Preparing for revalidation:
Case studies for healthcare leaders

Series 1

General Medical Council
Revalidation Support Team
Regulating doctors
Ensuring good medical practice
Introduction

In early December 2012, we are planning to introduce revalidation.

Healthcare organisations across England, Scotland, Wales and Northern Ireland, led by their responsible officers, have worked hard over the last 18 months to improve their appraisal and clinical governance systems in time to begin supporting doctors with their revalidation.

This collection of case studies not only highlights the progress that these organisations have made, but also some of the challenges they have faced along the way and the solutions they have put in place to deal with them.

Each case study shares the experience of how a different type of organisation has prepared itself for revalidation: a foundation trust, an NHS acute trust, a primary care cluster, a locum agency, an independent provider and a support network. Each one ends with a set of learning points that we hope other organisations and their leaders, who are making the same journey to be ready for revalidation, will find helpful.

For more information about revalidation, please visit www.gmc-uk.org/revalidation.
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Introduction

University Hospital Southampton NHS Foundation Trust (UHS) provides services to 1.3 million people living in Southampton and south Hampshire, plus specialist services to more than 3 million people in central southern England and the Channel Islands. The Trust is also a major centre for teaching and research in association with the University of Southampton and gained Foundation status in October 2011. The Trust employs 7,500 staff and is responsible for the revalidation of some 570 consultants, 35 SAS doctors and 110 doctors at clinical fellow and Trust doctor level.

Challenges

A major challenge that UHS faced at the outset was ensuring that appraisals happen consistently. While appraisals were taking place to varying degrees across the Trust, they were primarily being held for the purpose of awards or specific career progression, as opposed to continuing professional development.

Another challenge was communication, both disseminating the latest information and ensuring that appraisals were reported back fully to the central team. The Trust is so vast and so widespread that, in certain instances, appraisals may well have been taking place, yet records were not being processed through the correct channels.

Improving levels of engagement across the Trust was also vital. With a large and diverse network of doctors across a range of specialty areas, one particular difficulty was ensuring that guidance was not too generic but took into account the full spectrum of practitioners across the organisation. Promoting importance of supporting information in such a large organisation, and how to go about collecting it, was also a key area to get right.
Action

In early 2011 the Trust’s Medical Director and Responsible Officer, Dr Michael Marsh, appointed Dr John Stubbing, an anaesthetist, as the appraisal lead for the organisation and Gillian McKay as dedicated revalidation administrator. Dr Stubbing became the day-to-day appraisal lead which crucially gave the organisation’s revalidation project structure and accountability.

Dr Marsh made it clear to every doctor in the organisation that revalidation was a priority. To demonstrate its importance, Dr Stubbing’s first step was to form a team of appraisers. Eighty-five were trained (79 personally by Dr Stubbing) to the standard required for a strengthened appraisal process and their details were shared across the Trust.

To deal with the size of the organisation and the communication problems this created for appraisal, Dr Stubbing appointed an appraisal lead within each of the 12 clinical areas in the Trust. This group meets regularly to discuss issues, share best practice and disseminate views up to the Medical Director.

An online platform was also established, where information about the appraisal process, colleague and patient feedback, downloadable GMC documents, frequently asked questions and a supporting information checklist are housed. This easily accessible platform is continually updated with the latest information. Ensuring doctors are aware of its existence is a primary aim for the revalidation team.

This suite of material also includes a uniquely designed Form 4 tailored to reflect the four domains in the GMC’s appraisal framework (Knowledge, Skills and Performance; Quality & Safety; Communication & Teamwork; Maintaining Trust) plus specific Trust priorities. Such a move helped cater for the individuality of the Trust and the fact that its SAS doctors operate across a wide range of specialties, as Dr Stubbing explains: ‘The old Form 4 didn’t cover the four domains, so we included them in our amended version and added in some information relevant to us as a large teaching hospital, including a specific section on teaching, one on research and one on reflective practice.’ Frequent emails have alerted colleagues to these resources and how they can help.

Regarding colleague and patient feedback, the Trust had previously established a relationship with an external company specialising in information management that stipulated doctors had to provide 15 colleagues who would provide feedback on their progress. This group included a doctor’s line manager and his/her peers, trainees and direct reports. The outcome was a detailed report breaking down a doctor’s performance in the eyes of their colleagues, an asset which is set to prove extremely useful for this element of revalidation.

