



Response to *Good doctors, safer patients*

NASGP Council's response to *Good doctors, safer patients: Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients* - A report by the Chief Medical Officer

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Introduction

We are deliberately keeping this document brief and to the point, and have elected to focus on issues that relate directly to Sessional GPs. We enjoy a close working relationship with the Royal College of General Practitioners and have chosen to pass comment on the recommendations not otherwise covered below directly to them.

Through popular consensus, the NASGP has replaced the term 'locum' for Freelance GP and so we use this latter term instead of 'locum' throughout this document.

On balance, we feel the Chief Medical Officer concurs with our approach of simple logic - that 'Revalidation Must Be The Same For All General Practitioners'. Unfortunately, there are many instances where the well-intended spirit of one-size-fits-all fails through very simple omissions and assumptions.

To supplement our response, and integral to it, we have included our concise document outlining our aspirations for an all-inclusive and comprehensive approach to revalidation what will truly include all GPs – "NASGP: Revalidating Freelance GPs".

Richard Fieldhouse
NASGP CEO
October 2006

NASGP response to specific recommendations

Recommendation 24

"All doctors wishing to work in the United Kingdom should be registered with a healthcare organisation that has a General Medical Council affiliate. In addition, all agencies involved in the placement of locum doctors should be registered for this purpose with the Healthcare Commission and be subject to the standards operated by it."

- Most GP Freelance GPs work independently of a locum agency and so, in effect, their 'healthcare organisation' will be the PCO on whose Performers List they are currently registered. Consequently, we welcome the opportunity for PCOs to be registered with the Healthcare Commission for this purpose.
- Consequently, as the Freelance GP's PCO would have to be registered with the Health Care Commission it would be superfluous and unnecessary to require locum agencies to register as well.
- NHS Professionals may well have a place in monitoring hospital locums, but currently it has little or no place with Freelance GPs. We estimate that there are over 4,500 Freelance GPs in the UK working intermittently in 12,000 GP practices, and it therefore would need significantly more resources than expected.

Recommendation 25

"At the conclusion of every locum appointment, the contracting organisation should be required to make a brief standardised return to the relevant General Medical Council affiliate, providing feedback on performance and any concerns."

- This is unworkable given the peripatetic nature of many Freelance GPs. It is the NASGP's experience that most Freelance work in up to 15 different GP practices a month.
- It can occur that a Freelance GP will not come into contact with any other GPs in that practice, let alone one able to make an informed judgement on that GP's clinical practice.
- Despite long-standing advice from the NASGP and requests from Freelance GPs, not all practices give every Freelance GP their own unique computer log-in and so their entries into the patients record will usually be 'anonymous' and therefore always 'mixed-up' with all other Freelance GPs using that practice, including other Freelance GPs working there that same day.
- Experience from a Freelance GP chambers based on the NASGP's 'Sessional GP support Team', where all members have unique username and IDs for each practice, is that feedback even on a weekly basis is of little or no value whereas annual feedback from the most frequently visited practices is of the best value.

Recommendation 29

"When a practitioner changes employer or contracting organisation between re-licensure cycles, the previous General Medical Council affiliate should provide a standardised record"

outlining the practitioner's current position in relation to the elements contributing to relicensure. In addition to any other professional references sought, prospective employers should ensure that such a record is obtained in a timely fashion."

- It goes without saying that the GMC affiliates' records should follow the GP.
- This recommendation will be worthless if the wording remains as 'should' – the recommendation should either be dropped or turned to 'must'. Otherwise, GPs working in healthcare organisations that have not adopted this policy will be hindered when taking up posts in 'healthcare organisations' where this policy is a requirement.
- It will need to be made clear that a 'contracting organisation' is not synonymous with a 'healthcare organisation' in order to ensure that individual GP practices do not waste their time chasing unnecessary information from other practices etc

Recommendation 33

"A wide and inclusive clinical audit advisory group should be formed nationally to drive the further development of local and national clinical audit programmes, yielding publicly available information to accelerate improvement in practice and service delivery."

- We totally support the concept of sessional GPs participating in audit.
- Freelance GPs are currently denied some of the simple tools already available to other GPs such as prescribing numbers (that would allow them to receive personalised prescribing data that could be compared to other Freelance GPs) and access to clinical data in GP surgeries.
- Freelance GPs also rarely receive the benefits of audit – an improved information cascade system would enable them to improve their practice that has occurred as the result of local audit.

Recommendation 34

"The NHS should support the routine monitoring of significant events in general practice through the contracts of general practitioners, further developing and piloting a national system for death monitoring as part of a wider clinical quality assurance framework in general practice. In addition, the Royal College of General Practitioners should be asked to work with the NHS Business Services Authority to assess the suitability of the information held on the prescribing habits of individual practitioners in primary care for use in assuring the performance of practitioners. Further work should also be undertaken with the College to examine the wider role of practice profiling and the use of other routinely available data in the assurance and improvement of the quality of services delivered in primary care."

- This could only work if Freelance GPs were to use a unique identifier, and any data collected compared to the patterns of data of other Freelance GPs rather than GPs in substantive posts.
- Currently Freelance GPs borrow another GPs number, both invalidating the other GP's prescribing data and mitigating against collecting their own.
- Freelance GPs are generally excluded from the monitoring of significant events due to lack of effective systems and processes.

- The NASGP believes that Freelance GPs should be involved in those significant events that relate to them. However, the Freelance GP will require support that enables their participation in both feeding into and benefiting from the resultant discussion after the event.

Recommendation 38

“The Medical Register should be the key national list of doctors entitled to practise in the United Kingdom and should contain tiers of information (some publicly available, others available with restricted access) about each doctor and their standard of practice. The new Medical Register should be a continuously updated electronic document that would over time subsume a number of other lists and registers currently in place, including primary care performers lists, which should cease to be a statutory requirement.”

- We welcome the change from locally held Performers lists to one national list.
- We are concerned that such a fundamentally important list should have multiple uses planned for it, as multiple uses could easily confuse its core function.

Recommendation 40

“Each doctor on the Medical Register should be given a unique and permanent identifier. Those doctors who wish to gain full registration without having previously held student and provisional registration should be required to submit written references from all their previous medical regulators. They may also be required to attend for interview.”

- We agree.

General Comment

We are grateful for this opportunity to comment on the Chief Medical Officer's proposals for revalidation – *recertification*. All our comments on these proposals must be read in the context of our own proposals for revalidation at www.nasgp.org.uk/cpd/revalidation.

- We believe recertification must be the same for *all* GPs.
- Access to prescribing information that is comparative to GPs in similar positions – e.g. so that an individual Freelance GP can compare personal prescribing data to other Freelance GPs – must be available.
- The choice of obtaining support must be given to those Freelance GPs who want enjoy the benefits of a team-based environment (such as the NASGP's Sessional GP Support Team and Affiliate Freelance GP Scheme).

The NASGP welcomes the opportunity to meet the CMO to discuss the finer points of our response.

NASGP Council
October 2006