



# Revalidating Freelance GPs

Discussion Document for NASGP Council July 2006

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## ***Introduction***

The GMC has proposed having a 'sliding scale' when considering revalidation - a 'heavier touch' for those working more independently, a 'lighter touch' for those working in an 'approved working environment'.

We would like to see all GPs treated equally but realise that all GPs are not the same, we work in different environments in which it can sometimes be difficult to prove our competence.

The NASGP has already proposed two new mechanisms for Freelance GPs – The Sessional GP Support Team (SGPST), of which there are working examples operating as a Freelance GP 'chambers', and *affiliate* Freelance GP Scheme (aFGP) - that offer novel ways for FGPs to access revalidation but they are not a solution for all FGPs. Our proposal is for a system which allows Freelance GPs (FGPs) to work as independently as they do now yet still allowing them to be revalidated and prove their competence under the 'lighter touch' approach.

In our discussions with the GPC SGP Sub-Committee, the idea of the GMC approved working environment was discussed and it would seem that PCOs would fit the bill as arbitrators of FGP Revalidation simply by making use of what already exists and working towards improving it. This would thereby produce a minimum standard for all FGPs and would still exist alongside other examples of excellence such as the SGPST and aFGP schemes.,

As members of a performer's list of a PCO we could be seen to work within an approved working environment with relatively few changes to our patterns of working, PCO organisation and not too much money!

Cath Sheppard  
NASGP Chairman  
July 2006

## ***A wish list (to meet criteria as per Appendix 1)***

1. An accurate and well maintained Performers' List
  - Standardised entry requirements - GMC registration, 2 references (these could be rechecked biannually).
  - Requirement to undergo annual appraisal based on 'Good Medical Practice' to remain on the list (this should be properly resourced by host PCO, and become one of their quality markers).
  
2. Access to information nationally, locally and at a practice - level
  - All SGPs to receive an nhsnet email account on joining performers list- this to be the recognised way of distributing information nationally and locally.
  - All FGPs should receive an induction session when working at a practice for the first time. This information should be continually updated and accessible by the use of an information folder such as the NASGP Standardised Practice induction Pack.
  
3. Accountability for FGPs
  - All FGPs should have unique identifiers for computer entries
  - All FGPs should have individual prescriber numbers
  - All FGPs should have access to their referral data

Do CaB smart cards make the above now achievable?

4. Robust complaints procedure
  - a. NASGP guidance 'Involving Sessional GPs in Complaints' should be followed. This includes advice that:
    - i. All FGPs should be informed about any complaints received and participate in their resolution
    - ii. Complaints should be dealt within the practice
  - b. We are confident that satisfactory procedures already exist within the NHS to allow any complaints involving a FGP to be dealt with within a GMC approved working environment, namely the complainants own GP practice.
  - c. In addition, some PCOs may want to consider a complaints 'flagging' system which may allow the FGP's host PCO to ensure that each relevant complaint is dealt with as part of the FGP's ongoing continuing professional development (see Appendix 2).

#### 5. FGP contract and feedback

- This would allow FGPs to define their areas of clinical competences e.g. Intrauterine device fitting, joint injections etc
- This would allow practice and locum to be clear about each others responsibilities regarding clinical care.
- Feedback forms, possibly sent via PCO to allow anonymity, would allow comments from FGPs re practices and vice versa

#### 6. Access to patient surveys/peer review

One idea from the Way Forward meeting, that forms part of SGP support teams is the idea of a SGP Liaison Officer within the PCO, preferably facilitated through the local Deanery. They would be responsible for

- Maintaining/checking performers list
- Disseminating information eg guidelines, educational events
- Support – e.g. pastoral, professional and occupational health
- Dissemination of clinical information
- Collating complaints and feedback from FGPS and their practices and helping to identifying problems.

## ***Reference documents***

[SGP Support Teams](#)

[NASGP Standardised Practice Induction Pack](#)

[NASGP Complaints Procedure](#)

[NASGP Code of Good Practice](#)

[aFGP Draft proposal](#)

[NASGP Locum contract](#)

## ***Appendix 1***

A GMC 'approved working environment'<sup>1</sup> is one that:

1. Has in place an effective system of clinical governance which provides:
  - a. Clear lines of responsibility and accountability for the overall quality of medical practice
  - b. Clear policies aimed at managing risks
  - c. Procedures for all professional groups to remedy poor performance
  - d. Supervision arrangements for doctors where appropriate
  - e. A comprehensive programme of quality improvement activities e.g.
    - i. Clinical guidelines or other evidence based medical practice guidelines
    - ii. CPD
    - iii. Audit
    - iv. Effective monitoring of clinical care
    - v. R&D
2. Has in place an effective annual appraisal system
3. Is regulated or quality assured by an independent body or organisation
4. Has effective complaints handling procedures in place which meet relevant external standards

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<sup>1</sup> Broad criteria for qualification as a GMC Approved Working Environment set out in the draft Revalidation & Licensing guidance published in September and subsequently revised 2004 [http://www.nasgp.org.uk/sgpst/gmc/nasgp\\_gmc\\_reply\\_jan\\_2006.pdf](http://www.nasgp.org.uk/sgpst/gmc/nasgp_gmc_reply_jan_2006.pdf)

## ***Appendix 2 – Complaints Flag System***

- The PCO is informed that a complaint has occurred (but is not told of the actual nature of the complaint so that no inappropriate judgements can be made) and generates a reference number for that complaint.
- The complaint is dealt with in-house in the normal way using complaints processes that adhere to already established national standards.
- The reference number is 'recalled' once the complaint has been resolved.