

# GP EDUCATION

## REVALIDATION

# Preparing for revalidation as a locum

*Dr Linda Miller* offers some tips on how to collate evidence for revalidation as a freelance GP

When revalidation begins, evidence from the ePortfolio will be used in your annual appraisal, in particular how the goals outlined in the personal development plan (PDP) were achieved within the timescale set.

The steps taken to achieve the PDP goals will be discussed and documented. It is important to reflect on how your day-to-day practice has altered as a result of the PDP.

As in appraisal, a statement of professional roles will be included in revalidation. Locums should keep a record of where they have worked and the usual duties performed during the working day, as details of a representative sample may be required. Expectations of locums vary from practice to practice.

Portfolio doctors should record workload in all settings – GPSI clinics, undergraduate teaching and out-of-hours.



Identify your learning needs and make an effort to stay up-to-date with changes in practice

### Learning credits

Many freelance GPs make great efforts to identify their learning needs and keep up to date. Keep a diary of this for appraisal. Recording patients' unmet needs and doctor's educational needs arising in clinical consultations is a good way of identifying areas where revision and research is needed.

The challenge posed by meeting these needs should be estimated in preparation for revalidation. The outcome of the learning exercise should also be quantified in terms of its impact.

For example, writing a personal (or practice) protocol for the management of acne would have less impact than offering to run a dermatology clinic for a practice following further dermatology training.

Other ways of identifying learning needs include online questionnaires and modules, which enable the individual to test their knowledge base, and then improve on it.

Attending a local sessional GPs' group is another way of identifying learning needs through discussion with peers. Attendance at postgraduate meetings should be documented, and any specific changes to

### LEARNING POINTS

- 1 Keep a record of where you work, your usual duties, and specific responsibilities.
- 2 Estimate the challenge posed by meeting your educational needs.
- 3 Use the different sites you work at to collect multi-source feedback.
- 4 Use the audit to identify problem areas.

practice resulting from learning should be recorded and graded in terms of impact.

### Multi-source feedback

Multi-source feedback may actually be easier for locums working at lots of different sites.

Working with such a variety of people, a good locum should not have any difficulty finding people willing to complete a brief online questionnaire about what they are like to work with.

Many locums already routinely ask for feedback at the end of longer placements.

It is not at present clear which questionnaire will be acceptable for revalidation. The emphasis should be to reflect on the results of the feedback and take steps to improve.

Experienced locums can also be very useful to practices by sharing 'good practice' from surgery to surgery. Attendance at practice meetings, if invited, gives locums the opportunity to offer such suggestions.

### Significant event audit

Most locums record significant events for their annual appraisal. Revalidation will also include significant events. The significant event audit (SEA) is written up and ideally presented at a meeting.

If locums are not invited to practice meetings they could present their SEA to peers at their local freelance/sessional GP group, with the emphasis on how the SEA has changed their own personal practice if not the surgery practice.

Any formal complaints about a locum during the revalidation period will need to be listed in

your ePortfolio. The handling of the complaint, reflection and subsequent change in practice should be recorded.

### Audit

Audit is likely to be one of the most difficult parts of revalidation for peripatetic locums to complete.

Auditing one's own referral letters, whether it is for content or outcome, can be a very useful activity for a locum.

In order to audit prescribing, locums will need to be issued individual prescribing numbers, an idea backed by the National Association of Sessional GPs. Currently, a locum wishing to audit their prescribing has to record all their prescriptions by hand.

Auditing personal consulting times and reasons for delays can identify common problems such as equipment, prescriptions or forms missing from a room.

Highlighting these deficiencies can be beneficial for the practice, locum and patients and hopefully result in better time keeping when the audit is repeated.

Audit topics suggested by the RCGP include cancer diagnosis, antibiotic prescribing, investi-

gating and imaging, and depression case handling.

### Patient surveys

Patient surveys can be completed for locums and returned either to surgery staff or in addressed envelopes.

Experience of locums performing patient surveys for membership of the RCGP by assessment (iMAP MRCGP) shows that patients need a clear explanation that they are to complete the survey in terms of the individual doctor, not the practice. Sometimes patients can be seen handing in questionnaires before they see the doctor.

Feedback from patients is valuable. Reflection might result in steps being taken to improve communication skills or to give patients more information.

### Locum support

Revalidation may serve to highlight the way that the performance of locums is affected by induction, locum packs and equipment. The introduction of revalidation may encourage practices to support locums in performing audit, patient surveys and finally result in the allocation of prescribing numbers.

Questioning the support of locums and equality should form a routine part of the probity section in appraisal and revalidation of principal GPs.

• *Dr Miller is a freelance GP, mentor for the London deanery and medical student tutor at Imperial College, London*

• *This topic falls under section 3.1 of the RCGP curriculum 'Clinical Governance', [www.healthcarerepublic.com/curriculum](http://www.healthcarerepublic.com/curriculum)*

### REFERENCES

- **RCGP Guide to the Revalidation of General Practitioners**  
[http://www.rcgp.org.uk/PDF/PDS\\_Guide\\_to\\_Revalidation\\_for\\_GPs.PDF](http://www.rcgp.org.uk/PDF/PDS_Guide_to_Revalidation_for_GPs.PDF)
- **The National Association of Sessional GPs**  
[www.nasgp.org.uk/](http://www.nasgp.org.uk/)