Patient feedback has proved more complex, although the Trust uses its care groups, comprising appraisal leads from each clinical area, to share successful methods. ‘Some care groups are more advanced than others. Some are using pre-assessment questionnaires, for example,’ says Dr Stubbing. ‘It’s an issue we are continuing to work on, so sharing approaches – what works, what doesn’t – is very helpful.’
Results and benefits

The results are clear, with 83% of doctors confirming that they have had an appraisal in the last year. Dr Stubbing feels it is ‘fantastic’ that so many doctors are already engaged.

Dr Debjoy Malik, an ophthalmology SAS doctor and trained appraiser who has recently carried out five appraisals, feels progress is certainly being made: ‘It is a learning process and not every doctor is familiar with all the resources yet, but dissemination of information is good, particularly within my department. Having an appraisal lead within each department works well as they understand their colleagues’ needs, and having relevant guidance for our Trust in an easily accessible online place is better than having to contact a single person constantly.’

In terms of benefits, Dr Stubbing believes revalidation will provide a ‘mantra’ for patients, providing them with confidence that their doctor is ‘safe, up-to-date and fit to practise’. For doctors, Dr Malik is equally confident of revalidation’s benefits: ‘The process ensures quality control. It is a good way of making sure knowledge is continually built and it reinforces the appraisal process. It helps to identify and rectify any areas of concern and being revalidated will boost a doctor’s self-confidence and morale.’

Steven Harris, Deputy HR Director for the Trust, also feels strongly that revalidation will benefit doctors in their career development: ‘Doctors are responsible for the care of the vulnerable and so any measures to improve clinical performance should be welcomed.’

Key findings

- UHS made it clear to its doctors from the outset that preparing for revalidation was a priority for the organisation. Their project has had clear leadership – from the medical director and revalidation lead.

- UHS asked one of its consultants to lead its revalidation project. ‘It really helps if your lead is a consultant, like Dr Stubbing, as someone going through the process is best placed to assist others,’ says Stephen Harris.

- National tools are available but developing bespoke resources for your organisation can make the difference in terms of engagement with doctors, especially when your workforce or network consists of a wide range of specialty doctors.
Primary care cluster:
NHS Berkshire
Introduction

NHS Berkshire is a cluster of two primary care trusts - NHS Berkshire East and NHS Berkshire West - spanning a region from Hungerford in the west to Slough in the east. The Cluster incorporates 107 GP practices and is responsible for the revalidation of 710 doctors, including 150 locum doctors.

Challenges

As a primary care commissioner, one of the major revalidation challenges facing NHS Berkshire is that it does not employ its doctors directly. In contrast to hospital doctors, who are employed by the NHS, a GP is contracted to provide care by a primary care trust. While these contracts stipulate that an annual appraisal is required, managing the process and ensuring they happen regularly is a challenge. This is because the authority of line management lies within each self-contained practice. This challenge is exacerbated by the fact that NHS Berkshire is currently in transition ahead of the formation of clinical commissioning groups (CCGs) in 2013. This has made it harder to focus minds on the importance of revalidation.

Another challenge facing NHS Berkshire is that the performers’ list for the region includes some 150 locum GPs, several of whom spend months at a time located outside of the Berkshire region. Some locum GPs are based in Australia for more than six months of the year, while those who practise sports medicine can be difficult to pin down during the summer due to the nature of their work. This can make it challenging for locum doctors to collect the supporting information required for appraisal and revalidation, because of the changing nature of their practice.

There is also the issue of a very small minority of doctors that have proved to be unreachable - either because they have failed to notify the organisation of changes in their address or circumstances or because they have simply refused to engage with appraisal.

NHS Berkshire has also found that, while the vast majority of doctors are engaging with appraisal, there are many doctors who leave having their appraisal until March, the final month of the appraisal calendar. This leaves open the possibility of them being rushed or failing to be appraised if, for example, they become ill.

Action

From the outset, NHS Berkshire decided it should create a structure centred on a team approach, to ensure revalidation was given the right amount of time and support. As well as Dr David Buckle, Medical Director and Responsible Officer for NHS Berkshire, the team includes a revalidation manager and two appraisal leads, one based in the east of the region and one based in the west. ’Re-training appraisers was vital and something we worked on from the outset,’ explains Dr Buckle, ’as we felt this was key to ensuring doctors had the support they needed to receive annual appraisals and ultimately revalidate.’ He confirms that 98% of appraisers have now received or booked top up training.

