

Annual Appraisal for Ophthalmic Medical Practitioners

Some guidance developed by NHS England NE and Cumbria Area Team with advice from the Royal College of Ophthalmologists



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NE**

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Updated June 2019



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1. Introduction

- The GMC has made it clear that Ophthalmic Medical Practitioners [OMPs] will need to be revalidated in order to maintain their license to practice.
- The Royal College of Ophthalmologists has produced guidance on the revalidation requirements for Ophthalmologists ¹, but most of this guidance is much more extensive than that required for OMPs who work solely in the community as medically qualified opticians. On page 16 of this guidance [see link below] there is a case example of what an OMP might be expected to produce for their appraisal documentation, and this pack builds on these suggestions and provides template an OMP can use to collect and reflect on the information required.
- This guidance has been written for doctors who work exclusively as Ophthalmic Medical Practitioners [OMPs] If a doctor works as an OMP but also as a GP locum or hospital clinical assistant in ophthalmology, then they will also have to meet the appraisal requirements of these other roles –see separate guidance from the Royal College of Ophthalmologists, and the NHS England Policy for Medical appraisal ²
- The aim of this guidance is to make the appraisal process as simple and straightforward as possible for **OMPs whose clinical role is restricted to working as a medically qualified optician**, usually in a commercial setting.
- The recommendation for revalidation for OMPs in the NE and Cumbria is made by the Responsible Officers for NHSE [Cumbria and NE], with authority devolved from NHSE nationally, the designated body for all GPs and OMPs in England.
- In order to make a revalidation recommendation, the Responsible Officer needs evidence of engagement in annual appraisal, including submission of the required Supporting Information for this role, as well as confirmation that the OMP has no unresolved performance concerns.
- The aim of this pack is to clarify for OMPs exactly what is needed to engage in the appraisal process. Fulfilling these requirements will lead to a recommendation for revalidation in the absence of any performance concerns. We have taken a pragmatic approach, in cooperation with the RC of Ophthalmology to set some minimum level requirements which reflect the day to day work of a medically qualified optician with no additional clinical role.

¹ www.rcophth.ac.uk/core/core_picker/download.asp?id=1341

² <http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/04/med-app-policy-1013.pdf>



2. Getting your Appraisal organised-practical details

You must have an appraisal every year until you reach the point of retirement. Your Revalidation will take place automatically if you have engaged in appraisal and have no outstanding performance concerns. Your appraiser is allocated to you by NHSE and you will have the same appraiser for three years. The admin contact details for the appraisal team at NHSE are:

0113 824 7242

england.cnegpappraisals@nhs.net

3. Documentation – The Medical Appraisal Guide Form – the MAG form

- We advise that you use the MAG Form to prepare for your annual appraisal. It covers all the required areas in terms of Supporting Information and directs you clearly through the appraisal process. It is free of charge for individuals and organisations.
- The MAG Form can be downloaded from the NHSE website <https://www.england.nhs.uk/2016/03/updated-mag-form/>
- Or from the NHSE NE and Cumbria appraisal website <http://www.cnegpappraisal.co.uk/>
- The MAG form is an 'interactive PDF' form –ie you cannot change the main text, but you can type into the boxes on the form and you can upload documents
- You will need to access templates to describe the quality improvement activities you do each year, as well as your learning log and review of patient/colleague feedback/complaints and significant events if you have any.
- This pack contains updated templates for all the key areas of documentation included in the appraisal checklist, also included at the end of this pack. All the templates have been adapted to reflect the clinical practice of OMPs.
- The MAG form has 5 statements that need to be signed off by your appraiser indicating that you are fulfilling the requirements of the appraisal process-namely:
 - 1 An appraisal has taken place that reflects the **doctor's scope of work** and addresses the principles and values set out in ***Good Medical Practice***.

