

## **Local guidance for appraisal and revalidation, following a review of the RCGP guide to supporting information for appraisal and revalidation (March 2016)**

Following a meeting with RCGP and HSCB; we would like to clarify the local guidance on the supporting information required for appraisal and revalidation. The main points of interest are noted below. The full discussion document can be accessed at (link to website will be included here)

### **1. Continuing professional development (CPD)**

All learning activities are eligible for CPD credits, after discussion at appraisal and agreement of appraiser.

*'The 'one size fits all' doubling of CPD credits for demonstrating the impact of your learning on your practice is being phased out, (RCGP Guide to supporting information for appraisal and revalidation 2016)*

**It was agreed that GPs would gain extra credits when impact, from CPD completed, was demonstrated. This does not necessarily mean the number of credits should simply be doubled, but instead it should reflect the time spent.** For example, if a GP read about a new recommendation and then performed an audit to identify cases where changes were needed, then actioned these findings, all this time would be counted towards CPD credits. It is possible that this will, in fact, equate to more credits than with the previous recommendations.

*"Once you have demonstrated 50 CPD credits, there is no need to obsessively document or write reflective notes on every learning activity you undertake (prioritising reflection on your key learning from the past year is recommended)." (RCGP Guide to supporting information for appraisal and revalidation 2016)*

The documentation of CPD will be left to each individual doctor's discretion, with appraisees **not** being discouraged from recording reflective learning activity.

All appraisees will be expected to demonstrate 250 credits over five years. If there has been a period when the appraisee is not working; it is acceptable to demonstrate less credits over this period but they would then need to increase the number of credits in other years.

### **2. Significant event analysis (SEA)**

*"Normal GP significant event analysis (SEA) should be included as a form of quality improvement activity, unless the event reaches the GMC threshold of harm". (RCGP Guide to supporting information for appraisal and revalidation 2016)*

The GMC has clarified that their definition of Significant Events, for both primary and secondary care, are those incidents which would be described as Serious Adverse Incidents or SAIs in Northern Ireland.

We agree that SAIs and AIs should always be included in the appraisal documentation and discussed at appraisal.

We also agree that 'normal' primary care SEAs are an excellent tool for reflective learning and can also be an important early warning sign. SEAs have been an integral part of clinical governance processes within general practice in Northern Ireland for a number of years. **For this reason we will continue with our local requirement for appraisees to produce two SEAs or case reviews each year. We will also continue to count primary care SEAs as a separate learning activity from quality improvement activity.**