Dr Buckle and his team have worked with practice managers, forging relationships and encouraging them to remind their doctors of their revalidation responsibilities. Knowing that their doctors must complete the process to ensure the practice’s ongoing success, practice managers can play a crucial role in emphasising the importance of doctors engaging with appraisal and revalidation, and may also help in the gathering of supporting information, as Dr Buckle explains: ‘Practice managers can encourage doctors to get patient feedback, to review complaints and ensure a steady stream of information is being collected.’
This role is something Dr Buckle can see being taken on by locum agencies in the future, further strengthening that group’s engagement with medical appraisal. ‘You don’t have this problem in hospitals, where there are systems in place as part of the line management process. In Berkshire we have developed a file which collates all the information we hold for an individual GP in one place. When that doctor is revalidated or there is a performance concern, we have the information at hand.’ Dr Buckle’s team has also worked closely with CCG leads ahead of the changes next year. The CCG leads view appraisal and revalidation as essential as they also want quality primary care.

NHS Berkshire is encouraging practices to use the RCGP tool for recording supporting information, as the transition to clinical commissioning groups makes the development of bespoke tools more challenging. However, Dr Buckle stresses that he will be supporting his GPs by funding a colleague and patient feedback tool: ‘Appraisal is the most important thing in this whole process,’ he says, ‘and you simply won’t get good 360° feedback in a small surgery without an electronic, validated process that asks the right questions, so we are looking to bring that in very soon.’
NHS Berkshire has also decided to tackle any lack of engagement from doctors head on. If any doctor fails to engage with appraisal and revalidation for a long period of time, they will be sent a hand-delivered letter explaining that continued lack of engagement will result in their removal from the performers’ list.

Meanwhile, NHS Berkshire has also decided to stop holding appraisals in March, the last month of the appraisal year, to encourage doctors not to leave their appraisal until the last minute.

### Results and benefits

Since preparations for the roll out of revalidation began, the number of doctors in the region engaging in appraisal has steadily increased. One PCT now has an appraisal rate of 95%, while another is at 98%. These are figures which Dr Buckle feels are reflective of a realisation that revalidation is happening and a growing recognition of the importance of appraisal.

Overall Dr Buckle feels that preparations for revalidation are progressing well: ‘Revalidation is a new process but there are elements, such as appraisal, which are an improvement to what we were doing before – and for which GPs are well equipped. The process is becoming more sophisticated; and is getting better all the time. It’s much bigger than ticking boxes – it’s about continuously improving quality and performance, and providing reassurance for patients that we are as good as we say we are.’

### Key findings

- **NHS Berkshire** has worked in partnership with practice managers and CCG leaders in the area to communicate the importance of appraisal and revalidation, positioning them as ‘quality’ issues. This has helped to strengthen doctors’ engagement with appraisal.

- Practice managers have an important role in helping GPs to collect supporting information for their appraisal and revalidation.

- NHS Berkshire wanted to make sure it had the right level of support in place for its doctors from the outset. One of its first priorities was to complete its training of appraisers.

- Organisations need to think about how they manage and time their appraisals of doctors in the future. NHS Berkshire has stopped holding appraisals in March, to encourage doctors not to leave appraisal to the last minute.
NHS acute trust: Nottingham University Hospital NHS Trust
Introduction

Formed in 2006, Nottingham University Hospitals NHS Trust (NUH) is one of the biggest and busiest acute trusts in England, employing some 13,000 staff. NUH is responsible for ensuring 643 of its doctors receive annual appraisals and are supported with their revalidation.

Challenges

NUH found that the greatest challenge in preparing for revalidation was ensuring that all of its doctors participated in a quality annual appraisal and that they understood they needed to have a regular appraisal to revalidate and maintain their licence to practise.

Four years ago when the Trust began considering its readiness for revalidation, it established that around half of the consultants and non-consultant career grade doctors were participating in appraisal. However, the Trust was unable to establish how many of those doctors had been appraised in the last year or how thorough those appraisals had been. There was also a lack of clarity regarding the supporting information that would be required for revalidation, and who would be responsible for collecting this.
Ensuring that adequate resources and support were in place to develop the Trust’s guidance and procedures for appraisal and revalidation was also critical; and it was crucial that procedures were flexible enough to incorporate different policies produced by individual medical royal colleges and faculties and by individual departments within the hospital.

