

REVALIDATION FOLDER

Doctors Working in Clinical General
Practice in Scotland



INTRODUCTION

Background

The General Medical Council has decided that all doctors will be required, on a regular basis, to demonstrate that they continue to be fit to practise medicine. This process is termed revalidation.

This folder has been produced by the Royal College of General Practitioners (Scotland) (RCGP Scotland), in consultation with the Scottish General Practitioners' Committee (SGPC), NHS Education for Scotland (NES) formerly Scottish Council for Postgraduate Medical and Dental Education (SCPMDE) and the General Medical Council (GMC) in order to facilitate the production of evidence required by the GMC for doctors working in general practice in Scotland. The folder takes account of the availability of evidence produced as a result of the practice accreditation schemes (RCGP Practice Accreditation, Training Practice Accreditation and Quality Practice Award) and the Scottish GP Appraisal Scheme.

The document is set out under the seven key headings of 'Good Medical Practice' namely:

- Good Clinical Care
- Maintaining Good Medical Practice
- Relationships with Patients
- Working with Colleagues
- Teaching and Training
- Probity
- Health

Under each heading there is a series of criterion statements with standards which will be applied and a description of the evidence which will be required.

Definitions

Criterion - is a statement of good practice applied to a doctor working in general practice.

Standard - defines the level against which each criterion will be assessed.

Evidence - describes the documentation that will be required in the folder to demonstrate that the specified standard has been met.

Proformas

Throughout this folder, the doctor is advised to complete a series of proformas. It should be noted that the proformas referred to herein, will be provided separately in the supporting **Revalidation Toolkit**.

Relationship with Appraisal

In Scotland, it is a clearly stated aim of the appraisal scheme for doctors working in general practice to support practitioners in their preparation for revalidation. The majority of documentation required for revalidation will be produced for appraisal. It is anticipated that doctors actively participating in appraisal should be reasonably assured of meeting the GMC's requirements for revalidation. Simply undertaking appraisal, however, does not guarantee that the doctor will meet the requirements of the GMC.

How Does Revalidation Work?

Background

In order to practise medicine a doctor is required to remain on the GMC Register and hold a licence to practise that will be maintained through a system of revalidation. To maintain a licence, the GMC requires doctors to show that they have been practising medicine in line with the principles laid out in Good Medical Practice.

Routes to revalidation

There will be two routes to revalidation - the appraisal route and the independent route. Doctors working in general practice choosing to be revalidated through the appraisal route will participate in a quality assured appraisal system. Full participation in annual appraisal, with completed supporting documentation, will be considered by the GMC as a powerful indicator of a doctor's current fitness to practise. It is anticipated that a summary of appraisal will suffice for revalidation purposes. However doctors should retain all the information covering the revalidation period as they may be subject to a quality assurance sampling process by the GMC. The appraisal will be a supportive, developmental, formative process and assist the doctor in ensuring that they are meeting their continuing professional development needs and are on track for revalidation. Doctors choosing the independent route will be responsible for selecting and collecting their own evidence under the headings of Good Medical Practice. This folder is based on Good Medical Practice and will therefore support both routes to revalidation.

Timetable

Revalidation will commence in April 2005 and cover the two-year period from April 2003 - 2005. The first year of submission for an individual doctor will be dictated by the GMC.

Standards

The standards of revalidation will be the standards of the GMC's Fitness to Practise procedures. **The standards against which an individual doctor working in general practice will be judged are reflected in the attributes of an unacceptable general practitioner found in 'Good Medical Practice for General Practitioners'** (a copy of which can be downloaded from the RCGP website - www.rcgp-scotland.org.uk). The standards in this document are clearly above that level and are designed to ensure that the doctor presenting evidence to the GMC will be revalidated.

It remains the individual doctor's responsibility to satisfy the GMC of their fitness to practise. The appraisal system and this folder provide guidance for doctors to ensure that the areas of Good Medical Practice are covered in a systematic way.

Outcomes of revalidation

The GMC anticipate that in the majority of cases revalidation will be recommended. In some cases where the initial evidence is not satisfactory, the GMC will ask for further information and reconsider the case. In such cases, where revalidation cannot be recommended, the GMC will consider what action it needs to take. If there is positive evidence that a doctor is not fit to practise then the appropriate Fitness to Practise procedure will be followed. A doctor's registration can only be affected as a result of a GMC Fitness to Practise procedure.

It should be emphasised that revalidation is not simply about identifying and addressing poor performance. It is also, by virtue of the appraisal process, about recognising good performance and promoting and maintaining good practice throughout the profession.

