



Revalidation and Advice for Freelance GPs

Special points of interest:

- *Revalidation will be a requirement most likely from 2010.*
- *Revalidation is relicensing from the GMC and recertification (if needed) from RCGP.*
- *Doctors who wish to work clinically will need to understand and work towards the requirements.*



Over recent months the General Medical Council, the Department of Health and the Royal Colleges (and the Royal College of General Practitioners in particular) have been working towards defining the requirements for revalidation for doctors. Whilst the final details of what general practitioners will need to do to revalidate still remain to be finalised, the general requirements are now much clearer.

The first aspect to appreciate is that the registration process with the General Medical Council (GMC) is in the process of change. Registering with the GMC will have two options:

- Registered with the GMC with a licence to practise. Holding registration with a licence to practise will legally allow doctors to undertake any of the activities for which UK law currently requires doctors to hold GMC registration.
- Registered with the GMC without a licence to

practise. Holding registration without a licence to practise will mean doctors will remain registered but not be able to undertake any of the activities in the UK legally restricted to doctors holding a licence. Doctors taking this option will not need to participate in revalidation, when it is introduced.

In reality the change to registration means that doctors who are seeing or being responsible for patients will need to be registered and have a licence to practise. Further details [here](#).

In order to be registered with a licence to practise, the individual doctor will need to re-certify; in essence the demonstration that he or she has kept up to date and has met the requirements of the 12 areas of Good Medical Practice published by the GMC. The exact requirements of certification are the responsibility of the GMC, however for doctors who wish to be on the GP Register (ie general practitioners) they are being developed by the Royal College of General Practitioners.

How Does Revalidation Affect Freelance GPs?

In reality for many doctors who work on a freelance basis, the challenges of revalidation will be no different than other general practitioners. The key elements of being able to successfully recertify are:

- Understand the requirements
- Take personal responsibility
- Gather data throughout the appraisal year whenever and wherever possible

However for a proportion of doctors, by virtue of the types of work they undertake, revalidation will be more difficult. Reasons may include:

- The doctor may work in a wide range of locations with consequent difficulty in gathering some elements of data such as multi-source or 360 degree feedback, audit or prescribing data

- Sometimes freelance GPs are employed when a practice is under considerable stress (for example during the illness of a partner). Feedback by staff and patients may therefore be subject to bias.
- Some freelance GPs rarely see patients "face to face". For example, this may include doctors with management responsibilities or those who work exclusively out of hours consulting by telephone.
- Freelance GPs may be returning to work after a period of absence

Whilst there are no clear solutions for all the potential problems, the aim of this newsletter is to provide practical advice to freelance GPs on how to meet the likely revalidation requirements.



Practical Advice for Freelance GPs

The Royal College of General Practitioners have published a number of documents that outline the likely requirements. Further details are available [here](#). The standard required will be the same for all doctors irrespective of the number of clinical or other sessions worked although there will be an opportunity for the doctor to outline any exceptional circumstances (such as significant absences, illness, change in circumstances) to the Responsible Officer, who will be the person in the Primary Care Organisation who will provide the initial “sign off”.

Evidence is to be viewed over the 5 yearly cycle of revalidation with an annual “sign off” by the appraiser and the primary care organisation’s Responsible Officer. Doctors are recommended to maintain a portfolio of evidence (which ultimately is likely to be electronic in form). Four potential types of portfolio are envisaged:

- Standard portfolio. This will be for the majority of doctors including sessional doctors
- Non-Standard portfolio. Some doctors will not be able to provide the full details required of a standard portfolio. Evidence that might be acceptable are extended learning credits or a pass at a clinical skills assessment
- Partial portfolio. Designed for doctors who have been away for a period of the 5 year cycle
- Re-entry portfolio for doctors who have returned to work after a period and have passed an approved knowledge and clinical skills assessment

How Can I Gather All the Necessary Information?

For the majority of GPs, gathering data will be the same whether working in one practice, a range of practices and whether full time or less than full time. However the “top tips” on how to gather the necessary information are as follows:

- If you work in one location for a period (either full or part-time) approach the practice regarding gathering as much information as possible. Consider undertaking a patient satisfaction survey or a multi-source (360 degree) feedback, attending significant event meetings or clinical educational meetings
- Freelance GPs must ensure that they are logged onto the computer as themselves rather than “locum”. Apart from being best practice, if you are not logged on as yourself it makes auditing prescribing or other clinical activity very difficult.

Table 2: The evidence required for Revalidation, year by year, during the introductory period

Evidence	Year 1 (2010/11)	Year 2 (2011/12)	Year 3 (2012/13)	Year 4 (2013/14)	Year 5 (2014/15)
Description of roles	✓	✓	✓	✓	✓
Exceptional circumstances	✓	✓	✓	✓	✓
Evidence of appraisals	One	Two	Three	Four	Five
PDPs	One	Two	Three	Four	Five
Reviews of PDPs		One	Two	Three	Four
Learning credits	50 or CPD	50	100	150	200
MSFs from colleagues		Either one MSF or one patient survey	One	One	Two
Patient surveys			One	Two	Two
Review of complaints since 2009/10	✓	✓	✓	✓	✓
Significant Event Audits	One	Two	Three	Four	Five
Conventional audits		One	One	Two	Two
Statement of probity and health	✓	✓	✓	✓	✓

Table from RCGP Guide to Revalidation version 2 dated August 2009 page 30

Key: PDP—Personal Development Plan, MSF—Multi-source Feedback

- Be organised and keep an anonymised log of significant patients and any “doctor educational needs” (DENS). This could be in paper form although Doctors.net.uk and BMJ learning have excellent electronic portfolios which are free to members
- Be organised, put time apart on a regular basis to ensure that throughout the year that you are keeping up to date and gathering the necessary information

Practical Advice for Freelance GPs

How Can I Gather All the Necessary Information (Continued)?