Action

In response to these challenges, the Trust formed a Medical Appraisal and Revalidation Committee (MARC). This included representatives from the medical royal colleges, medical staff side, the University of Nottingham, and directorate management teams.

In November 2008, this committee published a report recommending a series of actions that would ensure the Trust would be ready for the roll out of revalidation in late 2012. The report looked at three key areas: policy and procedures; developing an intranet site where doctors could arrange appraisals and maintain records; and training and developing a group of appraisers.

These actions were taken forward by Mr Nigel Beasley, Deputy Medical Director with responsibility for appraisal and revalidation. Mr Beasley explains: "Establishing the committee was a really important step forward in our readiness. Following the report, we made significant progress in our policies and procedures, and we appointed and trained 65 new appraisers. But our key challenge has been developing an intranet system which our doctors can use to manage their appraisals and access information about the plans we have for revalidation."

In 2009, the Trust appointed a dedicated medical workforce project manager, Louise Dexter, who was tasked with coordinating the processes around appraisals. Louise worked closely with Dr Shafique Ahmad, a consultant in the Emergency Department and member of MARC, who was instrumental in building and developing the intranet site. The site has been refined over the last two years and now allows doctors to easily identify an appraiser and arrange an appraisal. Doctors can select an appraiser from a list of names in their department and the site automatically sends an email to notify that doctor of a request for an appraisal.

Prior to 2008, doctors who wanted to have an appraisal could choose any doctor within the Trust as their appraiser. Following the appointment of 65 dedicated appraisers, the Trust decided that, from then on, only those 65 appraisers could conduct appraisals. This was to ensure appraisals were carried out in a consistent way and to a high quality. The number of appraisers has now grown to 120 to help ensure there are enough appraisers with a good mix across hospital departments.

Once doctors have had their appraisal, they can upload their completed Form 4s to the site and use it to maintain an appraisal record. Importantly the site is open to everyone, and anyone in the Trust can log in and see when a colleague last completed an appraisal. As Mr Beasley explains, transparency was vital: ‘We felt it was important that clinical directors, for example, could use the intranet site to look at when their consultants last had an appraisal, or other staff in the Trust could look to see when doctors they work with last had one.’
Dr Shafique Ahmad explains the implementation process thus far: ‘In today’s world, if information is not available in one click, people won’t stay tuned. As such, we focus on keeping the service simple, targeted at its audience and consistent with GMC messaging. Crucially, our systems are underpinned by a dedicated support team that assists doctors who are struggling to find what they need.’ The challenge still remaining is to improve access and availability to supporting information, and to quality assure the appraisal process while retaining engagement levels.

MARC also worked with representatives of the medical royal colleges to analyse the GMC’s Good Medical Practice framework for appraisal and the colleges’ guidance for doctors to create a single portfolio template to help doctors collate supporting information and identify the correct sources for feedback, including the clinical director or head of service, the HR team and the education and training team.

Results and benefits

The overall appraisal rate for doctors within NUH has improved significantly and is now over 98%. Mr Beasley confirms: ‘We are definitely ready for the roll out of revalidation and we are already seeing great benefits across the Trust. As a doctor I found it exceptionally useful to sit down with another colleague, reflect on my current practice and develop a personalised action plan. This also provides direct benefits for patients, who for the first time will have assurance that their doctors regularly reflect on quality of care, and that someone has checked doctors are competent and fit to practise.’

This is a view supported by Dr Ivan Le Jeune, Consultant Physician in the Departments of Acute and Respiratory Medicine, who has recently completed the appraiser training: ‘Previously, when I have had appraisals, I have been unsure about what the outcomes were or how I can apply them to my practice. With the upcoming introduction of revalidation, appraisals have become much more focused on developing a clearer personal development plan and more achievable planned goals that will offer direct benefits to me and the overall service.’

Dr Le Jeune continues: ‘I think most doctors have an in-built desire to offer the best service they can for their patients, but sometimes I think in the past we have assumed that we are doing this. Appraisal and revalidation make doctors really reflect on their practice, and challenge and analyse the service we are offering, allowing us to develop our practice more confidently.’

Key findings

Setting up a Medical Appraisal and Revalidation Committee (MARC) helped NUH to involve the right people within the organisation from the start. The committee has been critical in ensuring clear and consistent processes are established right the way across the organisation. This has led to high levels of internal buy-in.

NUH ensured its revalidation project had strong governance and leadership by making its deputy medical director responsible for appraisal and revalidation. It also appointed a dedicated project manager.

