**NHS Greater Glasgow and Clyde**

**Revalidation Newsletter – Autumn 2019**

**Secondary Care – Consultants, Specialty Doctors and Clinical Fellows**

**Medical Revalidation Webpage**

If you need guidance on any of the aspects of medical appraisal revalidation, including access to patient questionnaires, complaints certificates or multisource feedback. You will find the information on the medical revalidation page on **HR Connect** by following the link below:

<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/medical-and-dental-policies/medical-revalidation-and-appraisal/>

If you need any other specific guidance please email [medical.revalidation@ggc.scot.nhs.uk](mailto:medical.revalidation@ggc.scot.nhs.uk)

Within each sector of the Acute Services, there are nominated appraisal leads who will also provide local advice and assistance. If you are awaiting the allocation of an appraiser please email them directly. These are:

|  |  |  |
| --- | --- | --- |
| Mental Health: | [Una.graham@ggc.scot.nhs.uk](mailto:Una.graham@ggc.scot.nhs.uk) | Admin Support: [joan.telfer@ggc.scot.nhs.uk](mailto:joan.telfer@ggc.scot.nhs.uk) |
| North: | [mairi-annemackinnon@nhs.net](mailto:mairi-annemackinnon@nhs.net) | Admin Support: [donna.sharpe@ggc.scot.nhs.uk](mailto:donna.sharpe@ggc.scot.nhs.uk) |
| South: | [scott.muir@ggc.scot.nhs.uk](mailto:scott.muir@ggc.scot.nhs.uk) | Admin Support: [shona.young2@ggc.scot.nhs.uk](mailto:shona.young2@ggc.scot.nhs.uk) |
| Clyde: | [Mathis.Heydtmann@ggc.scot.nhs.uk](mailto:Mathis.Heydtmann@ggc.scot.nhs.uk) | Admin Support: [Yvonne.gormley@ggc.scot.nhs.uk](mailto:Yvonne.gormley@ggc.scot.nhs.uk) |
| Women & Childrens: | [Philip.Davies@ggc.scot.nhs.uk](mailto:Philip.Davies@ggc.scot.nhs.uk) | Admin Support: [Lynda.Lawson@ggc.scot.nhs.uk](mailto:Lynda.Lawson@ggc.scot.nhs.uk) |
| Regional: | [david.dodds@ggc.scot.nhs.uk](mailto:david.dodds@ggc.scot.nhs.uk) | Admin Support: [Nichola.Markey@ggc.scot.nhs.uk](mailto:Nichola.Markey@ggc.scot.nhs.uk) |
| Diagnostics: | [Alasdair.McCafferty@ggc.scot.nhs.uk](mailto:Alasdair.McCafferty@ggc.scot.nhs.uk) | Admin Support: [Noreen.Sheerin@ggc.scot.nhs.uk](mailto:Noreen.Sheerin@ggc.scot.nhs.uk) |

**Hot Topics and Changes**

**Timing of Appraisal**

To ensure every doctor gets an annual appraisal, we have phased appraisal for all career grade doctors in three blocks over the year. You will be allocated a phase from April to July, August to end of November, December to the end of March. These phases will fall ahead of your revalidation date to that all of your information can be up-to-date at the point of revalidation. We note there is a tendency to leave things to the last minute and this means that appraisers are under great pressure at the end of the appraisal year and so our completion rates can fall below the target. We are asking that where possible, you complete your appraisal in the first three months of each phase.

**Clinical Fellows**

Commencing with the Board in August 2019, we have over 200 Clinical Fellows in post in Greater Glasgow   
& Clyde. These doctors have many similarities to doctors in training and will generally be in post for up to 12 months. Many will then re-enter training programmes. We have decided that we should move their annual appraisal to the phase between April and July to mimic the process for annual ARCP assessments. This will ensure that doctors have evidence of their professional development over the year they have been out of programme. We ask that all Clinical Fellows have an Educational Supervisor allocated and that this Educational Supervisor will complete appraisal documentation at the end of their contract. There is specific information for Clinical Fellows on the requirements and support that is available for them and we are also keen to support Educational Supervisors that may not be familiar with SOAR system.

