Appraisal and revalidation: RCGP guidelines 2016

Following concerns about inconsistencies in interpretation of GMC requirements and RCGP guidance, and about appraisal documentation becoming too bureaucratic and burdensome, the College published new guidance in March 2016. Royal College of General Practitioners: RCGP Guide to Supporting Information for Appraisal and Revalidation (2016). The guidance aims to simplify and streamline the recommendations.

Appraisal requirements have been clarified.

Describing your role and job description

- The various responsibilities you might have in your practice (clinical, managerial, leadership in a certain area etc) are considered to be one role. You should describe what work you do within this role.
- Any separate role for a different organisation or employer, for which a licence to practice is required, even if voluntary, must be noted along with contact details for the organisation or employer (educational, research, private practice, other).
- Over the 5 year revalidation cycle there should be reflection on the types of supporting information noted below for each separate post that you hold. You may focus on a specific area of your practice in any one year, but must cover all areas over the 5 year cycle.

Continuing professional development

- The guide makes clear that all learning activities can be counted as CPD.
- It clarifies the definition of a CPD credit: 1 credit = 1h of learning activity demonstrated by a reflective note on lessons learned and changes made.
- ‘Doubling’ of points for impact has been removed as of 1st April 2016.
- If you provide the full range of general medical services, you should earn at least 50 CPD credits regardless of how many sessions you work.
- For periods of time out such as maternity or sick leave you should earn CPD credits proportionate to the time you have spent in work.
- The guide recommends that you provide a few high quality examples of how you keep up to date, review what you do, and reflect on your feedback - you do not need to document everything you do.
- There is no need to routinely scan certificates for CPD.

Quality improvement activities and significant events

- The guide notes that there are many forms of quality improvement activities and they are all acceptable to demonstrate that you review the quality of what you do, and to demonstrate and evaluate changes that you make.
- Significant events have been clarified, and only those that meet the GMC definition (serious events where significant harm could have, or did, come to a patient or patients) need to be recorded. Your more routine significant event analysis is considered to be a quality improvement activity. You can record that you have had no significant events. If there were no significant events, you should sign a statement to confirm this.

Colleague and patient feedback

- You must do 1 formal GMC compliant colleague feedback survey every 5 years but other forms of feedback looking at particular parts of your scope of work e.g. trainee, student, appraisee, do not need to be GMC compliant. (GMC compliant means the feedback questionnaire has been developed to reflect the values and principles of the GMCs Good Medical Practice, is well designed, and has been piloted and shown to be effective.)
- You must do 1 formal GMC compliant patient feedback survey every 5 years but at annual appraisal reflect on other forms of patient feedback e.g. informal comments or compliments, more formal Friends and Family and National Patient Surveys. You are not required to seek more feedback, just reflect on feedback you already have.

Compliments and complaints

- Every year you should reflect on all formal complaints in which you have been named or involved, or sign a statement to confirm that there were none. Reflection should consider how the complaint arose, your response, and any further actions taken or to be taken. All relevant data included should be anonymised.
- For compliments, to preserve anonymity, a reflective note rather than original material is recommended.
Health and probity declaration

- You should reflect on the potential probity challenges raised in *Good Medical Practice* with your appraiser as well as signing the probity statement.
- You should reflect on your responsibility to protect patients from any risk posed by your health as well as signing the health statement.

How can Red Whale/GP Update help with appraisal and revalidation?

We make it easy to demonstrate reflective practice and meet the requirements for appraisal and revalidation. Our website [www.gpCPD.com](http://www.gpCPD.com) (to which you have free access by coming on a course or by annual subscription) contains all the material in the paper handbook, and a whole lot more, which we hope will be really useful as a quick reference tool in the consultation or for more detailed learning. But you can also use it to record all the information for your appraisal. You can record the description of your work, noting any separate roles you have and including contact details for any organisation or employer that needs to be included. And there are lots of things on the site to help you achieve the requirements of appraisal and revalidation easily and simply.