NUH has kept its doctors engaged with appraisal and revalidation by developing its own portfolio system and running a programme of open seminars over the last two years. These events have given doctors a forum to share and discuss their views and concerns.
Locum agency:
DRC Locums
Introduction

DRC Locums is a provider of medical staff to both the public and private sector. The organisation, which is based in Milton Keynes and has a sister office in Scotland, employs 100 people who are responsible for identifying and connecting candidates with positions across the UK. The organisation works with between 450 – 500 locum doctors at any one time. It is an approved staffing supplier to the NHS and therefore a designated body like hundreds of NHS and independent sector organisations. DRC currently holds over 100 service agreements with individual hospital trusts, and is one of only five suppliers to be awarded a place on the NHS Scotland Framework. It has also recently been appointed to the London Procurement Programme (LPP) framework.

Challenges

One of the main challenges facing DRC Locums in their preparations for revalidation was the small number of locum doctors who had previously taken part in appraisals. Locum doctors are currently required to provide the date of their last appraisal, which is expected to have taken place in the last 12 months. However, DRC Locums estimates that more than half of new recruits that have not recently worked in the NHS have not had a recent appraisal and in many cases have never been appraised at all.

This challenge was exacerbated as the team at DRC Locums had no experience of medical appraisal, not being clinical staff themselves, and therefore knew they would have to seek external support to help them develop a system of appraisal for those doctors who will revalidate with the organisation.

DRC Locums is currently responsible for the revalidation of approximately 200 of the doctors in its locum pool. However because of the nature of their work, keeping track of the number of locum doctors who will revalidate with the organisation is a major challenge. DRC Locums does not employ the locum doctors it works with - it contracts their services - and many will work in other roles and with other agencies across the UK and internationally. As Helena Turpin, Revalidation Project Lead at DRC Locums, explains, some of her counterparts in primary and secondary care have been running medical appraisal systems for over ten years and therefore 'had a strong base on which to build when preparing for the introduction of revalidation.'
Action

DRC Locums’ first step was to appoint a responsible officer and medical director to work alongside Helena and the team. In August of last year, the organisation appointed Dr Stuart Sanders, who with over seven years’ experience of managing appraisals in the independent sector, was well placed to help steer the development of DRC Locums’ appraisal, revalidation and clinical governance systems.

In August 2011, DRC Locums was told it had been successful in its application to take part in an NHS Revalidation Support Team pilot to test its new Medical Appraisal Guide (MAG). DRC Locums was keen to assess how well the appraisal guide would work for some of their doctors who, because of their location, were likely to find it more difficult to engage in appraisal and revalidation. RST needed around 30 locum doctors for the pilot who qualified outside of the UK and work in England. DRC Locums chose to run the pilot with locums who live abroad and come to the UK infrequently. The group was made up of doctors with fifteen different nationalities who had qualified in some seventeen different countries - including India, Romania, South Africa and the Sudan.

The pilot began in September 2011, and in the month between finding out they would be taking part and the pilot starting, DRC Locums had to ensure it had an appraisal system in place. As Helena explains: ‘This meant going from zero to a hundred percent in terms of our preparations for medical appraisal and revalidation, and all in the space of a month. We had to write a code of conduct, appoint and train a team of appraisers, and identify a number of doctors who would be willing to travel to the UK to take part in the pilot.’

When identifying their appraisers, DRC Locums decided to approach senior doctors within their locum pool. ‘Because of the nature of their role, many of the locum doctors we work with don’t know from one week to the next where they will be working,’ says Helena. ‘It’s very difficult to appreciate some of the challenges this creates regarding appraisal unless you work in the sector, so we were keen to ensure all of our appraisers were locum doctors themselves. We currently have seven appraisers and are looking to double or triple this number in the next year.’

Another challenge DRC Locums faced was determining how many of the doctors they work with would be revalidating with the organisation. As Helena explains, ‘It can be hard for locum doctors to identify who they will revalidate with, so we decided to run our own telephone survey. We contacted all of the locum doctors currently working with DRC, and all those that have applied to work with us, to discuss where they are planning to revalidate. This is always going to be a challenge, but the survey really helped and we are looking at resurveying all of our doctors every six months, possibly online, as we find this tends to work well given the geographic spread of the doctors working with us.’

