

	Evidence Area	Evidence required for standard portfolio	More difficult for a sessional GP to achieve?	Reasons why this evidence might be more difficult to achieve?	How could these difficulties be overcome?	Who might you need to work with to achieve this?
1	Statement of professional roles		No			
2	Statement of exceptional circumstances		No			
3	Evidence of active and effective participation in annual appraisals	One per year	No	No funding in some areas for Locum GP appraisal		
4	A Personal Development Plan (PDP) for each annual appraisal	One per year	No			
5	A review of the PDP for each annual appraisal	One per year	No			
6	Learning credits in each year of the revalidation period and in the revalidation period overall	50 credits per year, 250 credits per 5 year period	Possibly	RCGP Credits scheme gives more points to those activities which change team management. Non team based locums with no influence over practice will find this harder to do. The system does, however, recognise challenge so the system should be flexible enough to accommodate sessional GPs	Ensure you are on PCT Email to receive educational session invitations Work as part of a locum group to discuss what you have learnt in educational sessions to disseminate knowledge	Practice-Practice manager and partners Locum Group PCO

7	Multi-source feedback from colleagues	Two MSF per 5 year period (one in years 1-2 and one in years 4-5)	Yes	<p>Short term placements at practices.</p> <p>Staff may not know you well enough to want to fill in the forms</p> <p>Difficult to find a facilitator</p> <p>Reflection on MSF done by GP alone- reflection the most important part</p> <p>Receiving feedback on your own, particularly negative, can be difficult.</p> <p>'MSF fatigue'</p> <p>Poor response to MSF questionnaires</p> <p>Multiple MSFs</p> <p>Questionnaire may assess aspects of a practice you cannot influence such as practice management</p> <p>Feedback may be received after you have left the practice meaning it is difficult to learn and change your behaviour following the results</p>	<p>Peer reference MSF- await development of MSF tool for sessional doctors</p> <p>Consider alternative of post-employment survey</p> <p>GMCs MSF tool only one validated so far</p> <p>Co-operate with practice to achieve MSF within the practice</p> <p>Discuss results with local locum group</p> <p>Consider other methods of teamwork (teamwork provides peer support and reduces clinical isolation)</p> <p>Use revalidation as an opportunity to improve teamwork</p> <p>Ideas for teamwork: RCGP Accredited scheme (proposed) Chambers eg Pallant Medical Chambers Locum Groups Affiliate GP Scheme</p>	<p>NHS Education for Scotland (NES) developing and validating a MSF for sessional GPs (see their document on appraisal of sessional GPs)</p> <p>Practice- All team members</p> <p>Locum Group</p> <p>RCGP</p> <p>Agencies that provide MSF eg CFEP Edgcombe 360 clinical</p>
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8	Feedback from patients	Two patient surveys per 5 year period (one in years 1-2 and one in years 4-5)	Yes	<p>Ideally sessional GP would be included in practice survey</p> <p>May not see enough patients at this practice for this to be valid</p> <p>May have left the surgery by the time the results are received. How can you make sure you learn and improve following the survey?</p> <p>As with MSF, receiving feedback on your own, especially if non-complimentary can be isolating.</p> <p>Response rates may vary- lower or higher (nice new doctor)</p> <p>Satisfaction may vary- lower (its not Dr x) or higher (a fresh opinion)</p> <p>Are the surveys appropriate for Sessional GPs?</p> <p>Answers may reflect policies in the practice that the locum GP has no influence over e.g. antibiotic and sickness certification policy</p>	<p>Peer reference patient surveys</p> <p>Co-operate with practice</p> <p>Discuss results with local locum group</p>	<p>Patients</p> <p>Practice-Practice manager, partners</p> <p>Locum Group</p> <p>RCGP</p> <p>GPAQ Website to download questionnaires and software to analyse them</p> <p>Agencies that provide Patient Surveys eg GPAQ Providers</p> <p>CFEP: £66 plus VAT</p> <p>(issue 35 questionnaires and can analyse if >24 returns. Patient can hand to reception or use postage paid</p>
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						<p>envelope)</p> <p>CMI: £235.20 inc VAT</p> <p>(requires 50 questionnaires returned, can analyse if more than one practice used to achieve 50 patients. Patients give questionnaire to front desk)</p> <p>In Time: £99 plus VAT</p> <p>(give 75 questionnaires and require 50 returns. Results collected by surgery or freepost envelope. Can spread patients over different practices)</p>
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9	Description of any cause for concern or complaint		Possibly	Locum may not be involved in complaint resolution	<p>Ensure locums are involved in all complaints relating to them</p> <p>Ensure number and nature of complaints peer referenced</p>	<p>PCO</p> <p>Practice- Practice manager and partners</p> <p>RCGP</p> <p>Locum Group</p>
10	Significant event audits	5 significant events per 5 year period	Yes	<p>Difficulty in raising issues particularly with a significant event demonstrating less than ideal care performed by you and possibly other clinicians?</p> <p>Reflection by locum alone- who will ensure you reflect and take appropriate action?</p> <p>Job security</p> <p>SEAs team centric activity</p>	<p>Use Leicester Statement sample SEA to record your events</p> <p>Ask if you can attend practice meeting to discuss SEA</p> <p>Discuss SEAs with local locum group</p>	<p>Leicester statement SEA proforma</p> <p>Practice- all team members</p> <p>Locum Group</p> <p>NES</p> <p>NASGP</p>

11	Clinical audits	Two full cycle audits including re-audit per 5 year period (one in years 1-3 and one in years 3-5)	Yes	<p>No infrastructure</p> <p>Difficulty in searching computer systems particularly if individual sign ins not given</p> <p>Rely on good will of staff</p> <p>Difficult to re-audit</p> <p>No practice meetings</p> <p>Locum's audit simpler</p> <p>Currently no PACT data for prescribing audits</p> <p>May not be at practice when outcomes apparent eg result of a referral</p>	<p>Education for locums including achievable audit ideas, education for practices</p> <p>Encourage team work within locums or GP teams eg 'Chambers'</p> <p>Await locum prescribing numbers</p>	<p>Practice-practice manager, partners, administrative staff</p> <p>BMA/DH</p> <p>NES</p> <p>NASGP</p> <p>RCGP</p> <p>Locum Group</p> <p>Use online forum such as Doctors.net or NASGP</p>
12	Statement on probity and health		No			
13	Additional evidence for areas of extended practice		No			

Pallant Medical Chambers
<http://www.pallantmedical.co.uk/>

GMC MSF Tool
<http://qshc.bmj.com/cgi/content/full/17/3/187?ijkey=MoqPsZPEEq2w2&keytype=ref&siteid=bmijournals#QHE17030187T01>

Leicester Statement SEA Proforma

<http://www.appraisalsupport.nhs.uk/news4.asp?item=08052007090123>

GPAQ Survey

<http://www.gpaq.info/download.htm>

CFEP:

<http://www.cfep.co.uk/>

CMI:

<http://www.gpaqanalysis.co.uk/>

In Time:

<http://www.intimedata.com/patientsurvey.asp>

Scottish Appraisal Guidance for Sessional GPs

<http://www.scottishappraisal.scot.nhs.uk/appraisal-preparation/sessional-gps.htm>