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<tr>
<th>Activity</th>
<th>How can Red Whale help?</th>
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| **1. Continuing professional development, including your PDP** | At [www.gpCPD.com](http://www.gpCPD.com) you can:  
- Record all the things you read/look up in the online GP Update Handbook and record a reflective note on lessons learned and any changes made as a result. This means you can earn credits whenever you check something out and reflect on it.  
- You can also upload notes/certificates from other courses/learning events you attend (although there is no longer a requirement to routinely scan documents where learning has been demonstrated through an appropriate reflective note).  
- You can keep and update your PDP on the site too. |
| **2. Quality improvement activity** | For many of the topics in the online Handbook at [www.gpCPD.com](http://www.gpCPD.com) we give a suggestion of a quality improvement activity and take you through the process of doing this: fill in the prompts provided and you should have the right material to show your appraiser and demonstrate reflective practice.  
- In addition, at the end of every topic we provide space to do a case-based reflection or audit of your own choosing.  
*All of these activities are designed to demonstrate you have reflected on your learning and current practice, and thought about what changes you would like to make.* |
| **3. Significant events** | Significant events are defined as those that meet the GMC definition: serious events where significant harm did or could have, come to a patient. The type of significant events falling below this threshold – the sort routinely discussed at practice significant events meetings, are considered to be a quality improvement activity.  
Within the resources available at [www.gpCPD.com](http://www.gpCPD.com) you will find a guide to reflecting on a significant event, and a simple framework for you to record the event, focusing on the lessons you have learnt and the changes you have made to your practice.  
Our framework encourages you to really think about what happened and your responses to it. |
| **4. Feedback from patients** | Once you have the results of your formal GMC compliant patient and colleague feedback, your appraiser will want to see that you have reflected on the findings. At [www.gpCPD.com](http://www.gpCPD.com) we have provided you with a simple step-by-step framework to do this.  
GMC compliant means the feedback questionnaire has been developed to reflect the values and principles of the GMCs *Good Medical Practice*, is well designed, and has been piloted and shown to be effective. Other forms of feedback (informal comments, compliments, feedback from trainees, the friends and family test) can also be reflected on as and when they arise. |
| **5. Feedback from colleagues** | Once again, it is all about reflecting on your practice and what changes you can make. At [www.gpCPD.com](http://www.gpCPD.com) we have provided you with a step-by-step framework for recording compliments and complaints, and reflecting on them in a way that demonstrates this to your appraiser. |

And, if you use [www.gpCPD.com](http://www.gpCPD.com) for your appraisal, at the end of the appraisal year you can:
• Declare any ongoing investigations or disciplinary matters or reflect on potential probity challenges, reflect on any health issues and your responsibility to protect patients from any risks posed by your health, and then sign off the health and probity declarations.
• At the click of a button draw all the information together in a pdf for your appraiser.

The GMC requirements for revalidation and RCGP guidance

The GMC sets the criteria by which we are to be revalidated. Here is a summary of the essential requirements of revalidation, as laid down by the GMC, and alongside this the guidance from the RCGP (as set out in ‘Supporting information for appraisal and revalidation’ (GMC 2012), along with Academy of Medical Royal Colleges guidance, and ‘RCGP Guide to supporting information for appraisal and revalidation’ (March 2016)).

