Q&A: GPs in different working contexts

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QUESTIONS

What counts as general practice?
A generalist works with un-selected patients and manages undifferentiated medical issues. A portfolio of practice should represent all the work that a doctor does nevertheless, even if that work is not generalist in nature.

Does out of hours work count as general practice?
Yes, this is un-selected, undifferentiated practice (see above), even if it may not be delivered in a conventional practice setting.

I work in private practice, and do no work within the NHS. How do I revalidate?
You will revalidate in the same way as doctors working within the NHS. You will have to participate in annual appraisal and will need to maintain a portfolio of supporting information to bring to your appraisals. You will also need to link to a Responsible Officer (RO) and will need to confirm with the GMC your prescribed connection to an RO.

Some independent organisations may not always conduct appraisals, in which case you should find alternative routes to an annual appraisal. The Independent Doctors Federation has appointed an RO for doctors without a prescribed connection to an NHS RO: www.idf.uk.net. The Federation of Independent Practitioner Organisations also offers an appraisal service www.fipo.org.

I am a Locum GP. How will I collect all the necessary areas of supporting information for revalidation?
The RCGP has worked closely with the National Association of Sessional General Practitioners, the General Practitioners’ Committee of the BMA and locum doctors themselves to ensure that its supporting information recommendations are appropriate for GPs who work in a variety of practices and/or other workplaces.
The College undertook a revalidation pilot that included peripatetic locums, sessional GPs and remote rural GPs. The potential solutions which were identified through the pilot are detailed in the RCGP Guide to the Revalidation of General Practitioners, available here.

As revalidation is rolled out, the RCGP will monitor the situation for locums and other non standard groups closely with other key stakeholders, including the General Practitioners’ Committee of the BMA. The College believes that general practices, federations and out-of-hours organisations that frequently employ GPs on short-term, sessional contracts must recognise their responsibility to all their employees, including these doctors. They should inform and involve doctors in any significant event or complaint that relates to them; they should facilitate access to the clinical records of patients treated by these doctors for the purposes of clinical audit and quality improvement; and they should support the conduct of patient surveys.
SCENARIOS

I spend half my working week doing NHS General Practice sessions, and the other half providing Sports Medicine support to a Premiership Rugby Club. I don’t yet know who my Responsible Officer will be. How do I find out?

Unless the majority of your practice is undertaken in the armed services or Foreign and Commonwealth Office, all GPs working in the NHS must be on a Performers List. You will be allocated to the Responsible Officer for the Performers List that you are on. This Responsible Officer will be the one to recommend you to the General Medical Council (GMC) for revalidation. In order to recommend you for revalidation, your Responsible Officer will need to be satisfied that you have participated in an annual appraisal process that covers all of your medical practice (including your work at the Rugby Club) and that you and your appraiser have signed off at least one appraisal which has Good Medical Practice as its focus. You should contact the administrators of your local Performers List to ensure that you have been allocated to a Responsible Officer. If you find that you do not have a prescribed relationship with a Responsible Officer, you should inform the GMC as soon as possible: www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp

Further information is provided in the ‘Summary’ section of ‘The RCGP Guide to the Revalidation of General Practitioners’ available at: www.rcgp.org.uk.

I’m a qualified GP now working as a Medical Advisor to a British multinational corporation. I currently live and work in Dubai. How will revalidation affect me?

As an established doctor, you will have been given a licence to practise by the General Medical Council (GMC) in November 2009. If you are not currently connected to a UK designated body, the GMC should have written to you explaining your options for revalidation. If you are currently not doing any work in the UK (and therefore have neither a Designated Body nor a Responsible Officer) and do not do so before your date for revalidation your licence to practise will not be continued when your revalidation becomes due. You can, however, choose to remain on the GMC’s register, which indicates that you are in good standing with the UK regulator but does not give you the UK-rights of a doctor, such as prescribing. When you wish to return to work as a doctor in the UK, you will need to re-apply to the GMC for your licence to practise. You are entitled to a licence on the basis of your qualifications unless there are unresolved concerns about your practice. Then you will need to become attached to a Designated Body and its Responsible Officer.

