

NHS England and NHS Improvement scope of Practice and Evidence for Appraisal

GP Appraisal Local Policy



NHS England and NHS Improvement scope of Practice and Evidence for Appraisal-see also NHSE on GPs doing limited GP sessions

1. Introduction

GMC Guidance on the Supporting Information requirements for appraisal and revalidation indicates that doctors must provide a comprehensive description of the scope and nature of their practice. This is the wording in the updated GMC Guidance on Supporting Information published in 2018:

11 Whole scope of practice: You must declare all the places you have worked and the roles you have carried out as a doctor since your last appraisal. You must collect supporting information that covers the whole of this practice. It's important you identify your whole scope of practice, so you can make sure your supporting information covers all aspects of your work. Your supporting information must cover any work you do in:

a clinical (including voluntary work) and non-clinical (including academic) roles

b NHS, independent sector and private work.

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Your appraiser also has to sign off 5 statements relating to your appraisal-the first two of which refer specifically to scope of work:

- *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*
- *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*

Many GPs undertake other roles in addition to daytime clinical practice. Examples of these include: out of hours GP work, teaching medical students, GP trainers, appraisers, research, GPs with special interest, commissioning roles, occupational health and forensic medical examiner posts, family planning, sports medicine and so on. This paper is designed to provide some guidance on the nature of supporting information required in respect of these other roles.

¹ https://www.gmc-uk.org/-/media/documents/RT_Supporting_information_for_appraisal_and_revalidation_DC5485.pdf_55024594.pdf



2. Principles

For some additional roles carried out by GPs there are established arrangements for performance review such as trainer, F2 supervisor and appraiser reviews and annual appraisals for GPwSIs. Employing organisations may undertake appraisals of doctors they employ in a variety of roles.

For some other roles such as commissioning work there may not be a formal appraisal process but someone within the CCG should be able to provide a sign-off that the GP is performing in line with CCG requirements.

However, for some roles such as those related to sporting activities or voluntary work, a formal performance review may not be practical. GPs in these circumstances should be able to discuss their responses to these three questions during the appraisal meeting

- 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?

In addition to these questions, the appraiser should be mindful of some additional factors

- The amount of evidence needed will depend on how different the role is to routine general practice
- The effort needs to be proportionate to the amount of work undertaken whilst still ensuring fitness to practice in that role
- Roles vary greatly in how practical it is to provide meaningful evidence of quality
- The evidence needs to be provided over the course of a revalidation cycle
- At the end of this document is a checklist template that might be helpful in summarising your scope of work if you have several roles

3. Supporting Information



There is no definitive list of the information which should be supplied, and appraisers should use their professional judgement to determine the appropriateness of what is presented bearing in mind the questions above. The formal sign NHSE Scope of Practice Sign off document should be completed or something similar provided by your employing organisation every year, in addition your evidence supplied may include any of the following

- Evidence of formal performance review
- Evidence of CPD for the 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 e.g. a case review, out of hours telephone triage review, report on outcomes from commissioning work
- Significant event discussion
- Complaints or compliments
- Student feedback
- Feedback from patients and / or colleagues. GMC guidance is clear that feedback should reflect the whole scope of a doctor's practice – so patient and colleagues from other roles should be included when multi source feedback is collected.
- Evidence of participation in peer group discussions (e.g. guidelines, cases, SEAs, etc)

4. Advice and Support

It is important to remember that the effort required needs to be proportionate, and that doctors must not be damaged by an appraisal process that makes overwhelming demands for evidence. This is particularly true if the GP has several additional roles.

Doctors who are concerned about the appropriate evidence for a particular role are encouraged to speak to their appraiser in advance or to contact the appraisal team.

If in doubt appraisers should seek advice and guidance from the appraisal lead or their QA GP Tutor.