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- 2 Appropriate **supporting information** has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the **nature and scope** of the doctor's work.
 - 3 A review that demonstrates appropriate progress against last year's **personal development plan** has taken place.
 - 4 An agreement has been reached with the doctor about **a new personal development plan** and any associated actions for the coming year.
 - 5 No information has been presented or discussed in the appraisal that raises a **concern** about the doctor's fitness to practise.
- If your appraiser cannot sign off any of these statements, the reasons for this, and the actions to be taken, will also be recorded on the MAG form. Failure to sign off one or more of the statements will mean that appropriate actions need to be in your PDP to ensure the statements can be signed off the following year. This may affect your ability to be revalidated depending on the nature of reasons given by your appraiser.

Once your appraisal summary and PDP have been agreed by you and your appraiser, the form is 'locked down', and a copy of this full form, including all your uploaded documents, is uploaded to the Revalidation Management System by your appraiser

In several areas of the MAG form you are asked to review your submitted Supporting Information in terms degree to which it informs the **Domains and Attributes of the GMC's Good Medical Practice**- these are reproduced below and they will also be the framework for the appraisal summary produced at the end of the appraisal meeting in which some reference should be made to the Domain headings and relevant Attributes-as per the table below

The domains and attributes of the GMC framework for <i>Good Medical Practice</i>	
Domain 1 Knowledge, skills and performance	Domain 3 Communication, Partnership and Teamwork

Attribute 1 Maintain your professional performance Attribute 2 Apply knowledge and experience to practice Attribute 3 Keep clear, accurate and legible records	Attribute 1 Communicate effectively Attribute 2 Work constructively with colleagues and delegate effectively Attribute 3 Establish and maintain partnerships with patients
Domain 2 Safety and Quality	Domain 4 Maintaining Trust
Attribute 1 Put into effect systems to protect patients and improve care Attribute 2 Respond to risks to safety Attribute 3 Protect patients from any risk posed by your health	Attribute 1 Show respect for patients Attribute 2 Treat patients and colleagues fairly and without discrimination Attribute 3 Act with honesty and integrity

Completing the MAG Form – a step by step guide

MAG Form Sections

The MAG Form has 21 Sections. Sections 1 and 2 explain what is in the MAG Form and how to use it. You will complete **Sections 3 to 17**, and guidance on what needs to be covered in these sections is included below. Your appraiser will complete Sections 18 to 20 after the appraisal

- **Personal details- Section 3**

This includes your name GMC number and qualifications. You will need to record your designated body –NHS England and your Responsible Officer –Dr Mike Prentice if you work in Cumbria, Northumberland and Tyne and Wear and Dr Mike Guy if you work in Durham, Darlington and Tees.

- **Scope of practice –Section 4**

- If you undertake other roles in addition to daytime Ophthalmic Medical Practice, you must include these other roles in section 4

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of the MAG Form. Examples of these other roles might include teaching medical students, research, etc.

- GMC guidance on supporting information for appraisal and revalidation indicates that doctors must provide a comprehensive description of the scope and nature of their practice.
- For some roles there are established arrangements for regular performance review. If this is the case it is only necessary to submit a copy of the output from this review uploaded to the MAG Form
- For other roles a formal performance review may not be practical. In these circumstances you should be prepared to discuss, and if appropriate provide evidence, designed to answer three questions
 - How did you qualify for this role?
 - How do you keep up to date for this role?
 - How can you demonstrate that you are fit to practice in this role by demonstrating the quality of your work?

- **Record of annual appraisals Section 5**

You can upload your previous year's appraisal here

- **Personal Development Plans-Section 6**

Your education/development plan from the previous year's appraisal needs to be reviewed prior to your appraisal to identify the aims that have been achieved and an indication of why any agreed aims have not been met.

- **Continuing Professional Development –Section 7**

Most doctors have been engaging in regular education relating to their role[s] before appraisal was introduced. The requirements for annual appraisal are to produce a record of learning activities you have engaged in, and the core learning points/actions that have resulted from the education you have done. This can be recorded on the MAG Form the GMC does not stipulate how many hours you must do each year – given the limited clinical remit of OMPs when compared to that of eg GPs or Ophthalmologists] a figure of around 20 hours per year would seem reasonable.