CONTENTS

Section 1	
Personal and Registration details	1
Section 2	
What you do	2
Section 3	
Good Clinical Care	3
Maintaining Good Medical Practice	7
Relationships with Patients	8
Working with Colleagues	11
Teaching and Training	13
Probity	14
Health	15
Section 4	
Appraisal	16
Glossary	17

This folder will help to streamline the process of producing and organising the evidence required for appraisal and revalidation.

Please note: all the proformas referred to throughout this folder will be included in the supporting Revalidation Toolkit.

Section 1

Personal and Registration details

Evidence 1: Complete GMC proforma
Evidence Complete?

Section 2

What you do

Criterion 2A:	The doctor will define what he or she does.
Standard 2A:	The proforma covers all important areas of the doctor's work and the contents will form the basis of the evidence given elsewhere in the folder.
Evidence 2A:	Completion of the proforma with an annual update.
	Evidence Complete? <input type="checkbox"/>

Criterion 2B:	The context in which the doctor works must be taken into consideration.
Standard 2B:	Submission of statement.
Evidence 2B:	Completion of the proforma.
	Evidence Complete? <input type="checkbox"/>

Section 3A

Good Clinical Care (1)

Prescribing

Criterion 3A1:	The doctor prescribes effectively and efficiently.
Standard 3A1:	The doctor should have critically appraised his/her own prescribing, identified any requirements for education or change in prescribing behaviours and if appropriate implemented change.
Evidence 3A1a:	SPA level 2 data or individualised feedback from an appropriate source e.g. prescribing adviser, with written comments from the doctor and a note of any identified learning needs, to be further discussed in at least one appraisal in the last five years. If the doctor's prescribing data is unusual, then the reasons behind this will be explored.
Evidence 3A1b:	Where access to the above data is not possible, the doctor can evidence their prescribing by writing up a case report or a management plan proforma illustrating a prescribing issue and which should be further discussed in at least one appraisal in the last five years. If the doctor's prescribing is unusual, then the reasons behind this will be explored.
	Evidence Complete? <input type="checkbox"/>

Section 3A

Good Clinical Care (2)

Referral

Criterion 3A2:	The doctor refers effectively and efficiently.
Standard 3A2:	Referral letters should comply, where appropriate, with the criteria as set out below.
Evidence 3A2:	<p>An analysis of 10 anonymised referral letters utilising the following criteria:</p> <ul style="list-style-type: none"> • Administrative details of patients • Reason for referral • Drugs prescribed • Relevant past medical history • Relevant examination • Relevant psychosocial details • Date <p>with a note of any defined learning needs or proposed changes in referral behaviour. This will have been discussed in at least one annual appraisal in the last five years.</p> <p>Evidence Complete? <input type="checkbox"/></p>

Section 3A

Good Clinical Care (3)

Review of Clinical Practice

Criterion 3A3: Regular review of clinical practice demonstrates the achievement of acceptable standards of care.

Standard 3A3:

Audit

The list of audits demonstrates a commitment to audit over the five year period contributing to revalidation.

The examples of audit are on an area of activity relevant to the doctor's practice. Criteria are based on current medical evidence. The audit report should include criteria, results and proposals for change. Re-audit should have taken place with a demonstrated improvement, where appropriate.

Significant Event Analysis

The significant event should involve the doctor. The event is described including good aspects and those that could be improved. The outcome is documented and identified learning needs met or plans for change implemented.

Evidence 3A3:

A list of audit activity in which the doctor has been involved, with a minimum of two clinical audit reports. These may form part of an audit carried out with the LHCC or PCT, or be a report from a national audit for example a SPICEpc report. At least one audit should be a practice-based audit to which the doctor has contributed.

One audit should involve one data collection and give proposals for change and ideally the other audit should involve two sets of data, with an intervening change. For those who wish to do more than the minimum, suggestions are given in the supporting revalidation toolkit on how this might be achieved.

Non – Principals

The above would be acceptable and also completing a management or case report based on current medical evidence.

Evidence Complete?

AND

A minimum of one significant event analysis in which the doctor was involved.

Evidence Complete?