Results and benefits

The feedback from doctors who took part in the pilot was very positive and many found the template RST materials particularly useful in guiding them through the process of appraisal and the information they need to collect. ‘Working with the RST meant we were able to access a lot of support which made it easier to implement our medical appraisal system...’
Preparing for revalidation: case studies for healthcare leaders

in such a short space of time,’ explains Helena. ‘The pilot also helped to identify a number of difficulties that we need to overcome ahead of the roll out of revalidation.’

One of the key issues identified is that many of the locum doctors feel excluded from CPD events and as a result unable to collect the supporting information required for medical appraisal and revalidation. In response DRC Locums has adapted the list of information doctors can provide so as to be more flexible. However colleague and patient feedback is one area that is proving to be more challenging. ‘Some of the doctors we work with, such as pathologists or anaesthetists, won’t come into contact with patients very often, while others may only see them for a short space of time,’ explains Helena. ‘Whereas peer feedback can be collected reasonably easily if you have robust processes in place, patient feedback can be more challenging.’

In response, DRC Locums has launched a roadshow of events to meet with locum doctors and clients across the country. The events are open to all and aim to provide locum doctors with an overview of what is involved in revalidation and the support available to help them prepare. Events aimed specifically at clients take more of a workshop format, looking at how DRC Locums can work together with them to find joint solutions to challenges such as patient and colleague feedback, or best practice in sharing information or concerns. So far events have been held in London, Manchester, and Birmingham and additional events are due to take place in Glasgow, London and Manchester in the coming months.

DRC Locums has also recently launched a new website that includes a number of useful resources to support those doctors revalidating with the organisation, including a free CPD tracker that locum doctors can use to track their CPD points. The organisation will soon be launching a monthly email reminder to encourage doctors to record evidence of CPD as they go along, rather than leave this until the last minute.

‘The roadshow is proving invaluable in helping us to build stronger relationships with our clients and develop joint solutions to these challenges,’ says Helena. ‘Some of these things can’t be resolved immediately, but our preparations for revalidation are already giving our clients increased confidence.

‘We’ve always been committed to providing a high quality service, and revalidation will help us to demonstrate that we work with some of the most qualified doctors, who are competent and fit to practise. We’ve already developed much more robust channels for dealing with poor performance and procedures for communicating concerns between designated bodies, all of which give our clients increased confidence in the service we provide.’

Key findings

DRC Locums understands the challenges that locum doctors may face in collecting supporting information and has decided to keep its arrangements as flexible as possible. It is accepting supporting information in different formats to make it simpler for doctors to demonstrate they are keeping up to date with their practice.

DRC Locums believes the systems it has put in place for revalidation and for dealing with concerns about doctors are giving its clients greater confidence in the services it provides.

Some doctors, such as locums, may find it more challenging than others to collect supporting information for appraisal. Having appraisers who have experience of these challenges or understand them is hugely important.
Independent provider: Cygnet Health Care
Introduction
Cygnet Health Care was established in 1988 and is one of the UK’s largest independent providers of mental health and social care pathways. Cygnet operates 17 hospital units – as well as two registered nursing homes - with more than 730 beds. It is fine-tuning its existing systems to ensure all its doctors have access to the supporting information they need to revalidate.

Challenges
Cygnet is responsible for helping around 80 doctors with their revalidation – many of whom work entirely in the independent sector. A large number of these doctors are not employed by Cygnet directly, but have practising privileges instead in one or more of their hospital units. On top of this, around 40 doctors have practising privileges in Cygnet hospital units but spend the majority of their time employed within the NHS. Both groups of doctors will need to have ‘whole practice’ appraisals to revalidate. The challenges for Cygnet have been to provide its NHS-employed doctors with supporting information they can use for their appraisal by another organisation, and to be aware of the whole practice portfolios of the independent doctors it is responsible for appraising and making revalidation recommendations about.

As Vicky McNally, Cygnet’s Corporate Governance Director, explains: ‘Many things have changed since we started talking about how we plan to approach revalidation, including the provider landscape. Now there is an increased recognition that the independent sector has a valuable role to play in providing supporting information for whole practice appraisal, and there is an increased willingness within the NHS to work closely with us to gain access to that information.’

Ensuring that meaningful and collectible supporting information is being recorded for every doctor in every Cygnet hospital unit is a complex endeavour. Robert Kehoe, Cygnet’s Medical Director and Responsible Officer, says: ‘I need the medical director and hospital manager of each hospital unit to be my eyes and ears, and also ensure that the relevant supporting information for every doctor is being collected on a regular basis. It’s my job to make certain that senior managers are aware of their responsibilities.’

