For enquiries please contact: Professor Amanda Howe

21st April 2010

E.mail: honsec@rcgp.org.uk
Direct line: 020 7344 3123
Fax: 020 7589 3145

RST Consultation on Strengthened Training of Appraisers for Revalidation

1. I write with regard to the RST Consultation on Strengthened Training of Appraisers for Revalidation.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the ‘voice’ of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 38,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

3. The College welcomes the opportunity to consider this draft version of Strengthened Training of Appraisers for Revalidation. We are in agreement with most of the key principles outlined, and with the Objectives and Competencies as listed in Appendix 1 of the document. We would, however, like to make a few specific comments.

4. We welcome the emphasis in the Foreword to the document on retaining the concept of appraisal as a tool for personal development, even while it is being developed as a part of revalidation. However, and this is perhaps more a criticism of Strengthening Medical Appraisal than the present document, we are concerned that this aspect of appraisal is not emphasised sufficiently throughout, and that there is a risk of its being lost in the process. In particular the loss from the appraisal process of Form 3, allowing appraisees to describe the reflection they have done on their clinical
practice, and Form 4, which can operate as a ‘proxy measure’ of the quality and depth of appraisal discussions, may have the unfortunate effect of reducing the thoroughness and value of appraisal discussions for personal development, since the emphasis is likely to shift to a more ‘checklist’ approach to meeting the requirements of revalidation. We would urge the RST to consider this carefully before finalising their plans.

5. We are concerned that insufficient thought has been given in the document – for example in point 2.7: ‘Sound training of appraisers to consistent, transparent standards across the whole medical community’ – as to how the assessment of appraiser knowledge, skills and attitudes within initial basic training and top-up training will occur, nor how long this could take, or how labour intensive it could no doubt become. No cost analysis is included, and the projected half day for top-up training seems woefully short, especially if it is to include any sort of robust assessment.

6. Developing robust systems for assessment is clearly one of the next steps in the development of appraiser training, as this is lacking in this document. The advantage of this, of course, is that there are opportunities for PCTs, Deaneries and private providers to design and develop their own best practice for assessment, hopefully with a view to future sharing.

7. We feel that greater emphasis should be placed on the need for robust and consistent standards for appraiser training and assessment, so that:

   i. Appraisers trained in one PCO may be deemed suitable for appraising in any other PCO.

   ii. GPs in transition, in particular, may have confidence in the quality of their appraisers, given the difficulties they may already have with evolving primary care systems, with portfolio careers, vertical integration and PCTs acting in commissioning roles (and so offering less support). Without consistent standards there are risks in the situation where a Dean is the Responsible Officer for a Doctor in training, but the appraisal system is managed by the employer.

8. We feel the RST should not avoid discussion of the most appropriate body to train, assess and accredit appraisers. This is clearly an area where there are dangers, and we would argue that a degree of externality from a host PCT is desirable. To this end, we feel that deaneries are the natural hosts for appraiser training and
assessment, and it is disappointing that their role is not highlighted in the document. To some extent, doing so would help mitigate the point raised above concerning appraisal for career development, since the deaneries’ proven commitment to an educational ethos and to supporting and developing the profession would make this aspect less likely to become lost in the mix.

9. Overall, we would welcome more detail on the relationship between appraisers, responsible officers and Colleges, and the expected role and standards of the responsible officers; avoiding a one-size-fits-all model is laudable, but may be at the expense of clarity in this case.

10. We would also like to register, in relation to Competency 5.2 in Appendix 1 of the document, that we have significant doubts about the usefulness of the NHS appraisal toolkit as a device for appraisal for revalidation of GPs. We feel it is important to keep open options to use mechanisms such as the RCGP e-portfolio instead, and would regret any movement towards closing down such options.

11. Above all, however, we recognise that this draft represents valuable progress, and a significant advance on previous statements, and we would encourage the RST to continue in this vein.

12. We like to express our gratitude to the many members of the College who contributed to this response, and in particular to the assistance of the College’s Revalidation Support Team.

Yours sincerely

Professor Amanda Howe

Honorary Secretary of Council