Section 3A

Good Clinical Care (4)

Drugs, Equipment and Emergency Care

Criterion 3A4:	All necessary and appropriate clinical equipment and drugs to manage common conditions, including emergencies, are available to and used by the doctor and any deputy within the practice and home environment.
Standard 3A4:	The list complies with the current GMC Performance Procedure's minimally acceptable list.
Evidence 3A4:	Current practice accreditation certificate.*
	OR
	List of equipment and emergency drugs available to the doctor in the surgery and on home visits.
	Evidence Complete? <input type="checkbox"/>

Standard 3A5:	The doctor can appropriately manage emergencies in practice.
Evidence 3A5:	Significant event analysis of managing an emergency.
	OR
	Case report from out of hours co-operative.
	OR
	Case report of managing an emergency.
	Evidence Complete? <input type="checkbox"/>

* A practice accreditation certificate includes a current:

- RCGP Scotland Practice Accreditation Certificate
- OR
- NES Training Practice Accreditation Certificate
- OR
- RCGP Quality Practice Award Certificate

Section 3B

Maintaining Good Medical Practice

Criterion 3B1: An awareness of learning needs, activities to meet those needs and changes to clinical practice as a result.

Standard 3B1: The personal development plan will document:

- Your learning needs and how they were identified
- The specific learning objectives for each need
- The learning methods that will be used to achieve each objective
- How you will know whether you have met the objectives
- A record of learning in the past year

Evidence 3B1: An annual personal development plan and review of the previous year's learning activities signed by the doctor and the appraiser.

Evidence Complete?

Section 3C

Relationships with Patients (1)

Review of Communication Skills

Criterion 3C1: A demonstration by the doctor of an assessment of communication skills and reflection on the results.

Standard 3C1: The doctor should have had an assessment of communication skills.

Evidence 3C1: The doctor will choose one method to demonstrate communication skills.

- An approved patient satisfaction survey of fifty successive consultations, with details of the doctor's reflections on the results with identification of learning points.

OR

- A patient enablement questionnaire of fifty successive consultations, with details of the doctor's reflections on the results with identification of learning points.

OR

- A formative observation session (e.g. sitting in or video) undertaken by a colleague or an approved video assessor, with details of the doctor's reflections on the results with identification of learning points.

OR

- Evidence of completion of an approved simulated surgery assessment.

OR

- A certificate from a recognised video assessment process e.g. MRCGP, Membership by Assessment of Performance (MAP), Formative Peer Assessment.

Evidence Complete?

Section 3C

Relationships with Patients (2)

Complaints

Criterion 3C2:	An effective complaints procedure will be in place.
Standard 3C2:	The practice complaints procedure must comply with NHS guidelines.
Evidence 3C2:	Current practice accreditation certificate.*
	OR
	Description of the complaints procedure used in the practice.
<i>Non – Principals</i>	Exempt from this criterion.
	Evidence Complete? <input type="checkbox"/>

Criterion 3C3:	Any written complaints involving the doctor should be considered by him/her, and responded to appropriately with any learning needs identified and met, and any plans for change implemented.
Standard 3C3:	Complaints should be handled and progressed effectively, and evidence of effective learning and changes, as appropriate, demonstrated.
Evidence 3C3:	Written complaints should be discussed at the annual appraisal and recorded in the prescribed format.
	Evidence Complete? <input type="checkbox"/>

* A practice accreditation certificate includes a current:

- RCGP Scotland Practice Accreditation Certificate
- OR
- NES Training Practice Accreditation Certificate
- OR
- RCGP Quality Practice Award Certificate

Section 3C

Relationships with Patients (3)

Removal of patients from list

Criterion 3C4:	Patient removals from the list are appropriate.
Standard 3C4:	Patients are only removed from the doctor's list when there are acceptable reasons; and the patients are informed of the reasons for their removal.
Evidence 3C4:	Current practice accreditation certificate.*
	OR
	Policy for removal of patients from the list, which must include sample letters explaining reasons for removal.
Non – principals	Exempt from this criterion.
	Evidence Complete? <input type="checkbox"/>

* A practice accreditation certificate includes a current:

- RCGP Scotland Practice Accreditation Certificate
- OR
- NES Training Practice Accreditation Certificate
- OR
- RCGP Quality Practice Award Certificate

Section 3D

Working with Colleagues (1)

Team Working

Criterion 3D1:	The doctor demonstrates effective primary care team working.
Standard 3D1:	There is effective team working in which the doctor participates.
Evidence 3D1:	Current practice accreditation certificate.*
	OR
	Description of an example which demonstrates team working between the doctor and other members of the team.
	OR
	Ramsay peer questionnaire.
	OR
	360 degree feedback, including members of the primary care team in which the doctor works.
	Evidence Complete? <input type="checkbox"/>

* A practice accreditation certificate includes a current:

- RCGP Scotland Practice Accreditation Certificate
- OR
- NES Training Practice Accreditation Certificate
- OR
- RCGP Quality Practice Award Certificate

Section 3D

Working with Colleagues (2)

Medical Records

Criterion 3D2:	Entries in patient medical records are sufficient to allow another doctor to take over the care of the patient, if required to do so.
Standard 3D2:	Entries in the records are complete, accurate and, in the case of manual records, legible.
Evidence 3D2:	Current practice accreditation certificate.*
	OR
	Complete a standardised audit of own records; utilising as a minimum the proforma for the GMC Performance Procedures.
	Evidence Complete? <input type="checkbox"/>

Criterion 3D3:	Details of patient contacts out of hours must be recorded in the patient record.
Standard 3D3:	All patient contacts out of hours are recorded in the patient record.
Evidence 3D3:	Current practice accreditation certificate.*
	OR
	Description of system to ensure out of hours contacts are recorded in the patient record.
Non – principals	Exempt from this criterion.
	Evidence Complete? <input type="checkbox"/>

* A practice accreditation certificate includes a current:

- RCGP Scotland Practice Accreditation Certificate
- OR
- NES Training Practice Accreditation Certificate
- OR
- RCGP Quality Practice Award Certificate

Section 3E

Teaching and Training

Any doctor involved in the teaching of students, doctors in training, other health care professionals or ancillary staff, should complete this section. If you hold a contract with a University or are a designated trainer you should complete evidence for a Formal Teacher. Otherwise complete evidence for the Occasional Teacher.

Criterion 3E1: The doctor demonstrates competency in teaching and training.

Standard 3E1: Evidence of review of teaching and training skills.

Evidence 3E1: FORMAL TEACHER
Trainer Approval.

OR

Statement or certificate from teacher appraisal / feedback from a University Department.

OCCASIONAL TEACHER

A brief description of teaching and training activity; evaluation or feedback from learners taught by the doctor.

Evidence Complete?

Section 3F

Probity

Criterion 3F1:	Self-confirmation that the doctor is not an unacceptable general practitioner in terms of probity.
Standard 3F1:	<p>The attributes of an unacceptable general practitioner do not apply:</p> <ul style="list-style-type: none"> • Carelessly attaches his or her name to documents or certificates • Knowingly provides false information on such documents • Seeks personal financial gain from his or her patients other than the normal remuneration expected from his or her job
Evidence 3F1:	The standard GMC statement signed by the doctor.
	Evidence Complete? <input type="checkbox"/>

Section 3G

Health

Criterion 3G1:	Self-confirmation that the doctor's fitness to practise safely is not compromised by health issues.
Standard 3G1:	The attributes for an unacceptable general practitioner do not apply: <ul style="list-style-type: none">• Ignores his or her own or a colleague's unsafe behaviour• Takes no advice, nor offers any to the colleague concerned• Denies or actively conceals his or her own ill health
Evidence 3G1:	The standard GMC statement signed by the doctor.
	Evidence Complete? <input type="checkbox"/>

Section 4

Appraisal

Criterion 4: Satisfactory regular appraisal undertaken by a trained appraiser.

Standard 4: Satisfactory completion of annual appraisal.

Evidence 4: Summary of annual appraisal (form GP SCOT 4) signed by the doctor and the appraiser.

Evidence Complete?

Glossary

GMC - General Medical Council

LHCC - Local Health Care Co-operative

MAP - Membership by Assessment of Performance

MRCGP - Member of Royal College of General Practitioners

NES - NHS Education for Scotland

PCT - Primary Care Trust

RCGP (Scotland) - Royal College of General Practitioners (Scotland)

SPA - Scottish Prescribing Analysis

SPICEpc - Scottish Programme for Improving Clinical Effectiveness in Primary Care

RCGP Scotland is the Scottish Council of the Royal College of General Practitioners (RCGP). The College's aim is to encourage, foster and maintain the highest possible standards in general medical practice by providing leadership and support to GP members in relation to clinical standards and professional development; as well as to provide personal support to members and to promote general practice as a profession.

First edition 2003 Royal College of General Practitioners (Scotland)

This folder has been informed by a pilot project undertaken by Dr D Bruce and colleagues, East of Scotland region, NHS Education for Scotland.

RCGP Scotland
25 Queen Street • Edinburgh • EH2 1JX
Telephone: 0131 260 6800 • Fax: 0131 260 6836
www.rcgp-scotland.org.uk
e-mail: education@rcgp-scotland.org.uk