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<tr>
<th>Activity</th>
<th>GMC requirements (with AoRMC guidance)</th>
<th>RCGP guidance</th>
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<td>1. Continuing professional development, including your PDP</td>
<td>You are required to keep your knowledge and skills up to date and encouraged to take part in educational activities that further develop your competence and performance. CPD should be relevant to your work and address learning needs you have identified. It should cover the scope of your practice and take account of the needs of your patients and colleagues. The GMC require you to reflect on your practice and whether you are working to relevant standards.</td>
<td>At least 50 CPD credits/year on average, irrespective of the number of sessions worked if providing the full range of general medical services and working for a full year. 1 credit =1h of learning activity demonstrated by a reflective note on lessons learned and changes made. Doubling points for impact has been removed.</td>
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<td>2. Quality improvement activity</td>
<td>The GMC require you to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. These activities should be robust, systematic and relevant to your work. This can be in the form of any of these activities: • Clinical audit • Case-based review (this includes the significant events that fall outside the strict GMC definition but are still useful for improving our practice) • Review of clinical outcomes • Evaluating effectiveness of your teaching • Evaluating the impact and effectiveness of a piece of health policy or management practice You need to demonstrate you have reflected on your results and taken action, and where possible have re-assessed whether those actions have had appropriate effects.</td>
<td>All quality improvement activities/learning activities can be included as continuing professional development providing the CPD credits are demonstrated through reflection using same formula i.e. 1 credit =1h of learning activity demonstrated by a reflective note on lessons learned and changes made. You are advised to choose representative quality improvement activities, appropriate to your scope of work and circumstances, that reflect how you review and improve the quality of your practice every year. Quality improvement activities include: large scale national audit, formal audit, review of personal outcome data, small scale data searches, information collection and analysis (Search and Do activities), plan/do/study/act (PDSA) cycles, significant event analysis (SEA) and reflective case reviews, as well as outcomes of reflection on your formal patient and colleague survey results, significant events and complaints</td>
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<td>3. Significant events</td>
<td>Remember the GMC means serious untoward events that could or did lead to patient harm. For many GPs there will be no events meeting this criteria each year. The GMC focus is on the quality of the reflection, the lessons learnt and the actions taken.</td>
<td>You may record that there have been no significant events that meet the GMC definition (in which case you should sign a statement confirming this), but any that do must be noted and written up on a standardised pro forma (<a href="http://www.cpCPD.com">www.cpCPD.com</a> has a template for this or see the RCGP website for examples) formally analysed, and discussed with colleagues to maximise and share learning.</td>
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<td>4. Feedback from colleagues</td>
<td>At least one of each in each 5y cycle.</td>
<td>For formal GMC compliant feedback, 1 of each every 5 years.</td>
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5. Feedback from patients

Both patient and colleague feedback should be gathered using standard questionnaires that comply with GMC guidance. You need to reflect on the questionnaire’s findings and identify opportunities for professional development and improvement. Reflect annually on other sources of patient feedback including informal comments and compliments.

6. Review of complaints and compliments

A complaint is a formal expression of dissatisfaction or grievance and should be seen as another type of feedback allowing you to review and further develop your practice and make patient-centred improvements. You should demonstrate participation in the process of investigation, reflection on your practice, what actions you took, including any changes you have made to your practice as a result. Annually. You should reflect on all formal complaints considering how they arose, your response, and any further actions taken, or to be taken. If you were not named, or involved, in any complaints during the year you should sign a statement to confirm that there were none.

The important thing to remember is that it is all about what you do with your learning — the GMC document Ready for Revalidation, GMC 2012 says “Your appraiser will be interested in what you did with the information and your reflections on the information, not simply that you collected it”.

Understanding how ‘significant events’ are defined

Many of us regularly meet with our practice teams to discuss significant events – a prescription that went to the wrong pharmacy, the forgotten physio referral. These are important events for the patients concerned and all are worth looking at to see if there are any changes that need to be made to our systems. However, in terms of revalidation, significant events are “an unintended or unexpected event which could or did lead to harm of one or more patients” (Supporting information for appraisal and revalidation, GMC 2012).

In the context of appraisal/revalidation, it is only these more serious events that count and if you have been involved in one of these, you must declare it to your appraiser. For many GPs, these will thankfully be rare events, and none may occur during an appraisal year. That doesn’t mean we should stop looking at the more minor events – there is much learning to be had from these, but they fall outside the stricter definition set down by the GMC. They can be included as QIAs.

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- All learning activities can be counted as CPD.
- 1 CPD credit = 1h of learning activity demonstrated by a reflective note.
- ‘Doubling’ of points for impact has been removed.
- The focus is on documenting a few high quality examples – not on quantity. You do not have to obsessively record learning activities once you have documented 50 CPD credits in a year.
- You do not need to scan CPD certificates.
- The GMC requires 6 elements for revalidation: on-going profession development, reflections on your practice (quality improvement activities and significant event reviews), feedback from colleagues and patients and reviews of compliments and complaints.
- Remember that the GMC define significant events in terms of serious untoward incidents and although many GPs will not have one of these during a year, any that do occur should be thoroughly reflected on and brought to your appraisal.
- There are some simple frameworks to help you achieve and record all this, if you want to use them, at www.gpCPD.com.
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*We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.*

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