Action
In order to ensure that every doctor in every hospital unit is aware of what revalidation is, how it will affect them, and what they are required to do to prepare for it, Cygnet has arranged a series of regional revalidation roadshows which are travelling across the country until November 2012. These roadshows are open to all doctors that utilise Cygnet’s services, and are also a perfect platform for Responsible Officer Robert Kehoe to explain to medical directors and hospital managers what is expected of them.

As Robert explains: ‘Each medical director and hospital manager is responsible for managing their unit’s appraisal and supporting evidence collection.’

‘At the regional roadshows I am able to explain that a lot of the information required for revalidation is already being collected by Cygnet in order to complete the minimum mental health dataset, and it is really a matter of slightly reformatting the way we collect this data to ensure it can be used as supporting information for individual doctors.’

Vicky McNally elaborates: ‘We are constantly thinking ‘is there a way that we can use the
information we already collect to support the revalidation process and enable doctors to demonstrate outcomes and performance? It’s right up there on our agenda.’

Cygnet has developed a bespoke database of key information which ensures supporting information is easily available for doctors. A whole raft of information, including risk and incident logs, is recorded electronically on an individual basis so it can be used by doctors as evidence for their appraisal and revalidation. This means Cygnet’s doctors have access to good quality supporting information in a format that is easily accessible and reviewable whenever it’s required.

Robert is also organising for eighteen colleagues to be trained by an external trainer in up-to-date appraisal methods to ensure there are plenty of appraisers available to the doctors revalidating with Cygnet.

Results and benefits

Since working through the NHS Revalidation Support Team’s Organisational Readiness Self Assessment (ORSA) tool, Cygnet has seen a huge improvement in the number of doctors receiving quality regular appraisal. The organisation believes this has given a ‘sharper focus’ to performance related activity, and a standardised medical appraisal policy is currently being rolled out across the organisation.
Vicky believes that the process of developing a framework for whole practice appraisal has strengthened communication channels within Cygnet, but also between independent providers and the NHS. Cygnet has also found the support of the NHS Revalidation Support Team invaluable and has helped them link with various providers to work through the challenges of revalidation together.

Robert echoes this, and maintains that there is something to be said for the way in which preparing for revalidation has strengthened communication channels within Cygnet. At the regional roadshows, Robert and Vicky will personally meet all medical directors from across the country face to face – facilitating closer working relationships and ultimately enhancing organisational standards. The roadshows themselves also reassure Cygnet doctors that they are fully supported, and help to bring part time employees closer to the organisation.

Key findings

- Cygnet has developed closer relationships with the NHS to ensure its doctors can have whole practice appraisals. Cygnet believes this enhanced integration has the potential to improve the provision of patient care in the future.

- Cygnet found it was already collecting clinical data that doctors could use as supporting information for appraisal and revalidation, but the data needed to be reformatted. As part of its revalidation project, it has developed its own database which captures supporting information for individual doctors.

- The process of preparing for revalidation has helped Cygnet to improve its management systems, strengthening relationships and communications within the organisation and between its hospital units.
Support network: North-East Employed & Locum GPs
Introduction

North-East Employed & Locum GPs Group (NELG) is a non-profit support group for sessional GPs. The group disseminates information and provides sessional GPs in the North-East of England with the tools they need to stay connected and progress professionally. As a result it’s playing a vital role in helping sessional GPs to prepare for revalidation.

Challenges

NELG has found that a significant challenge in supporting its members with revalidation has been that, because of the nature of their role, many sessional GPs are isolated professionally. It’s been important they offer opportunities for networking, and ensure information about appraisal and professional development reaches its member network.

Dr Paula Wright, Chair of NELG, explains: ‘Information from NHS organisations is currently cascaded via practice managers, which often only reaches those that have a permanent base in a practice.’ NELG’s challenge has been to ensure its members are not ‘out of the loop’ on key communications.

A further challenge has been assisting those sessional GPs who are new to the area, or newly qualified, as they are often unsure who their appraiser should be or how to go about arranging appraisals. Often, sessional GPs are appraised by partners who don’t always understand the challenges faced by sessional GPs. Collecting supporting information can also prove demanding, as Dr Wright testifies: ‘A sessional GP who moves from practice to practice cannot do a traditional audit which is about improving systems within a practice. It is important for them to be able to focus on collecting appropriate information that is meaningful for them as individual GPs.’
**Action**

In response to these challenges, NELG has played a key role in providing sessional GPs in the North-East with up to date information and guidance on revalidation, and supporting their members to access additional support and initiatives.

