PORTFOLIO OF EVIDENCE OF PROFESSIONAL STANDARDS FOR THE REVALIDATION OF GENERAL PRACTITIONERS

ROYAL COLLEGE OF GENERAL PRACTITIONERS

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Introduction

In August 2004 the RCGP published a consultation document entitled *Portfolio of Evidence of Professional Standards for General Practitioners: a Tool for Continuing Professional Development, Appraisal and Revalidation*. We sought the views of all our members and a number of medical bodies including other Royal Colleges, the British Medical Association and its General Practitioners Committee, the General Medical Council, the NHS Alliance, the National Association for Primary Care, the National Association of Sessional GPs, and the National Clinical Governance Support Team (England).

In the six-week consultation period we received 170 responses and a handful of further responses were received after the deadline. Comments were, overall, very supportive. However, in addition to a number of detailed comments, there was a clear preference for this final document to focus primarily on revalidation. We have therefore redrafted with that focus in mind. However we hope that those involved in supporting continuing professional development and appraisal will find this document continues to be of some relevance and use.

This document summarises the Royal College of General Practitioner's proposals on the evidence that general practitioners may wish to gather in their portfolio to demonstrate their professional standards. The main function of their portfolio will be to satisfy the requirements for revalidation.

This text is based on a number of sources:

Good Medical Practice published by the General Medical Council (GMC)[i]

Good Medical Practice for General Practitioners published by the Royal College of General Practitioners (RCGP) and the General Practitioners Committee of the British Medical Association (GPC)[ii]

Criteria, Standards and Evidence for Revalidation – a report of the RCGP/GPC/GMC revalidation working party

Revalidation Folder: doctors working in clinical general practice in Scotland published by RCGP Scotland, Scottish GPC and NHS Education for Scotland[iii]

Defining the evidence for revalidation – a report from the NHS Clinical Governance Support Team Expert Group[iv]

Revalidation (GMC Reforms fact sheet) produced by the GMC[v]

The policy framework for revalidation: A position paper – a paper of the GMC

The Good CPD Guide[vi]

Evidence of Professional Standards for Revalidation

The Royal College of General Practitioners will produce a toolkit mapped to the criteria, standards and evidence in this document. Some doctors will choose to create their own folder format. Whichever, the evidence of professional standards should be collected in 11 sections with 20 groups of evidence recorded.

Section 1: personal and registration details
Section 2: What you do
Section 3: Good clinical care
Section 4: Maintaining good medical practice
Section 5: Relationships with patients
Section 6: Relationships with colleagues
Section 7: Teaching and training
Section 8: Research
Section 9: Probity
Section 10: Health
Section 11: Clinical governance statement

At first the folder will contain only recent evidence. In time we expect the folder to contain evidence relating to the previous five years. A full folder will therefore take five years to accumulate.

General practitioners are not a homogeneous group and this document is intended to cover the different types of practice frequently carried out by doctors describing themselves as "general practitioners". The main groups are:

Clinical NHS general practitioners

The description of the folder in this document is directly appropriate to the clinical NHS general practitioner.

General practitioners with special interests

All doctors will be asked to describe, in their folder, what they do. If a general practitioner undertakes clinical work outside mainstream clinical general practice they should describe what that work entails and provide evidence to answer three questions:

How did you establish your competency to undertake this work?
How do you maintain you competency in this work?
How can you demonstrate that you are fit to practise this work?

Non-clinical general practitioners

While many general practitioners have significant non-clinical roles, in primary care organisations, deaneries or universities for example, few do no clinical work. For their non-clinical work they should provide evidence in their folder for all appropriate non-clinical

sections in this document (such as continuing professional development, working with colleagues, teaching, research, health and probity) and should provide answers to the three key questions (above) for their non-clinical work.

Sessional general practitioners

Sessional (non-principal) general practitioners' folders will be similar to those of clinical NHS general practitioners with one current exception – they are not all yet part of the NHS annual appraisal scheme. For these doctors, evidence of satisfactory participation in annual appraisal should only be entered when it occurs.

Some sessional general practitioners work predominantly in one practice and their folders will be, apart from appraisal, the same as those of their principal colleagues. For general practitioners working in many practices, compiling a folder may be more demanding. Their evidence will be comparable to the evidence for principal general practitioners but will often require more effort to collect. The Royal College of General Practitioners and the National Association of Sessional GPs will issue further advice for sessional general practitioners.

Non-NHS clinical general practitioners

For doctors not working in an organisation approved by the General Medical Council (that is an organisation with approved clinical governance arrangements) the alternative "independent" route will be available. These doctors will be expected to submit a folder direct to the General Medical Council, and that folder may be in whatever format the doctor chooses. However it would clearly be in the doctor's interests to submit a folder that is structured to meet the requirements of revalidation, such as is outlined in this document.

Section 1: Personal and registration details

This section of your folder simply records your personal details and details of your GMC registration.

Criterion 1: The doctor records their personal and registration details.
Standard 1: The details are entered in the folder.