Further information is provided in the ‘GPs taking a break from UK practice’ section of The RCGP Guide to the Revalidation of General Practitioners, the Working overseas – revalidation and performers list guidance and the question: ‘What should I do if I can’t establish a connection with a designated body?’ In the General revalidation FAQ all available from http://www.rcgp.org.uk/revalidation-and-cpd/new-revalidation-guidance-for-gps.aspx
I’m a Fellow of the Royal College of General Practitioners, but now only work as a medical expert within the Tribunals Service. I’m keen to stay on the GP Register. Will I need to start doing some GP clinics again?

Revalidation is not concerned with the General Medical Council (GMC)'s Specialist or General Practice registers, only the doctor’s licence. This means that doctors who are no longer in active clinical general practice, but who are still working as doctors (such as undertaking Employment Tribunal work or working in occupational health) will continue to be on the General Practice Register. They will, however, be revalidated in the role that they actually do.

Further information is provided in the ‘How Revalidation Will Work’ section of The RCGP Guide to the Revalidation of General Practitioners available at: www.rcgp.org.uk.

I now only do one session per week of NHS General Practice. The rest of my time is spent doing occupational medicine assessments for the Civil Aviation Authority. For revalidation, do I really have to meet the same standards as a colleague who does eight clinical GP sessions per week?

In general, Good Medical Practice for General Practitioners applies to all GPs working in clinical practice, whether or not they are partners, salaried or locums. The Royal College of General Practitioners and the British Medical Association's General Practitioners Committee agree that if a doctor is engaged in clinical general practice, even if only very part-time, their patients should expect that the doctor should aspire to the exemplary standards of a GP as set out in Good Medical Practice for General Practitioners. All GPs working in the NHS, even part-time, must be on a Performers List.1 You will be allocated to the Responsible Officer for the Performers List that you are on. This Responsible Officer will be the one to recommend you to the General Medical Council (GMC) for revalidation. In order to recommend you for revalidation, your Responsible Officer will need to be satisfied that you have participated in an annual appraisal process that covers all of your medical practice (including your occupational assessments and your GP work) and that you and your appraiser have signed off at least one appraisal which has Good Medical Practice as its focus.


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1 The exception would be if you are on an NHS Performers List but the majority of your practice is with the armed forces, in which case your designated body would be the service that you practise in, either the Army, Royal Air Force or Navy. Similarly, GPs who spend the majority of their time working for the Foreign and Commonwealth Office (FCO) would have a prescribed connection to that organisation.
Although General Practice-trained, I am now the UK Head of Development at a large pharmaceutical company. I no longer see patients myself but my role requires me to have a licence to practise. What elements of supporting information will I be expected to provide for revalidation?

Revalidation applies to all doctors. Non-clinical GPs are a small but important group, whose parenting organisations commonly require them to remain in good standing with the General Medical Council (GMC) even though they may not have been in active clinical practice for significant periods of time. All doctors revalidate in the job that they actually do. Hence, non-clinical GPs will need to submit a portfolio to their Responsible Officer that demonstrates that they are fit to undertake their non-clinical roles. The portfolio need not include patient surveys if the doctor no longer sees patients, but should contain supporting evidence of satisfactory annual appraisal, Personal Development Plans that are agreed and reviewed, and evidence that the doctor is keeping up to date in their area. Non-clinical GPs should submit a colleague survey and a description of any cause for concern or formal complaint. They should provide a statement on probity and health, and documentation that meets the requirements of extended practice. Furthermore, as the Head of your Division, you should not only consider clinical learning and development within your Professional Development Plan, but also the competencies around leadership and management, recognising your responsibilities in the provision of a safe system of healthcare for patients. Further information is provided in the ‘Non clinical GPs’ and ‘Providing Context to What You Do’ sections of The RCGP Guide to the Revalidation of General Practitioners available at: [www.rcgp.org.uk](http://www.rcgp.org.uk), and from at the link below:

I’m a sessional GP keen to undertake the Diploma in Occupational Medicine (DOccMed) course next year as I wish to start undertaking assessments for the Department of Work and Pensions. The DOccMed is administered by the Faculty of Occupational Medicine within the Royal College of Physicians (RCP). For revalidation, will I have to complete separate Personal Development Plans for the RCGP and RCP?