Learning can be from clinical meetings, professional update days, internet learning, journal reading conferences etc

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- **Quality Improvement Activity-Section 8**

The GMC asks all doctors to regularly participate in activities 'that review and evaluate the quality of your work'. In terms of the work of OMPs this could include any challenging case you have encountered or an interesting case you have referred to secondary care. One case per year is fine –use the Case Review template which asks you to describe your case and discuss any learning points

Another possibility for one of your appraisals in the five year cycle would be to provide a summary from the audit of quality of clinical records- the 'Quality in Optometry' website provides some helpful information and templates on how to do this:

<http://www.qualityinoptometry.co.uk/help/>

You can also review any other aspect of your work as an optician and there is a QIA template to guide you on possible areas you might want to review

The minimum requirement each year is at least one case review

- **Significant Events – Section 9**

The GMC states that doctors are expected to record and discuss at their appraisal any 'unintended or unexpected event which led to harm of one or more patients'. Such occurrences are likely to be very uncommon in the work of an OMP, but they would include missed or delayed diagnoses of important conditions for example glaucoma, raised intra-cranial pressure, retinal detachment etc. If such an event does occur it should be discussed with a professional colleague [hospital consultant, local colleague, NHS ophthalmic advisor] and written up on the SEA template [included below]. If you have had no significant event[s] in any given year, just sign the declaration to this effect in section 9.

- **Patient and colleague feedback- section 10**

- The GMC requires all doctors wishing to be revalidated to collect feedback from patients and colleagues once in the 5-year revalidation cycle, and to reflect on this feedback. To meet this requirement it is recommended that OMPs use the Edgecumbe combined patient and colleague feedback tool
- This tool is mapped to the domains of Good Medical Practice and can be used by all doctors, whatever their speciality. Not all of the questions will be fully relevant to your work as an OMP, and colleagues/patients can mark these questions as 'not applicable'.
- The website for Edgecumbe is www.doctor360.co.uk
- There is a special discount for GPs /OMPS from the Northern Area – use the code *nucapf*

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- **When you apply to do the 360 please put OPTICIAN or OMP in front of your name when you are adding your details for payment. This will allow the system to recognise you as an OMP and to send you questionnaire which are worded specifically for use by OMPs rather than GPs**
- When you apply to do your feedback you will be asked to provide the email addresses of up to 15 colleagues who could comment on your work as an OMP. These colleagues could be other opticians/OMPs with whom you have clinical contact, hospital colleagues, other staff –clinical and administrative, in your practice, and anyone else with whom you have contact with who could make some comments about your work in the OMP role.
- If you feel it be impossible to find 15 colleagues please discuss this with your appraiser
- We appreciate that some OMPs work in single handed practice and do not have 15 colleagues whom they could approach. If this is the case for you, get as many as possible (but should be a minimum of 8) – the analysis can be run on smaller numbers but the outcome data, in terms of means and percentages, is less meaningful that with a larger sample of colleagues
- Patient feedback is collected using paper survey forms which will be posted out to you. Get your receptionist to hand them out to all customers in a given period until they have all been filled in –and return them by post to Edgecumbe. I have asked if the wording can be changed from doctor to optician, but this may not be possible.
- When your data has been analysed you will receive a summary of you results compared to other GPs. There is space in this document for you to note down your reflections on reading the feedback and you can also use the OMP feedback reflection template for this purpose. The feedback needs to be uploaded to the MAG form to allow your appraiser to read it, and the results will be discussed at your appraisal.
- This must to be done **ONCE** in every 5 year cycle

- **Complaints review Section 11**

You need to review any complaint submitted about you in the previous year detailing what the issue was and how the complaint was resolved –There is an OMP complaints template in this pack

- **Achievements, Challenges and Aspirations -Section 12**

This section allows you to review your work over the previous year and to identify any plans for the next year in terms of your career

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- **Probity and Health Statements -section 13**

These must both be read and signed off.