Evidence 1: The entry in the folder (for example the Form 1 from the last annual appraisal)

Section 2: What you do

Each doctor should describe the nature and extent of their work as a doctor, and the context in which they undertake that work.

Criterion 2: The doctor defines what he or she does.
Standard 2: A statement of activities covers all important areas of the doctor's work and the contents will form the basis of the evidence elsewhere in the folder.

Evidence 2: An accurate annual statement of the doctor's activities (for example the Forms 2 from the last five annual appraisal forms).

Criterion 3: The context, including any factors which facilitate good patient care and any factors that might hinder the doctor from providing a good standard of care, in which the doctor works should be taken into consideration.
Standard 3: A statement of context is accurate and is taken into account in assessing the folder.
Evidence 3: An accurate annual statement from the doctor describing the context in which they practise (for example the Forms 2 from the last five annual appraisal forms).

Criterion 4: The doctor prepared for, maintains skills in and demonstrates standards in medical activities beyond mainstream general practice (for example as a general practitioner with special interests).
Standard 4: Annual appropriate preparation, continuing personal development and appropriate standards are achieved in all non-general practice roles.
Evidence 4: Description and evidence of initial skills acquisition; description of continuing skills maintenance and development; and evidence of the quality of service in these additional roles.

Section 3: Good Clinical Care

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on good clinical care.

Criterion 5/6: The doctor regularly reviews clinical practice and demonstrates the achievement of acceptable standards of care.
Standard 5: The doctor participates meaningfully in reflective practice. This may be achieved by taking part in significant event auditing, with examples including such events as any deaths-in-surgery, new diagnosis of cancer, terminal care at home, sectioning under the Mental Health Act, suicide, patient complaint or prescribing error; and responds appropriately to the findings; or a reflective diary linked to their personal development plan.

Evidence 5: Reports of significant event audits over the past five years of events involving the doctor, each including a learning outcome and evidence of its implementation; or submission of a reflective diary that demonstrates a link to the personal development plan.

Criterion 5/6: The doctor regularly reviews clinical practice and demonstrates the achievement of acceptable standards of care.
Standard 6: The doctor effectively participates in clinical audit; demonstrates achievement of appropriate standards of care; and responds appropriately to the findings of audits.
Evidence 6: A list of clinical audits, personal or team based, in which the doctor has participated in the past five years, including chronic disease management and prescribing. The evidence should include at least one quality assurance report to which the doctor has contributed in each year; and a statement on learning outcomes from those audits with evidence of implementation.

Section 4: Maintaining Good Medical Practice

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on maintaining good medical practice.

Criterion 7: The doctor has an annual appraisal.
Standard 7: The doctor participates meaningfully in an annual appraisal undertaken by a trained peer.

Evidence 7: The signed statements from the appraiser (the statements at the end of forms 3 and 4 of the annual appraisal documentation)

Criterion 8: The doctor maintains their personal and professional development.
Standard 8: The doctor has an annual personal development plan based on identified learning needs that are then met. The plan will include educational activity and evidence of achievement of learning needs in the plan.
Evidence 8: Submission of the annual personal development plan with learning needs and learning outcomes; a list of continuing medical educational activity; and statement of learning needs met.

Criterion 9: The doctor in clinical practice maintains skills in cardio-pulmonary resuscitation.
Standard 9: The doctor can demonstrate continuing proficiency in cardio-pulmonary resuscitation.
Evidence 9: Evidence of proficiency in cardiopulmonary resuscitation, for example a certification of competence issued at an appropriate course within the last five years.

Criterion 10: The doctor maintains skills in safe and effective prescribing.
Standard 10: The doctor can demonstrate continuing proficiency in prescribing.
Evidence 10: Evidence of safe and effective prescribing in clinical audits (such as analyses for the Quality and Outcomes Framework) and prescribing statistics.

Section 5: Relationships with Patients

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on relationships with patients.

Criterion 11: The doctor assesses patient views of their practice and their communication skills and reflects on the results.
Standard 11: The doctor has participated in survey of patient satisfaction with the practice's care, services and facilities [perhaps undertaken by the primary care organisation]; has undertaken an independent assessment of their communication skills [for example a validated survey of consecutive consulters analysed outside the practice]; and has reflected on the findings and responded appropriately.

Evidence 11: The doctor submits results of a patient survey of care, services and facilities within the previous five years; the results of an independent assessment of consultation communication skills; reflections on the findings; and an account of appropriate action taken.

Criterion 12: The doctor maintains their communication skills.
Standard 12: The doctor has reflected on their communication skills.
Evidence 12: The doctor submits evidence of having reflected on their communication skills within the previous 5 years. This might be though any one of a variety of ways: for example through a surgery session observed by a colleague; attendance at a course concerning evaluation of communication skills; or even an assessment of videotaped consultations.

Criterion 13: The doctor maintains an effective complaints procedure.
Standard 13: The doctor has and applies a complaints procedure that complies with professionally agreed guidelines; and learns from complaints.
Evidence 13: Submission of the doctor's complaints procedure (organisational or personal[1]); copies of all complaints involving the doctor; and evidence that any learning needs identified have been met or appropriate actions have been undertaken.

