medical revalidation site will allow you to contact the medical revalidation team to request 25 questionnaires which can then be handed out and sent back for electronic reading and formation of a report that can be sent to you and your appraiser. Whilst there are some limitations in the lack of free text feedback, this does mean that there is no need for the consultant to administer or collate reports.

If any other questionnaire is favoured it needs to meet the GMC requirements and be approved by the board wide revalidation group which meets six monthly. The GMC continues to keep this under review and we will update you if there are any changes in requirement.

To manage the high volume of questionnaires the Board purchased an electronic scanner, specifically to read the NHSGGC Patient Feedback Questionnaire plus the two variations. At this point in time the Board is unable to administer any other types of questionnaires and, therefore, if a doctor chooses to use an alternative questionnaire they will be required to make their own administration arrangements.

- **Clinical fellows:**

Doctors in training are revalidated by NES or their training body. We do employ a number of doctors who are not in a career grade post under the label of clinical fellows. These doctors are employed in grades from foundation level to senior post CCT trainee. We are now ensuring that all these doctors have an educational supervisor who is responsible for assisting in annual appraisal. The summary of the appraisal is documented on the SOAR system and we have encouraged the doctors to use a suitable E portfolio to provide the majority of information for the appraisal. Clinical fellows can access an E portfolio through either college or university and can have this reimbursed through study leave funding. Clinical fellows and educational supervisor can find detailed advice on the medical revalidation link above.

- **Private/non NHS practice**

We would remind appraisees and appraisers that their appraisal should cover the whole of their practice. This means that appraisees should bring information from their private or other non-NHS practice, e.g. Medicolegal and reflect on it within the appraisal process. We would ask that appraisers make a note within the form 4 that this has been discussed and that there are no major variations in clinical practice between sectors.

- **Appraisal training**

We are keen to recruit new appraisers to the process. Feedback from current appraisers is that it is a rewarding and interesting area of practice and developing skills and broadening horizons. We would ask that new appraisers undertake a minimum of ten appraisals per year and they should have agreed with their clinical director appropriate SPA time within their job plan. The link below is to the NES training which provides very high quality training and broadens the non-clinical CPD aspect of working practice. Refresher training is also available.

<http://www.appraisal.nes.scot.nhs.uk/be-an-appraiser/application-sc/new.aspx>

- **Appraiser to organise date of appraisal**

Although it is the responsibility of each doctor to ensure that they keep up to date with annual appraisal we have introduced a phasing process for appraisals to ensure that they happen across the year and in a timely fashion prior to any revalidation date. It is most practical if the appraisers contact and organise with the appraisee, a date that is mutually convenient and avoids last minute pressures.

Finally thanks to all the appraisers for their efforts in adding value to the process, we greatly appreciate your commitment and we are happy to be contacted for help or any other feedback.

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