**Non-engagement protocol**

Annual appraisal is required both for GMC revalidation and as a part of your job contract with GGCHB. Non-engagement with appraisal can be an indication of underlying health or work related problems and we can assist in helping doctors in these areas. The GMC ask us to report to them any significant non-engagement with appraisal where there are no extenuating circumstances. We have updated our policy to include a meeting with the appraisee and the Chief of Medicine to explore any issues prior to HR processes or GMC referral **Weblink to NHSGGC Secondary Care Non-Engagement and Early Intervention Guidance and Protocol:** <https://www.nhsggc.org.uk/media/256868/nhsggc-secondary-care-non-engagement-guidance-and-protocol.doc>

**Information Sharing and Whole of Practice Appraisal**

The recent GMC Guidance on taking revalidation forward emphasises the need that annual appraisal undertaken in Greater Glasgow & Clyde should cover the whole of practice. This means that appraisers should bring information from their private or other non-NHS practice and discuss this with their appraiser. We are asking this is specifically noted within the Form 4.

GMC also require that there is an active process of sharing concerns between providers if there are any significant issues about a doctor’s practice. Private providers already ask to see doctors’ Form 4s and would expect to be informed if there were any restrictions on a doctor’s clinical practice. We are preparing a local information sharing protocol which describes when and where we will share information. The guidance will be uploaded to HR Connect in the New Year.

**Being a Reflective Practitioner**

The GMC’s Guidance on supporting information for appraisal and revalidation

( <https://www.gmc-uk.org/-media/documents/RT_Supporting_information_for_appraisal_and_revalidation___DC5485.pdf_55024594.pdf>)

explains, that reflection is a core requirement for revalidation. It describes how to reflect on learning and development as part of the annual whole practice appraisal. A doctor should discuss the experiences they have reflected on with their appraiser and maintain a note of these discussions. These notes should focus on the learning identified and any planned actions arising from their reflections. Factual details should not be recorded in appraisal or learning portfolios.

The GMC has recently published guidance ‘The Reflective Practitioner’ which provides further details on the importance of being a reflective practitioner

[https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance pdf-78479611.pdf](https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance%20pdf-78479611.pdf)

**Complaints Certificate**

Doctors will routinely provide evidence on any complaints received or any significant clinical incidents in which they have been involved. The Board will also provide evidence in the form of a complaint certificate so if you require this please email: [medical.revalidation@ggc.scot.nhs.uk](mailto:medical.revalidation@ggc.scot.nhs.uk) a month ahead of your appraisal date. Many doctors will have had no formal complaints and a certificate will confirm this. We had previously issued certificates about significant clinical incidents but due to difficulties with the Datix system not identifying individual doctors, this process is less robust and has been withdrawn.

**Training for New Appraisees**

Whilst there is excellent information on Medical Appraisal on both the SOAR website and the HR Connect website at GGC, we felt that face-to-face appraisee training would be useful for new starts. This was launched in October 2019 at Glasgow Royal Infirmary and a second session is being conducted at the Queen Elizabeth in early December. HR has emailed all new starts to offer them the opportunity to attend a short lunchtime session aimed to give the practical tips required. We are keen to get feedback and are happy to run these sessions on other sites if there is demand.

**Retirement**

Doctors planning to retire in the next year: Revalidation dates are fixed by the GMC and until recently, a doctor could only be recommended for revalidation if they were within four months of their revalidation date. The GMC have now amended this and there is an allowance that revalidation submission dates can be brought forward if they fall within 12 months of the planned date. This means that if you were planning to retire in January 2020 but your revalidation date was September 2020, it would be possible to request through the Medical Revalidation Team (and with the agreement of your Chief of Medicine) that your revalidation could be brought forward to January.

We would be happy to discuss this with individual doctors and the GMC also have advice on their website.

**Recruiting New Appraisers**

We continue to see a reduction in the number of Appraisers within Secondary Care. This is an extremely valuable role and it is essential for our organisation that we continue to recruit and support the Medical Appraisal system. Local Appraisal Leads or myself will be keen to hear from enthusiastic Consultants or Speciality Doctors who have been in post for more than three years. High quality training is available from NES. Feedback from those undertaking this role is very positive. The skills learned are also useful outwith the Appraisal arena. We would ask that new Appraisers undertake 10 appraisals a year and that they should have agreed with their Clinical Director appropriate SPA time within the job plan for this. The link is <http://www.appraisal.nes.scot.nhs.uk/b/an/appraiser.aspx>

If you are an existing Appraiser and are keen to get refresher one day training, this is also available through this link. <http://www.appraisal.news.scot.nhs.uk/appraisal/secondarycare/refresher.aspx>

We recommend that Appraisers consider refresher training once every five years.

Thanks to all of those involved in delivering high quality medical appraisal in GGCHB.

Dr Jennifer M A Burns

Responsible Officer Secondary Care

NHSGGC

[Medical.revalidation@ggc.scot.nhs.uk](mailto:Medical.revalidation@ggc.scot.nhs.uk)