4. Templates

All the templates referred to above are reproduced here.

They are all you need in addition to the MAG form to complete your appraisal documentation submission. These need to be filled when appropriate and saved as separate documents which you can upload to the MAG Form prior to your appraisal.

The following templates are included here

- 1. Case review**
- 2. Other Quality improvement activity**
- 3. Significant Event**
- 4. Complaints**
- 5. Reflection on Patient and Colleague feedback**

P Case review template

Please note that the identity of individual patients must always be fully anonymised. If the details of the case are such that it is not possible to do this, it is better not to write up an account of the event until you have discussed the incident with your appraiser and agreed some generic learning points that can be documented in the appraisal summary.

Describe the challenging /interesting case or referral
What did you learn by reviewing this case?

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Did you make any changes to your practice as a result of reviewing this case?

OMP – Case review template (2) Challenging Case needing referral directly to Ophthalmology services

Please note that the identity of individual patients must always be fully anonymised. If the details of the case are such that it is not possible to do this, it is better not to write up an account of the event until you have discussed the incident with your appraiser and agreed some generic learning points that can be documented in the appraisal summary.

OMP – Other Quality Improvement Activity template

Please note that the identity of individual patients must always be fully anonymised. If the details of the case are such that it is not possible to do this, it is better not to write up an account of the event until you have discussed the incident with your appraiser and agreed some generic learning points that can be documented in the appraisal summary.

<p>This is an opportunity to reflect on any learning from any review of your clinical work or optician practice systems that you have carried out over the last year – examples of such activities might include:</p> <ul style="list-style-type: none">• audit of appointment times –number of appointments provided relating to demand, availability of appointments –late /weekend opening- waiting times for customers and late running• -review of premises by Commissioners and learning from this• adherence to any referral/treatment standards for specific conditions• audit of quality of clinical records see the ‘Quality in Optometry’ website provides some helpful information and templates on how to do this :• <u>http://www.qualityinoptometry.co.uk/help/</u>
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Description of the activity you reviewed
Did you review your work against any local or hospital guidance-if so what were these standards?
What did you learn from reviewing your work/practice activity?
Did you take any actions or make any changes after reviewing your work/practice activity?

OMP Significant Event Report template

Please note that the identity of individual patients must always be fully anonymised. If the details of the case are such that it is not possible to do this, it is better not to write up an account of the event until you have discussed the incident with your appraiser and agreed some generic learning points that can be documented in the appraisal summary.

Significant Event Analysis
This is an opportunity to reflect if you have had any case in the last year where you feel the optician care you delivered caused harm to a patient –e.g. a missed diagnosis or delayed referral The case should be discussed with a professional colleague and the outcome of the discussion recorded below
Date of incident:
Description of event - what actually happened and what was your role [the event could be a missed referral caused by the admin staff or the hospital]
Who have you discussed this SEA with – eg hospital consultant, local colleague, Area Team ophthalmic advisor, and when did the discussion take place?
What should have been done better and what did you learn from reviewing this event?
Have any actions been taken as a result of this event?
How and when will the effect of these actions be reviewed?

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OMP Complaint Report

Please note that the identity of individual patients must always be fully anonymised. If the details of the case are such that it is not possible to do this, it is better not to write up an account of the event until you have discussed the incident with your appraiser and agreed some generic learning points that can be documented in the appraisal summary.

This is an opportunity to reflect if you have had any customer complaint about your practice/service that you have had to respond to in the last year
Date of complaint:
DESCRIPTION of complaint:
What actions were taken to investigate and resolve the complaint?
Status of complaint: On-going / resolved: If on-going-what are current actions? If resolved, what were the findings?
Will your practice change in any way as a result of the complaint?

OMP template reflection on Patient and Colleague feedback

Date of colleague survey:
Date of patient survey:
What issues did you identify from the exercise? Were there any useful learning points?
Are there any actions might you undertake as a result of the survey results?