Every doctor will revalidate in the job that they actually do. Revalidation is not concerned with the General Medical Council (GMC)’s Specialist or General Practice registers, only the doctor’s licence. Although many GPs have interests across a variety of specialist areas, they will remain on the General Practice Register. All GPs are expected to derive an annual Personal Development Plan (PDP) from participation in each annual appraisal. The PDP should be signed off by you and your appraiser, and should represent the agreed plan for the forthcoming year. Separate Royal Colleges, Faculties and Specialist Associations do not require separate PDPs from doctors undertaking Diploma or other postgraduate activities that they administer. The PDP from each appraisal should consist of a number of goals though. Most GPs will set themselves between three and five goals that reflect the breadth of their practice, responsiveness to the health needs of their local population, and their own development needs. All goals need to be ‘SMART’ (Specific, Measurable, Achievable, Realistic and Time-bounded). Hence, if agreed with your Appraiser, simply include the DOccMed as a goal within the PDP component of your GP revalidation portfolio.

Further information is provided in the ‘General Information - Scope of Your Practice’ section of The RCGP Guide to the Revalidation of General Practitioners available at: www.rcgp.org.uk.

I’m a military GP whose responsibilities include delivering pre-hospital care as well as holistic General Practice. Do I need to have separate appraisals for these distinct roles?

As a serving member of the Defence Medical Services you will have a prescribed relationship with the Responsible Officer within the Royal Navy, Army or Royal Air Force (depending upon which single Service you are in). In order to recommend you for revalidation, your Responsible Officer will need to be satisfied that you have participated in an annual appraisal process that covers all of your medical practice, and that you and your appraiser have signed off at least one appraisal which has Good Medical Practice as its focus. However, in order for Appraisers and Responsible Officers to understand what any GP actually does, all activities for which that individual necessarily needs to be a doctor (paid or not) must therefore be included in the appraisal. GPs in the Defence Medical Services will need to provide details of their extended responsibilities in all their clinical areas. These may commonly include occupational medicine, pre-hospital emergency medicine, travel medicine, sports and exercise medicine, public health, environmental health, aviation medicine, diving medicine and military community psychiatry.

I’m a Medical Adviser to the Driver and Vehicle Licensing Agency, but I still do one session of NHS General Practice per week. The Faculty of Occupational Medicine (FOM) provides a Responsible Officer function. Should I fall under the FOM Responsible Officer for revalidation as most of my work involves Heavy Goods Vehicle licensing?

The FOM is described within the Revalidation regulations as a designated body to provide the Responsible Officer (RO) function to those of its members who do not have a prescribed RO connection. Nevertheless, all GPs working in the NHS, even part-time, must be on a Performers List. As you are still undertaking GP work in the NHS, you will be allocated to the RO for the Performers List that you are on. This RO will be the one to recommend you to the General Medical Council (GMC) for revalidation. In order to recommend you for revalidation, your RO will need to be satisfied that you have participated in an annual appraisal process that covers all of your medical practice (including your DVLA work), and that you and your appraiser have signed off at least one appraisal which has Good Medical Practice as its focus. Further information is provided in the ‘How Revalidation Works’ section of The RCGP Guide to the Revalidation of General Practitioners available at: www.rcgp.org.uk and the ‘Introduction’ section of Good Medical Practice for General Practitioners published by the RCGP: ISBN 978-0-85084-322-4. The GMC has produced a helpful tool to guide doctors to their correct designated body and RO at: http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp. The FOM has also provided its own update in identifying your RO at: http://www.fom.ac.uk/wp-content/uploads/FOMROserviceletterMar2012.pdf

I am GP-trained, but now only work in a hospital undertaking endoscopies and colonoscopies. Which Register should I be on for revalidation?

Revalidation is not concerned with the General Medical Council (GMC)’s Specialist or General Practice registers, only the doctor’s licence. This means that GPs who are no longer in active clinical practice but who are active as doctors (for example, those in medical management, occupational health or doing referral surgical procedures) will continue to be on the General Practice Register, but will be revalidated for what they do. In order to recommend you for revalidation, your Responsible Officer will need to be satisfied that you have participated in an annual appraisal process that covers all of your medical practice, and that you and your appraiser have signed off at least one appraisal which has Good Medical Practice as its focus.


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2 The exception would be if you are on an NHS Performers List but the majority of your practice is with the armed forces, in which case your designated body would be the service that you practise in, either the Army, Royal Air Force or Navy. Similarly, GPs who spend the majority of their time working for the Foreign and Commonwealth Office (FCO) would have a prescribed connection to that organisation.