Audit

Audit will be a key part of the new requirement and will include both significant event audits and clinical audit.

If the Freelance GP works in more than one location, audit may be problematic, but consider an audit of personal practice across a number of practices for example:

- Prescribing—are the antibiotics, antidepressants, antihypertensives etc being prescribed in accordance with best practice? Compare with SIGN or NICE guidance.
- Referrals—do referrals contain all the necessary information such as allergies or medication?
- Look at cases of depression—have they all had a suicide risk, alcohol intake or recreational drug use documented?

Top Tip—keep an anonymised log of cases as you see patients. For example the age, gender and indication for the prescription and what was actually prescribed. The log could be in paper form or held electronically



Significant Event Audit

Significant Event Analysis (SEA) allows us to learn from any mistakes.

Try and attend a SEA meeting in a practice you are working in, alternatively SEA can be undertaken by any suitable group such as in a Sessional GP group, a group of out of hours doctors or (if you are a member) in doctors Chambers.

Document any lessons learnt and especially any lessons or learning for you.

Patient Satisfaction Surveys

It is not yet clear which patient satisfaction survey will be used in general practice. However you may wish to consider using one of the currently authorised questionnaires used in QOF. For example the General Practice Assessment Questionnaire (GPAQ) www.gpaq.info and especially the last two pages which deal with the consultation rather than the practice.

Top Tip—only undertake a patient satisfaction survey in practices which are stable. There is a risk that patients will make comment upon the practice rather than the individual doctor if there have been significant unplanned absences of doctors (for example following illness)



Multi-Source (360 Degree) Feedback

Similarly, work is on going to clarify which is the best questionnaire to use for multi-source feedback. However in the interim, if you are in a practice sufficiently long for colleagues to be able to provide meaningful feedback consider the following questionnaire, which could be given out and collated by the practice manager.

Please outline three things I do well:

- 1.
- 2.
- 3.

Please outline three areas in which I could improve:

- 1.
- 2.
- 3.

Do you have any other constructive comments ?

You also might like to have a look at the questionnaires produced by the GMC. They are available to view on the [GMC website](#).

How Can I Gather All the Necessary Information (Continued)?

Keeping Up to Date

All doctors will need to demonstrate that they are keeping up to date and the likelihood is that a minimum of 50 learning credits (50 hours) per year will be needed. This could be attending clinical meetings, but could also include other learning and especially if there is an impact upon your practice (such as an audit). Again details are not yet available, however you might like to consider:

- Ensure that you document and retain certificates from all educational meetings
- Formally “Write up” audits and especially any learning points.
- If a member, sign up for the online learning courses available from the RCGP (<http://elearning.rcgp.org.uk>), BMJ learning (www.bmjlearning.com), Doctors Net (www.doctors.net.uk) or equivalent.
- However difficult, try and document other learning such as identifying any educational need following a patient consultation or reading a journal

Frequently Asked Questions

I only work part-time, will I need to meet the same requirements as those who work full time? The standard required will be the same, however there is recognition that it can be more difficult to gather sufficient data. There are currently discussions and pilot programmes ongoing to look at both the difficulties and potential solutions

Proposals for Learning Credits were initially very complicated, have they been changed? Initially RCGP proposed a system of outcomes measured by the time spent multiplied by its potential impact. The current proposal is for GPs to record educational activity however if the activity has great impact to award proportionally more credits for the work. Examples might include an audit of medication where there has been a change in patient care where “double hours” may be given following discussion with the appraiser.

How are the Primary Care Organisation going to sign me off? The current proposal is that each primary care organisation will have a Responsible Officer who will be responsible for quality assuring the appraisal process and signing off any appraisal that the doctor has met the requirements of the GMC. In principle, this is only slightly different from the current system. However there will be more exact requirements to ensure that all the necessary information is available and that doctors are practising to safe and satisfactory standards. This is an area that continues to be under review and especially with the pilot programmes of revalidation taking place across the United Kingdom.

Where can I get advice?

It will be clear from this newsletter that many aspects of the requirements for revalidation are not yet clear. However advice on the likely requirements and how to work towards them are available from:

- Your appraiser
- Your PCO lead appraiser

You may wish to also look at the GP locums/Non principals forum on Doctors.net.uk or become a member of the [National Association of Sessional GPs](#) who are actively involved with discussions regarding the needs of sessional doctors with the RCGP. Also have a look at the [RCGP appraisal document](#).

The RCGP is seeking the [views on the recently published document](#). Sessional GPs are an important part of the workforce.

Caution

Every effort has been made to ensure that this newsletter is correct at the time of writing, in order to assist GPs and sessional doctors in particular, however the requirements for revalidation are not yet clear and are being continually refined.

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Conclusion

It is fair to say that although the requirements for revalidation may pose more of a challenge for sessional doctors they are by no means insurmountable but may well need a little more support from the resources mentioned in this newsletter and by appropriate planning.