Simple yet effective measures include email alerts and an all-member email facility, while the members’ website has also been a vital tool, housing the latest information and guidance from the GMC and a detailed appraisal pack specific to the region, designed by Dr Di Jelley, the clinical appraisal lead for the region’s 2,500 GPs. This pack has been carefully tailored to cater for the needs of both partners and sessional GPs. An informal mentoring system also offers additional support for sessional GPs and helps them to improve their knowledge of processes within the region.

Close ties to the local deanery have been crucial in providing up to date information, and NELG now holds its meetings immediately before a deanery education lecture. This provides members with two incentives to attend meetings – networking and professional development – helping to overcome the competing effect on the time of busy doctors.

NELG also supports its members to join self-directed learning groups, autonomous groups that meet once a month for professional development and peer support. All doctors will need to demonstrate evidence of continuous professional development as part of the supporting information required for appraisal and revalidation. The groups are particularly important for sessional GPs who may find it more difficult to collect this evidence than their peers. Anecdotal evidence suggests that 75% of the region’s sessional GPs are currently affiliated to one of these groups.

NELG has also helped to raise awareness of the need for surgeries to be supportive and inclusive towards sessional GPs, in particular alerting members of letters sent to practices to encourage inclusivity. Further examples of this include inviting sessional GPs to practice clinical and educational meetings, and including them in colleague and patient feedback.

**Results and benefits**

The appraisal rate for locums within the North-East is similar to that for GP partners – between 90% and 95%.

‘I think we are reasonably well prepared for revalidation in our region, because of a variety of factors,’ says Dr Wright. ‘The support provided by NELG is one of several significant factors in this.’ This is a view supported by Dr Roger Bolas, Secretary of the NELG Executive Committee, who estimates that ‘less than a dozen’ GPs in the North-East are unaware of revalidation and what it means to them.

Dr Hasan Omran is a newly qualified GP who has recently moved from Essex to the North-East. He currently works both in a fixed position and in a
salaried role at a walk-in centre, and is a NELG member. Having just received his first appraisal he is positive about the role revalidation will play in his professional development and the wider benefits it offers sessional GPs: ‘From my perspective, I think sessional GPs in the region are ready for revalidation. In many ways how much doctors take from appraisals and revalidation is down to how keen they are to progress, improve their clinical knowledge and develop their specialty.’

Dr Wright believes that the appraisal process has in fact helped many partners who work as appraisers to gain a greater understanding of the role sessional GPs play within the region, while the implementation of revalidation will offer further benefits: ‘While this region is relatively well developed, in certain other areas there’s no doubt that revalidation will be a driver to ensure that sessional GPs are better supported.’

More than anything, though, NELG’s leaders believe that revalidation will incentivise doctors to strive for greater professional development. ‘It is about identifying areas that worry doctors and having a system in place to put that right,’ says Dr Bolas. ‘General practice is not what it was – doctors need to stand back, take stock and step up to the mark. It is about being professional in the modern NHS. You cannot make assumptions about strengths and weaknesses, but going through the process can give you reassurance that you are fit to do the job.’
‘Regular appraisal and the revalidation process will benefit all doctors as they will have to show that their knowledge is to a certain standard,’ says Dr Omran. ‘It will be especially helpful in supporting and developing GPs and will benefit patients too, in terms of them knowing that every doctor they see is accountable. For me, the process is essential – it’s vital for the future of the profession.’

**Key findings**

- Professional networks with strong communication and easy access to peer support are one of the ways that locum doctors can be supported with appraisal and revalidation. Autonomous learning support groups can also help locum doctors to collect important evidence of their continuing professional development.

- Organisations and practices that use locum doctors can help them with their appraisal and revalidation by making sure they are included in clinical and education meetings.

- Some doctors experience professional isolation because of the way they have chosen to practise, so it’s important that information about appraisal, revalidation and professional development opportunities reaches them. NELG’s website and events have helped sessional GPs in the region stay up to date with the latest information about revalidation.
Get in touch
If you would like to share your organisation’s experience of getting ready for revalidation, please email revalidation@gmc-uk.org.

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