

Guidance for Appraisers and GPs whose work is mainly or exclusively in the out of hours setting

GP Appraisal Local Policy



1. Introduction

GMC guidance on supporting information for appraisal and revalidation provides generic guidance for all doctors on the core Supporting Information that needs to be submitted for annual appraisal to meet the requirements of Revalidation. This guidance has been written for GPs working mainly or exclusively in the Out of Hours setting

2. Supporting Information

The amount of supporting information supplied from out of hours work needs to take into account the proportion of a doctor's work that is done in this setting. A small proportion of GPs only work out of hours and all their evidence will therefore come from this work. For GPs with a smaller commitment the main issues are likely to be whether they are including education related to out of hours work in their CPD activity and if appropriate discussing significant events.

Evidence provided for GP out of hours work might include

- Evidence of performance review by the out of hours provider although this is normally only done for salaried GPs
- A statement from the employing organisation that there are no concerns about the doctor's performance
- Evidence of CPD for this role or evidence that PDP aims have been included in previous years of the cycle to maintain competence in this role.
- Evidence of quality improvement activity within the role. Clinical audit is difficult within an out of hours setting but alternatives include a review of a series of cases or telephone triage review
- Significant learning event discussion including any Serious Untoward Incidents
- Complaints or compliments
- Feedback from patients and / or colleagues. GMC guidance is clear that feedback should reflect the whole scope of a doctor's practice.
- Evidence of participation in peer group discussions (e.g. guidelines, cases, SEAs etc)

As with all supporting information it is important that the doctor provides evidence of personal reflection. A template is available as one means of doing this. For example, telephone triage review may be included as supporting information but should be accompanied by personal reflections including a plan for what the GP is going to do to improve the quality of their work. Subsequent year's evidence might include evidence from further telephone triage review indicating change. However, the relatively small number of calls listened to may make it impractical to demonstrate change.



3. The nature of out of hours work

Appraisers need to be aware of the nature of out of hours work. Specific features of out of hours work include

- Relatively isolated or working with unfamiliar colleagues
- Unsocial hours – possible impact on daytime working
- Patients not previously known with no records available in most situations
- Different IT systems to day time practice
- Acute problems
- Lack of continuity of care
- Difficulty in clarifying outcomes following consultations
- Higher Risk of complaints

There are three main areas of work out of hours. GPs may undertake all of these or only work in one setting.

- **Telephone triage** involves phoning patients and carers back. Possible outcomes are telephone advice or arranging face to face contact in a centre or as a home visit. This is a core skill within out of hour's work for which providers offer training and undertake call review. GPs will normally receive written feedback on their calls using an assessment tool every 12-18 months. This can be reflected on using the template provided by NHSE NE to support GP appraisal.
- **Centre work** involves working as a GP in an out of hours centre. Patients are seen in booked appointments following triage or in some centres following referral from A&E. The actual work is very similar to routine GP work but the focus is obviously on acute problems.
- **Home visits** involve visiting people in their own homes. GPs are driven to visits. A high proportion of visits are to elderly, care homes and palliative care patients

GPRs undertake out of hours work and some doctors will be involved in supervision. This may involve working alongside the GPR or providing remote supervision with a review at the end of the shift.

4. Possible areas for discussion during appraisal

There are a number of possible topics for discussion during the appraisal. These might include

- General discussion about out of hours work and experience of this
- Impact of specific features of out of hours work
- CPD focused on problems frequently seen in this setting e.g. acutely ill children, palliative care, mental health crises, drug and alcohol problems, confused elderly



- Telephone triage – triage training and review of telephone consultations
- Significant events
- Feedback from colleagues / patients
- Complaints and compliments
- Audit is possible in this setting but more difficult and is not in any way a requirement

5. Resources

Guidance for appraisees with difficulties submitting the “standard evidence” portfolio-
guidance for Sessional GPs [available on NHSE NE appraisal website

Appraisal evidence for out of hours GPs in Scotland

<http://www.scottishappraisal.scot.nhs.uk/news/ooh-toolkit.aspx>

Further advice can be obtained from your local GP Tutor