[1] For sessional doctors they will wish to report on how they handle any complaints received about their care or conduct

Section 6: Relationships with Colleagues

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on relationships with colleagues and team working.

Criterion 14: The doctor works effectively within the primary care team and with colleagues in secondary care.
Standard 14: The doctor is considered by colleagues inside and outside the practice to be an effective communicator and team-worker.

Evidence 14: A survey of colleagues (medical, nursing, administrative) demonstrates that their opinions of the doctor's communication skills and team working.[2]

Criterion 15: The doctor's entries in patient medical records are sufficient to allow another doctor to take over the care of the patient if required to do so.
Standard 15: Entries in the doctor's clinical records are complete, accessible and understandable.

Evidence 15: A standardised audit conducted by an independent colleague that demonstrates the appropriate quality of the doctor's clinical records.

[2] The General Medical Council will be publishing a validated questionnaire for use in eliciting the views of colleagues. This questionnaire should be organised and analysed independently, with the results included in the folder of evidence.

Section 7: Teaching and Training (if appropriate)

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on teaching.

Criterion 16: The doctor has undertaken appropriate training for the educational role that they have undertaken to play and is deemed satisfactory by the organisation for whom they act.
Standard 16: The doctor has an acknowledged role as an educator, has undertaken training and is regularly evaluated for their role as an educator.

Evidence 16: The doctor submits a contract or statement of agreement for teaching; certificate(s) of attendance and/or accreditation at teacher training or similar development programmes; evidence of recent evaluations by learners and educational supervisors; and the doctor's responses to these evaluations. Vocational trainers should only submit evidence of deanery re-approval within the previous 5 years.

Section 8: Research (if appropriate)

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on research.

Criterion 17: The doctor's standard of activity in undertaking research is appropriate.
Standard 17: The doctor meets the requirements of research governance; maintains research standards; and has no significant conflicts of interest in their involvement in research.

Evidence 17: A record of research activities (as investigator, collaborator or data provider); certification of compliance with research governance; and a declaration of any personal gain from research.

Section 9: Probity

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on probity.

Criterion 18: The doctor conducts medical activity in an appropriate manner. In particular the doctor does not carelessly attach his or her name to documents or certificates; knowingly provide false information on such documents; or seek personal financial gain from his or her patients other than the normal remuneration expected from his or her job.
Standard 18: The doctor's conduct is appropriate for a medical practitioner.

Evidence 18: Self-declaration of status and processes with the General Medical Council, and any criminal proceedings that might cause doubts concerning conduct or probity; and self-statement that there are no probity issues to be considered.

Section 10: Health

This section relates to the entries in *Good Medical Practice* and *Good Medical Practice for General Practitioners* on health.

Criterion 19: The doctor's health does not compromise that doctor's fitness to practice.
Standard 19: The doctor knows of no health issues that might compromise their fitness to practice.

Evidence 19: Self-declaration of health status.

Section 11: Clinical Governance Statement

The local primary care organisation (provided it is a GMC approved environment) should be satisfied that there are no local known reasons for concern about the doctor's clinical performance or conduct. In doing so it will want to ensure that its system for certifying this is transparent and free from avoidable bias. Separate guidance on how to best undertake this function will be provided by the NHS.

Criterion 20: The doctor's clinical performance or conduct, as known to the local clinical governance team, does not give any cause for concern.
Standard 20: The doctor is not known locally to be giving any cause for concern.

Evidence 20: A statement of "no known cause for concern" signed by the medical director or leader for clinical governance in the local primary care organisation; and a similar statement from other organisations that employ the doctor for the provision of clinical services.

Using the folder for revalidation

The General Medical Council’s policy position is still being developed. It is our understanding that all doctors will be required to keep a revalidation folder based largely on the evidence that they accumulate for appraisal; that they will submit their folder to a local group; and that the assessment of that folder will be based on the advice of the relevant College, Faculty or specialist group.

When the consultation of the General Medical Council’s policy on revalidation is complete and final document is published, it is intended that this document will be referenced to that policy in order to offer further clarity.

For general practitioners, the Royal College of General Practitioners believes that the evidence of professional standards set out in this document will be appropriate for the assessment of revalidation folders.

References

[i] Good Medical Practice. The General Medical Council, London, Third Edition, 2001
[ii] Good Medical Practice for General Practitioners. Royal College of General Practitioners, London, 2002
[iii] Revalidation Folder: Doctors working in clinical general practice in Scotland. RCGP Scotland, Edinburgh, 2003
[iv] NHS Clinical Governance Support Team. Defining the evidence for revalidation: supporting the RCGP. Collation of views from the NHSCGST Expert Group. June 2004
[v] Revalidation: Fact Sheet. The General Medical Council, May 2004
[vi] Grant J, Chambers E, Jackson G. The Good CPD Guide – a practical guide to managed CPD. London: Reed, 1999